

# NEWSLETTER

EUROPEAN SOCIETY for IMPOTENCE RESEARCH

Nº 1 FEBRUARY 1998



## EDITORIAL

### ESIR-Newsletter Editorial Board

- **Iñigo Sáenz de Tejada:** Editor
- **Dimitrios G. Hatzichristou:** Associate Editor

#### Section Editors:

- **Edoardo Pescatori** (Meetings: calendar and reports)
- **Francesco Montorsi** (In my country... contributions from the advisory board)
- **Hartmut Porst** (Don't miss... Literature Review)
- **Yoram Vardi and Clive Gingell** (Clinical highlights)
- **Karl-Erik Andersson and François Giuliano** (Basic research highlights)
- **John Pryor, Eric Wespes, Michael Sohn** (Clinical cases-questions and answers)
- **Gorm Wagner** (Freelance contribution)
- **Hans Hedlund and Dimitrios Hatzichristou** (Interviews)

#### Other sections:

- Editorial
- New products
- What's up doc! (Humour)
- Letters to the Editor

I am delighted to present the first issue of the Newsletter of the European Society for Impotence Research. The publication which sees the light today is one of several ambitious projects that the ESIR has undertaken to strengthen its contact with members and with researchers and health care providers who are interested in the field of erectile dysfunction. Our society also sees the Newsletter as an essential tool to boost its presence in the medical community and to emphasise the role of ESIR as the leading organisation for research and clinical aspects of erectile dysfunction in Europe.

With this task in mind, we have taken up the responsibility of making this a frequent publication, producing eight to ten issues per year. All this will only be possible thanks to the efforts of several section editors, leaders in the field of erectile dysfunction, who have made a significant commitment in terms of time and effort to this project. I truly thank them for making such an important and generous contribution.

The pharmaceutical industry has an ever-growing interest in the field of erectile dysfunction, a radically different position from that in the not so distant mid-eigh-

ties. A fruitful partnership has now developed between the medical community and the pharmaceutical industry. An example of this co-operation is the strong support that the Newsletter project has received from this industry and for which we are most grateful.

The Newsletter should be informative, but fun to read. If it is not, let us know and we will change it. The Newsletter will be organised in different sections which, I hope, you will soon become accustomed and indeed addicted to reading. We are eager to receive your comments in the section "letters to the editor", as we want the Newsletter to be an interactive forum for our readers.

Our brand new Website has a section containing the Newsletter in PDF format ([www.esir.com](http://www.esir.com)), which you can download from your computer. In this sense, I strongly encourage you to read the section written by our webmaster.

This issue covers a broad spectrum of topics, typical of what we think future publications will be like. I certainly hope you enjoy reading the ESIR Newsletter.

*Iñigo Sáenz de Tejada*  
Editor

ESIR



Dear Colleagues,

*In the present section you will find a list of the most important congress events that will take place in Europe in 1998 as well as world-wide, and which have potential interest in the areas covered by our Society.*

*I will be more than happy to receive contributions from any of you who has information about specific events not included in the following list, as well as suggestions or comments, at the following E-mail address:  
urolopoli@unimo.it*

February 5-8 1998, Geneva, **SWITZERLAND**

**The first World Congress on the Ageing Male**

Contact: Kuoni Congress

Tel: +44 22 9081811

Fax: +41 22 9081835

E-mail: Marjolaine.Munter@KUONI.NET.CH

March 21-25 1998, Barcelona, **SPAIN**

**European Society of Urology - XIIIth Congress**

Contact: EAU Congress Office

Tel: +31 24 6452510

Fax: +31 24 6450769

E-mail: eau@bpc.nl

April 1-2 1998, Florence, **ITALY**

**First International Conference on Penile Diseases**

Contact: G. Barbagli, MD - R. Bartoletti, MD

Tel: +39 55 417645

Fax: +39 55 4377755

Congress Organisation: Studio Scaramuzzi

Tel: +39 55 494949

Fax: +39 55 476393

E-mail: OS@MEDIAHOUSE.IT

April 6-8 1998, Sitges Barcelona, **SPAIN**

**First International Interdisciplinary Symposium on Genitourinary Reconstructive Surgery in Congenital Malformations, Transsexuals and Impotence**

Contact: Dr. Joaquim Sunol

Fax: +34 3 4145313

E-mail: jsunol@secpre.org

Contact: Congress Organisation

Tel: +34 3 4908715

Fax: +34 3 4906766

E-mail: simposia@ipras.org

April 30 - May 2 1998, Palma de Mallorca, **SPAIN**

**VII International Symposium of Andrology**

Contact: Dr. Roselló Barbará

Tel: +34 971 714733

Fax: +34 971 726519

E-mail: cuasba@atlas-iap.es

May 29 - June 4 1998, San Diego, California, **USA**

**American Urological Association 93rd Annual Meeting**

Contact: AUA Convention Dept.

Tel: +1 401 2234308

Fax: +1 401 2234372

E-mail: convention@AUAnet.org

During the convention:

May 31 1998, Marriot Hotel, San Diego, **USA**  
Ballroom, 1-6 p.m.

**Society for the Study of Impotence - Annual Scientific Meeting**

Contact: Ira D. Sharlip, Secretary-Treasurer

Tel: +1 415 2020250

Fax: +1 415 2020255

E-mail: isharlip@aol.com

July 25-29 1998, Caracas, **VENEZUELA**  
**XVII International Congress of Urology - Venezuelan Society of Urology**

Contact: Congress Venezuela

Tel: +58 2 2639733

Fax: +58 2 2638443

E-mail: congreca@ven.net

August 25-28 1998, Amsterdam, **THE NETHERLANDS**

**The 8th World Meeting on Impotence Research and the 11th Symposium on Corpus Cavernosum Revascularization**

Contact: Congress Secretariat, Ms Marianne Mulder

Department of Urology, University Hospital,  
Nijmegen P.O. Box 9101, 6500 HB

Nijmegen, The Netherlands

Tel: +31 24 3613920

Fax: +31 24 3541031

E-mail: m.mulder@uro.azn.nl

September 17-20 1998, Singapore, **REPUBLIC OF SINGAPORE**

**4th Asian Congress on Urology**

Contact: Conference Secretariat

Tel: +65 297 7633

Fax: +65 297 7560

E-mail: wocp@PACIFIC.NET.SG

# CENTRAL NITRERGIC PATHWAYS AND THE NEURAL CONTROL OF PENILE ERECTION.

*Olivier Rampin*

Nitric oxide (NO) is a major mediator of penile erection, relaxing penile smooth muscle fibres and penile arteries. NO is released by endothelial cells of the penile arteries and of the lacunar spaces, and by postganglionic parasympathetic nerve endings running in the penis itself. NO reaches smooth muscle cells where it increases the production of cGMP. Alteration of nitric oxide synthase (NOS, the enzyme that synthesizes NO) activity in parasympathetic fibres has been associated with erectile dysfunction (ED) in animal models of diabetes, ageing, and radiotherapy-induced ED. With the aim of treating ED in humans, the NO mediation of penile erection has been the target of intense drug development and research. Recently gene therapy, in which the gene of the inducible isoform of NOS was transfected to cavernosal cells in the penis of senescent rats, was found to improve erectile



function in these animals. However these approaches rely upon the peripheral effects of the NO-cGMP pathway. There remains an interesting question: Is there a role of NO-GMP pathway in the central control of penile erection and can the recent developments in NO-cGMP pharmacology be applied therapeutically to modify this central activity in impotent men? There are morphological and pharmacological arguments that suggest that this would be the case.

The presence of NOS has been demonstrated in the hippocampus, the hypothalamic medial preoptic area (MPOA) and the paraventricular nucleus (PVN) in rodents. Stimulation of these brain nuclei elicits penile erection in anesthetized rats, and delivering nitric oxide donors in the

PVN elicits penile erection in conscious rats. In the MPOA, androgens modulate the NO efflux and NO increases the levels of dopamine, an important mediator of sexual function. Finally NOS mRNA expression was found to be higher in the PVN of sexually potent rats compared to impotent ones. At the spinal cord level sympathetic and parasympathetic preganglionic neurons, including those innervating the penis, stain positively for NOS. In diabetic rats, the number of NOS positive parasympathetic preganglionic neurones is reduced relative to non-diabetic animals.

It is therefore reasonable to expect that future developments in the field of erectile dysfunction, alteration of sexual functions and urogenital tract diseases will be greatly enriched by pharmacological approaches aimed at modifying central nitrgic mediation. It would be naive to expect a very specific role of NO mediation in the central and peripheral control of only penile erection and sexual function. It has already been demonstrated that in spinal reflexes elicited by peripheral nociceptive stimulation, the spinal control of blood pressure and such highly organised neural functions as memory and the circadian rhythm generator also use NO as a mediator. Care should be taken to have a good balance between specific functional targets and side effects of treatments aimed at reversing ED with NO related compounds. Recent developments in the field of phosphodiesterases (PDE's, the enzymes that degrade cGMP) and PDE's inhibitors combined with the judicious use of animal models would help define therapeutic strategies that bring benefits to the ED patient.



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# NEUROPHYSIOLOGICAL ASSESSMENT OF ERECTILE FUNCTION

*David Yarnitsky*  
*Yoram Vardi*

Despite the variety of tests, diagnosis of neurogenic impotence in clinical practice is not a simple task since no 'gold standard' test exists, and the diagnosis is made by exclusion. This approach is far from being precise and poses difficulties in the assessment of the various tests. Wise use of these tests; should consider the relations between each specific test and the neural function it detects. The reader should remember that potency is a smooth muscle event, controlled by peripheral small unmyelinated nerve fibers of the autonomic nervous system (C fibers), with their specific central system tracts.

## Motor:

1. Electromyography of the bulbocavernosus muscle. This test can identify damage to the S2-4 motor roots and the pudendal motor fibers. The test is objective, and depends only to some extent on the subject's cooperation. It samples large myelinated fibers. The test is well known and extensively used, relevant mostly to impotence due to low back lesions with nerve root damage.
2. Magnetic stimulation can measure conduction velocity in the central and peripheral motor pathways to the bulbocavernosus muscle. The test is limited to large myelinated fibers and their central connections. Experience so far is very limited.

## Sensory:

1. Dorsal nerve conduction velocity can be measured using a standard EMG machine. This is a large myelinated sensory fiber test, which can be valuable in the evaluation of the peripheral sensory nerve function especially in patients with diabetes. However, sensitivity and specificity of this test has not been evaluated, and technical questions are still pending.
2. Somatosensory evoked potentials measure the conduction along the sensory pathways from the genital region to the sensory cortex. Lesions along this pathway can be identified.
3. Quantitative sensory testing is used to measure sensory thresholds of the penis and other parts of the body. Vibratory threshold assesses large fiber sensory function, usually using the Biothesiometer. Although extensively used, solid data regarding its sensitivity and specificity is lacking. This is a large sensory fiber test. The thermal senses - thresholds of warm and cold sensations - are used to assess small fiber func-

tion. This is a small fiber test, but is still indirect since it samples somatic small fibers. Data is once again limited.

## Reflexes

Bulbocavernosus reflex measures conduction - from the penis to the sacral spinal cord and back to the bulbocavernosus muscle, both arcs along the pudendal nerve. The reflex is mediated by large myelinated fibers, and is relevant mostly for cases of spinal lesions. Usefulness in diabetic impotence is very limited.

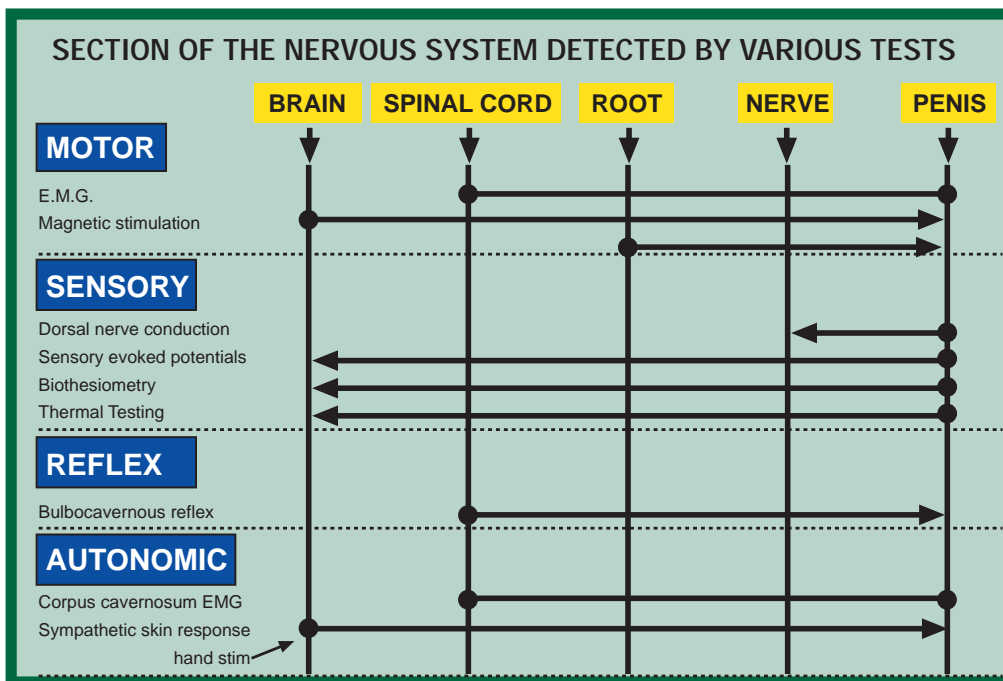
## Autonomic tests

1. Smooth muscle EMG is a relatively new technique, where needle or surface electrodes record electrical activity from the corpora cavernosa. Basic questions regarding what the signal recorded is, and how to interpret it are still open. Thus, despite some clinical use and clinically based publications, the test must be regarded as a promising, but as yet experimental.
2. Sympathetic skin response measures a sudomotor-related potential, which is evoked in response to sympathetic activation. Potentials can be recorded from the penis, assessing the sympathetic innervation to this organ. However, basic questions regarding the technique are still unanswered, and usefulness is limited.

The neurophysiological evaluation of the impotent patient should be specifically tailored to the individual patient - no 'automatic' routine work-up can be prescribed. We suggest the following groups of patients and neurologic tests:

- (1) Patients suspected of having CNS lesions: magnetic stimulation and somatosensory evoked potentials are the most relevant tests.
- (2) Patients with history compatible with polyneuropathy: the focus of evaluation is in the peripheral system - nerve conduction, EMG and thermal testing in the lower limbs are relevant.
- (3) Patients with history suggestive of low spine or pelvic disorder: EMG of the sphincter muscles, bulbocavernosus reflex, dorsal nerve conduction and magnetic stimulation of the genitalia are recommended.

David Yarnitsky and Yoram Vardi  
Departments of Neurology and Urology, Rambam  
Medical Center and Technion Medical School, Haifa,  
ISRAEL



## Topic: Postoperative Erectile Dysfunction.

### 1-Nerve sparing radical retro pubic prostatectomy (RRP)



Richards, S.L., Lerner, S.E., Plains, W., Fleischmann, J.: Detailed assessment of erectile function after radical retropubic prostatectomy. *J. Urol.* 157 N° 4, Suppl 195:368, 1997

Hammerer, P., Hübner, D., Gonnermann, D., Huland, H.: Perioperative and postoperative complications in pelvic lymphadenectomy and radical prostatectomy in 320 consecutive patients. *Urologe A* 34, 334-342, 1995 (in German)

Klein, L.T., Miller, M.J., Batty, R., Raffo, A.J., Burchard, M., Devvis, G., Cao, Y.C., Olsson, C., Shabsigh, R.: Apoptosis in the rat penis after penile denervation. *J. Urol.* 158, 626-630, 1997

Montorsi, F., Guazzoni G., Strambi L.F., Da lozzo, L.F., Nava, L., Barbieri, L., Rigatt, P., Pizzini, G., Miani, A.: Recovery of spontaneous erectile function after nerve sparing radical retropubic prostatectomy with and without early intracavernous injections of Alprostadil. Results of a prospective, randomised trial. *J. Urol.* 158, 1408-1410, 1997.

The incidence of erectile dysfunction after nerve sparing RRP ranged between 33% and 72% of 46 and 25 patients respectively (Hammerer) and (Richards). Despite the preservation of erectile capacity after RRP most patients reported considerable impairment of erectile quality and sexual enjoyment with only 17% of the patients being satisfied with their sex-lives (Richards). Thus the objective of preservation of sexual function could not be achieved in the majority of patients after nerve sparing RRP. Klein et al investigated the sequelae of penile denervation

in the rat animal model. 15 rats underwent bilateral cavernous neurotomy and 15 rats were sham-operated.

The cavernous tissue investigations of the penises harvested on postoperative days 1-10 revealed large increases of sulfated glycoprotein-2 (SGP-2) and the presence of intranucleosomal DNA fragmentation. Both findings are indicative of apoptosis of penile erectile tissue occurring after cavernous nerve neurotomy, resulting in erectile dysfunction and penile shrinking. The beneficial effects of early postoperative stimulation of the cavernous bodies after RRP with vasoactive drugs, a therapeutic concept being reported previously by Padma Nathan and also by Tom Lue, were impressively demonstrated by Montorsi et al. Thirty patients with B1 or B2 prostate cancer who underwent nerve sparing RRP were postoperatively subsequently randomised to receive Alprostadil injections 3 times/week for 12 weeks or to wait and see policy. Whereas 67% out of 12 completers in the Alprostadil group reported preservation of satisfactory sexual intercourse the comparative figures in the "wait and see" group were only 20% ( $p < 0.01$ ). The reviewed articles provide evidence, that nerve-sparing RRP does not frequently result in the preservation of a postoperatively satisfying sexual life, but early intracavernous alprostadil injections could significantly improve recovery of sexual function. Therefore all patients with continuing interest in sexual activities should undergo early intracavernous stimulation therapy with vasoactive drugs after RRP, which can also contribute to the prevention of penile shrinking after RRP.

# A contribution from Italy

*Francesco Montorsi*

Erectile dysfunction (ED) is a major medical problem in Italy as well as in all other European countries. Public awareness of this disease is gradually increasing and physicians are under continuous pressure from patients requiring information and treatment.

In Italy, the field of erectile dysfunction was traditionally covered by Urologists but lately, other specialists including Diabetologists, Endocrinologists and Vascular Surgeons have also been involved in the diagnosis and treatment of the impotent patient. Additionally, a residency program in Andrology has been operative since 1980 in a few universities in the country contributing to the professional training of many young physicians from different basic (medical) backgrounds that have then devoted a large part of their time to the study of ED and male infertility.

To-date, family doctors have not usually shown great interest in the management of patients with erection problems, probably because they have not felt comfortable enough with the most widely used treatment modalities, i.e. intracavernous injections of vasoactive agents, and with the potential subsequent need to treat their complications. I believe that with the advent of safe and effective oral and intraurethral agents these physicians will also start to handle patients with erectile dysfunction directly.

Oral agents, which can be found on the Italian market, include the different forms of testosterone esters and bromocriptine. The indication for their use in selected cases of ED is stated in the patient's information brochure of these medications, which are reimbursed by the Health Service (Social Security). Drugs such as trazodone and levo-arginine are marketed as well, but are not officially indicated for treatment of ED and are therefore not reimbursed. Yohimbine is not marketed in Italy and it is usually prepared by pharmacists as a galenic preparation. Pure alprostadil is the only medication currently

on sale for intracavernous injections, while the cyclodextrin-alprostadil combination will be on the market shortly. The combination papaverine-phenolamine should also become available soon. Intraurethral alprostadil is not available in Italy and patients usually get it from Swiss pharmacies or pharmacies in Vatican City and Republic of San Marino, two small independent countries located within the Italian boundaries, but which have their own regulations concerning drug sales.

Vascular operations for ED are usually carried out in referral centres all over the country and are always reimbursed, while penile prostheses are charged to the patients in almost 50% of the centres performing these operations.

The medical community interested in the field of ED is grouped in the Italian Society of Urology and the Italian Society of Andrology. A dynamic cooperative group called "Italian Group for the Study of Impotence" has also been active since 1985. We will do our best to link the activities of these societies to those of ESIR.



# Nurse Practitioners

*John Pryor*

An increasing feature of evolving medical care is the use of nurse practitioners. This development has been particularly successful in the field of erectile dysfunction and in general terms I suspect that nurses make much better counsellors than urologists!

VIVUS UK and the Impotence Association - a charitable organisation in the United Kingdom, which is mainly concerned with educating patients and runs an effective help-line offered prizes for doctors or nurses to attend the ESIR meeting in Madrid. One of the prizewinners was Louisa Ashford who is a Nurse Practitioner at the Middlesex Hospital, London. This is her report.



"In June of this year the Impotence Association and VIVUS UK invited applications for a travel fellowship towards the cost of attending the meeting of the European Society for Impotence Research in Madrid. The travel award was open to health care professionals with an interest in erectile dysfunction. I am a nurse practitioner involved in nurse led clinics for men with erectile dysfunction and felt it would be a great opportunity to learn more about the subject. I was fortunate to win a Travel Fellowship and, in early October, travelled to Madrid to attend the four-day meeting.

Over the course of the meeting we heard state-of-the-art lectures on causes and treatments of male and female sexual dysfunction from renowned speakers. There were presentations on various treatment options, both old and new.

A great deal of information was available on forthcoming treatments such as the transurethral system of delivery using alprostadil (MUSE) and the oral tablet, sildenafil (currently still in development). As significant numbers of my patients come to the clinic armed with queries and press clippings regarding many treatment therapies, it was invaluable to be able to hear the scientific data concerning their use.

I found the experience of attending an international meeting on erectile dysfunction immensely beneficial for many reasons. The involvement of nurses in the assessment and treatment of erectile dysfunction is relatively new and, it seems, almost unheard of in the rest of Europe. As specialist nurse practitioners we aim to provide a competent knowledgeable caring service to a patient group facing taboos, embarrassment and, too often, apathy. My patients have said that it makes a profound difference to talk to someone with the time, patience and communication skills to listen, and of course the knowledge and skills to offer practical advice, information and treatment. In order to do this effectively we need to be up to date on all aspects of diagnosis and treatment.

Attending this meeting certainly improved my knowledge. It also made me aware of the need for us to keep on improving the service received by our patients. Part of this is looking critically at our own practices. I have received large amounts of positive feedback from patients after being seen and treated by a nurse, but now plan to research this more fully.

I would like to thank The Impotence Association and VIVUS UK for assisting my education and development and hope that this investment will ultimately benefit men and their partners affected by erectile dysfunction.



# Interview with Dr. Wagner

This section of the ESIR Newsletter has as a goal to present the views of people who play a key role in the development of the field. A number of interviews have been planned, including not only physicians and researchers, but also people from the pharmaceutical industry, medical journalists and officers of international health organizations. Such a broad spectrum of people will allow a more global perspective of the field of erectile dysfunction. For the first interview, the invitation was for Dr Gorm Wagner. Being one of the pioneers in the field, past President of ISIR and ESIR, Dr Wagner is the most appropriate person to describe the past, present and future of the field.

*Dear Dr Wagner, thank you for being with us and let us ask our first question. ESIR '97 was a more than successful meeting with 850 delegates and worldwide participation. Comparing this meeting to the previous one two years ago in Porto Carras, everything seems different. Would you like to comment on these changes?*

No doubt the large number of participants is due to an increased interest among physicians in general but also among nurses and practitioners. The development of new treatment possibilities and refinement of existing methods has obviously increased the number of pharmaceutical companies now interested in the field. Much of this was just in its infancy at the time of the Porto Carras meeting.

*Let us discuss the changes in the field a little further. You have taken part in all the impotence meetings, since the first one in New York in 1978. Now, twenty years later, how have things changed and what is the future of the field?*

That is quite a question! From a pretty large meeting with more than 100 participants, mainly American vascular surgeons and urologists, in New York in 1978, the following international meeting in Monaco in 1980 was much smaller and concentrated on some of the new revascularization techniques and venous surgery including the radiographic diagnostic procedures. During the following meeting of the International Society for Impotence Research, created in Copenhagen, these subjects were still in focus but with a greater American input. At that meeting both Virag and Brindley were sitting with their cards face down. After the meeting they both sent papers of the first successful pharmacologically induced erections, using papaverine and phenoxybenzamine, respectively, for publication. As a result, the 1984 meeting in Paris suddenly drew a large international audience to

the subject of using pharmacological intervention in diagnostics and therapy.

*For the following issues we are planning interviews with other pioneers in the field. As you are one of them, we would like to ask your opinion on how this field will change with the new drugs available on the market. As you know, many colleagues believe that the "pill" will put an end to further development in the field, as every patient can be treated with a simple drug prescription. What do you think?*



Dr Gorm Wagner

From revascularization and venous surgery, through development of the series of diagnostic methods, the focus now is clearly on pharmacological treatment and among these the future oral or topical application seems to have become the target for clinical development. I believe this will boost basic experimental research, something that is already visible. It will be of interest in the future to see how the medical profession is going to handle sexual dysfunction in both sexes.

*Today, every continent has a chapter. What is the role of the chapters and specifically ESIR? Moreover, what is the role of ISIR from your point of view?*

I do not see the development of regional societies as a fragmentation of ISIR. At any given time individuals and groups in one region will be dominant in relation to new ideas etc., but sooner or later it will be the turn of another region. The role of ISIR will definitely be that of a unifying umbrella and a source of inspiration and support to the regions. But even within the regions you will find local societies with the same interests.

*Many physicians from various specialties have shown an increased interest in treating impotent patients. Do you believe that there is a necessity for cooperation between the Impotence Societies with other scientific societies, for example Sex Research and Diabetes Societies?*

Definitely, and I certainly consider this to be one of the tasks of ISIR also through its official publication, the International Journal of Impotence Research.

*We would like to thank you for the interview and ask you, if you wish, to add a message to our readers.*

Much work has been done, much has been accomplished but much remains undone.

# NEW PRODUCTS

## MUSE ARRIVES IN EUROPE

After the approval by the Medicines Control Agency, the medicated urethral system for erection (MUSE) is in the launch phase in the United Kingdom. It is expected that approval by other European regulatory authorities, within the European Union's mutual recognition procedure, should follow soon with launches in many countries expected to take place throughout 1998.

MUSE is a device-based product that delivers a semi-solid medicated pellet into the urethra to induce penile erection. The pellet, with a diameter of 1.6 mm and 3-6 mm in length, depending on the dose, contains alprostadil ( $PGE_1$ ), the same drug approved in most European countries for intracavernosal injection.

A study by Padma-Nathan, published in the New England Journal of Medicine, January 1997, showed that 43% of men in which MUSE was tested, were able to achieve intercourse, at least once, during the study. Most patients see transurethral administration of alprostadil as a less invasive therapy than intracavernosal injection. For this reason MUSE has become a first line pharmacological treatment for erectile dysfunction in the United States, where it has been available since January 1997. If it fails, intracavernosal injection represents the next logical step.

It is important that this new addition to the treatments that we can now offer men with erectile dysfunction is soon to be widely available in Europe.

For those of you who wish to contact us:

**New ESIR Secretariat**

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## DUAL CHAMBER CARPULES FACILITATE SELF INJECTION THERAPY WITH ALPROSTADIL.

Reconstitution of alprostadil powder prior to its intracavernosal injection has always been a tedious but necessary step due to the physico-chemical properties of this molecule in solution, which make it somewhat unstable. Schwarz Pharma has introduced a significant improvement, the dual chamber carpules, which make this procedure user-friendly. A glass copule has two chambers that separate alprostadil-alpha-dex powder from the diluent. The carpules are loaded onto a reusable applicator self-injector (VIRIDAL DUOJECT<sup>®</sup>) which causes the mixture of the contents of both chambers to mix and be ready for injection within a few seconds. VIRIDAL DUOJET<sup>®</sup> is currently available in the United Kingdom and in France (under the name of EDEX<sup>®</sup> cartouche).



# The webmaster's introduction to the Internet site of the society

Thanks to the kind invitation of the editors I am proud to introduce you to the new ESIR WebPages. You can visit us on the Net from February onwards. We have worked hard to put together this exciting virtual meeting point for our members and our visitors. In it you will find a bundle of useful information including how to contact us by mail, phone and e-mail, how to become a member, information about our executive committee, our meetings or our scientific activities. There are also links to the International Journal of Impotence Research, to the US National Library of Medicine Medline or to additional sites dealing with Andrology. Besides this, there will be a copy of this newsletter, which any potential user will be able to download as a black and white copy. Do not hesitate to pay us a visit at <http://www.esir.com>, and do not forget to tell your friends about it.

Our page is intended to be an interactive space. The e-mail addresses of many important members are available, and every user can sign the guestbook, or drop us a line with suggestions and recommendations. The page will be updated periodically, and we need your feedback to improve its contents and its usefulness.

Pages have deliberately been designed for easy fast browsing. They are optimised to be seen on 14 inch monitors with low resolutions (640 x 480 pixels) although we strongly recommend you use higher resolutions (800 x 600) and at least 15 inch monitors. When accessing the website remember the following few tips to avoid frustration, a real threat for many busy professionals. These are:

- Internet is vast, but slow. Its vastness relies on standard telephone lines, not designed for the massive data transfers we are doing nowadays, and the bandwidth factor cannot be controlled. One can have a brand new state-of-the-art computer and modem, but the performance of the lines will always be beyond our control. So, try to chose a well equipped Internet Service Provider that is not overcrowded and think twice about your connecting hours, and how many users might want to connect simultaneously.
- Internet is an ever-changing world; every few months new improvements or standards appear, and the hardware/software tools can become obsolete overnight. Get the latest update your system can run on, usually free, and get those

sometimes invaluable data with the most appropriate tools to handle them.

- Internet is free, and there is no hierarchy within the system. Feel free to go from one site to another, and if you find something useful, share it. Nobody can take in everything on the Net, and we can all profit from others' experiences.

Our site however is only in its infancy. If something is wrong, or there is anything missing, please let us know. At ESIR we are eager to build a better user-friendly service to make sure our visitors get the most out of cruising with us and will wish to come on board again.

Reach us at [webmaster@esir.com](mailto:webmaster@esir.com) or at your brand new website: [www.esir.com](http://www.esir.com)

R. DURAN MERINO  
ESIR WEB MASTER

THE WEB SITE



# What's up doc.



Welcome to '98. We hope you had a great Holiday and that you are ready for a challenging New Year.

This section of the newsletter aims to put a smile on your face even when things are looking down which in our business is particularly worrying. The field of erectile dysfunction provokes comical attitudes, as I have noticed lately when people rapidly change the subject or proceed to make embarrassing comments at dinner parties when you answer the ice-breaking question, "What do you do?" or "Where do you work?" Perhaps despite the fact that people are willing to tackle most topics socially, impotence remains a touchy (not to be touched in public at least) subject.

A penis is a lot more than just a physical appendage, it symbolises virility, attraction and self-esteem, and most importantly it seems to have a mind of its own ).

Men (even the most liberal) seem to take three things very seriously, wife swapping (or shopping), lending their car and talking about their sexual fears. And who can blame them, all cultures have put pride on fertility symbols and sexual prowess. Of course things have changed a great deal since seduction consisted of choosing a mate and dragging her back to your cave. But the "Rambo" ideal is still popular with both sexes.

Needless to say then, that it is important we equip ourselves with a dose of humour and good-will when dealing with patients and also when trying to identify potential patients who are having difficulty coming to terms with their as yet unidentified problem.

Over the next few months I hope to relay some of the humour linked to this field of research and I would appreciate any interesting anecdotes which may help other doctors to see their patients in a more light-hearted manner.

One last word of encouragement for your patients "if you can't keep it up, keep trying with a little help from your Andrologist".

MILLY

HUMOUR