Original Article: European Men’s Health Report
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Review: PCA3 urine test for prostate cancer
Original Article: HPV knowledge, and more, among college males
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Abstract ID: #0072
THE PROBLEMS OF THE PSYCHOTHERAPEUTIC DIAGNOSIS
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Background: The psychotherapeutic diagnosis is the most important autoidentifying attribute of the psychotherapy discipline.

Materials & Methods: The aim of this study was to identify associations between psychotherapeutic methods (procedures) and sanogenic psychotherapeutic phenomena in 235 patients aged 35–65 years (average age 38 years) with typical (normal), atypical (paradoxical) and intermittent (pathological) affect syndromes, in particular, gipnoid, interferon, relaxation, cataleptic, afferseeping, psychoautonomic, ideet, and dipogrammistic.

Results: Components of the psychotherapeutic diagnosis consist of the following:
(1) Clinical-diagnostic component: clinical-psychopathologic phenomenology/syndromology.
(2) Psychotechnical component: "normal" psychotherapeutic phenomena (psychophenomenology) and clinical psychotherapeutic affect-syndromes.
(3) Pharmacotherapeutic component.
(4) Prognostic component: metasynodes as the process of syndromogenesis, syndromogenesis and syndromotaxis in the sphere of competence of psychotherapy (metasynodes are created as the result of interaction between psychopathologic syndromes and clinical psychotherapeutic affect-syndromes).

Conclusion: Clinical-diagnostic peculiarities of psychotherapy are touched by problems of clinical competence in psychotherapy: clinical psychophenomenological methods and ideas about the psychotherapeutic clinics are set forth. The problems of logic, semiotics and algorithm of diagnosis in psychotherapy were viewed as the most important for clinical practice questions of the definition of the primary diagnosis.

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Abstract ID: #0123

MEN’S HEALTH INFORMATION NEEDS: WHO, WHAT AND HOW?
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Background: Although the burden and risk of diseases are high in men, they often do not seek help. Moreover, it appears there is a lack of health information addressing men’s health compared to women’s health. This paper explores what health information men need, who should be disseminating it and how it should be disseminated.

Materials & Methods: A qualitative study using 6 focus group discussions that involved 52 men of different ethnicities aged 40–60 years old. All interviews were audio-recorded and transcribed verbatim. NVivo 2 was used for data management. The content of the transcripts was analysed and emerging themes were extracted.

Results: Men wanted more health information, particularly information pertaining to men’s physical, mental and sexual health. They wanted health information that was specific and relevant, including: healthy lifestyle (e.g. the type of exercises and diet for specific conditions and ages); common medical conditions (e.g. heart disease, diabetes and dyslipidaemia) and how to control them; gender specific problems (e.g. prostate problems; when to take a screening test; sexual problems); mental health problems and when treatment should be sought.

Conclusion: Men wanted healthcare providers to disseminate health information during clinical consultations and the Ministry of Health to take the lead in this. They preferred the information to be disseminated through health booklets; a “one-stop health information centre”; and health education programmes via the media, schools, work place and clubs.

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Abstract ID: #0066
PSYCHIATRIC MORBIDITY IN CHINESE MALE PATIENTS WITH SEXUAL DYSFUNCTION
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Background: To examine the point prevalence of mood and anxiety disorders, and clinical correlates, in a group of Chinese male patients with sexual dysfunction.

Materials & Methods: This study adopted a cross-sectional design. Subjects were recruited from a combined urology and psychiatry clinic from July 2010 to June 2011. They were referred from a collaborating family medicine clinic or from general physicians. The referring diagnosis included: erectile dysfunction, premature ejaculation, delay ejaculation, anejaculation, cital pain, sexual desire problem, late onset hypogonadism, male infertility, and scrotal conditions. Erectile dysfunction patients were referred after failed first line PDE5 inhibitor therapy. They were assessed by a specialist urologist, psychiatrist and qualified sexuality counselor. The severities of anxiety and depression symptoms were assessed by self-completion questionnaires (Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI)).

Results: Among 101 patients visiting the clinic, age range = 21–74 years (mean age 45), 27.3% and 28.1% were noted to have mild symptoms as defined by a BAI score of 8–15 and a BDI score of 10–18, respectively; 13.7% and 12.6% had moderate symptoms (BAI= 16–25, BDI= 19–29); and 8.2% and 5.6% had severe symptoms (BAI= 26–63, BDI= 30–63). However, 39% were noted to have minimal psychiatric symptoms as defined by both BAI and BDI.

Conclusion: A high prevalence of psychiatric morbidity is encountered in patients attending this combined sexual dysfunction clinic. Clinicians must seek to engage in an open discussion and provide anticipatory guidance for these patients. More evidence-based studies to elucidate our understanding of the impact of psychiatric morbidities on patients seeking care for sexual dysfunction are expected.

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