Submission No. 4

W 26/08/09(Impotence)

Graduate Program in Sexual Health The University of Sydney Faculty of Health Sciences

STANDING COMMITTEE

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ON HEALTH AND AGEING



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## Submission to Roundtable Forum on Impotence Medication

## **Background Information:**

1. It is well recognised that Erectile Dysfunction (ED):

- Is related to a range of lifestyle issues such as diet, exercise, smoking <sup>1</sup>.
- Is an early marker for a range of diseases including Diabetes Mellitus, Cardiovascular Disease and hypogonadism<sup>2 3</sup>

2. Erectile Dysfunction and other sexual health issues are rarely a point of discussion in client health professional consultations<sup>4</sup>

## **Recommendations:**

As the premier provider of sexual health education at tertiary level in New South Wales, we would like to recommend:

1. A targeted media campaign that demystifies and demythologises men's sexual health. This could use programs such as 'Insight' and Q & A" to bring together men from a range of walks of life and health providers (Allied health providers as well as GPs and specialists).

2. Taking men's sexual health messages to places frequented by men least likely to attend to their sexual health by a visit to the GP. Venues could include clubs (Leagues, AFL), games and pubs as well as religious institutions.

http://www.fhs.usyd.edu.au/sexual health

<sup>&</sup>lt;sup>1</sup> Katherine Esposito, Miryam Ciotola, Francesco Giugliano, Maria I. Maiorino, Riccardo Autorino, Marco De Sio, Giovanni Giugliano, Gianfranco Nicoletti, Francesco D'Andrea, Dario Giugliano (2009) Effects of Intensive Lifestyle Changes on Erectile Dysfunction in Men (2009) Journal of Sexual Medicine, 6, 1, 243-250

<sup>&</sup>lt;sup>2</sup> Graham Jackson (2006) Erectile dysfunction: a marker of silent coronary artery disease European Heart Journal, 27, 2613-2614.

<sup>&</sup>lt;sup>3</sup> : P. Sun, A. Cameron, A. Seftel, R. Shabsigh, C. Niederberger and A. Guay (2006) Erectile Dysfunction—An Observable Marker of Diabetes Mellitus? A Large National Epidemiological Study, Journal of Urology; 176, 1081–1085

<sup>&</sup>lt;sup>4</sup> Brock G, Nicolosi A, Glasser DB, Gingell C, Buvat J. (2002) Sexual problems in mature men and women: Results of a global study. Int J Impot Res, 14(3 suppl):57–58.

Chew KK, Earle CM, Stuckey BGA, Jamrozik K, Keogh EJ. (2000)Erectile dysfunction in general medicine practice: prevalence and clinical correlates. Int J Impot Res, 12, 41–45

3. Education and training for all health professionals (GPs as well as allied health professionals such as physiotherapists, occupational therapists, rehabilitation counsellors) on communication with men on sexual health and subsequent management.

This could be conducted for GPs through the RACGP training program and continuing education for others.

We are in a position with Impotence Australia (IA) and the Australian Society for Sexuality Educators Researchers and Therapists (ASSERT) to conduct these training sessions.

4. Research the viability and practicality of providing men sexual health assessment and management for ED by telephone or teleconferencing.

Thank you for the opportunity provided to make this submission.

Regards,

Yours Sincerely

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Dr Patricia Weerakoon