

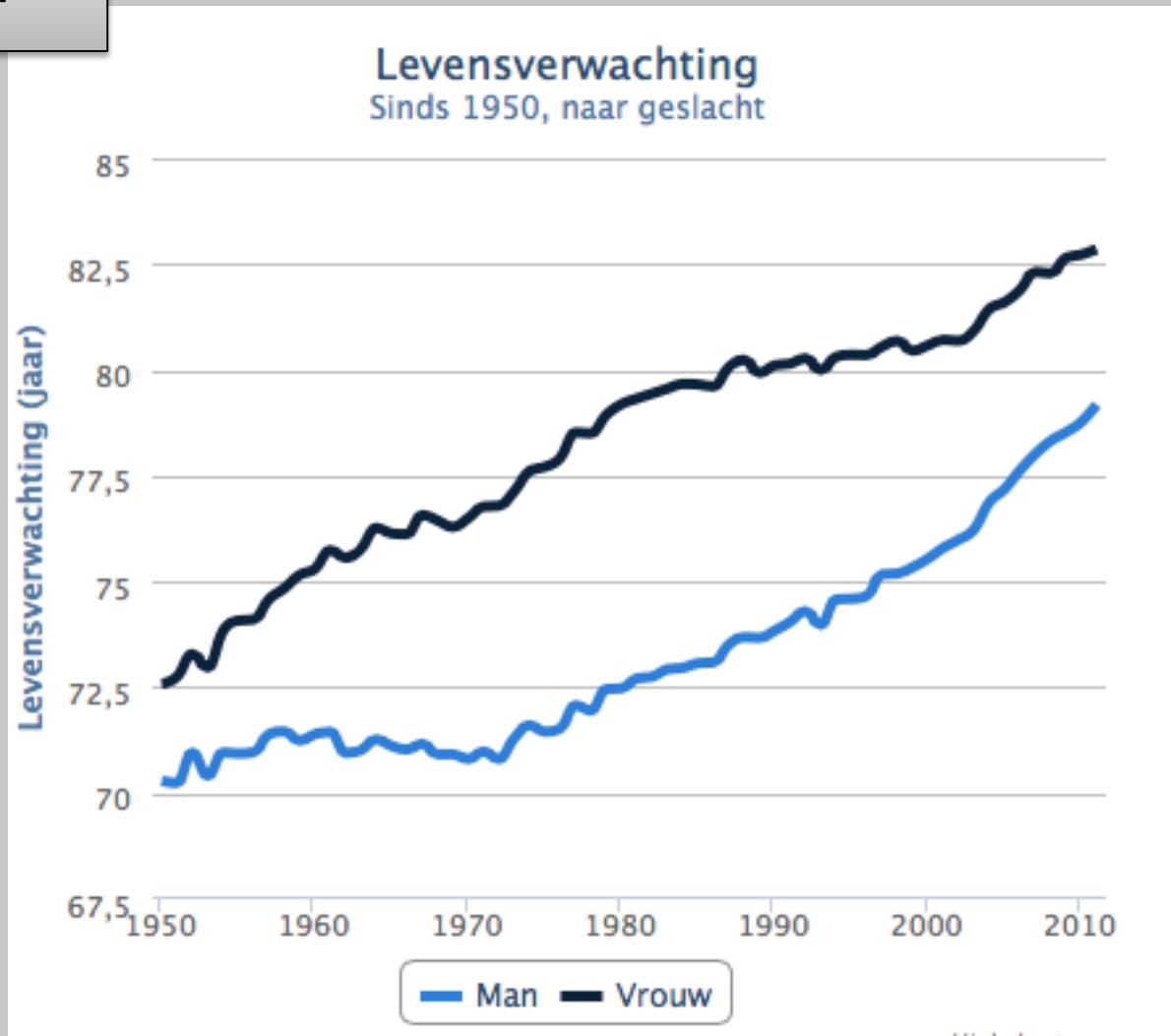


Urologische mannenemancipatie 10 jaar later

Eric Meuleman
Uroloog, VUmc
Amsterdam, NL

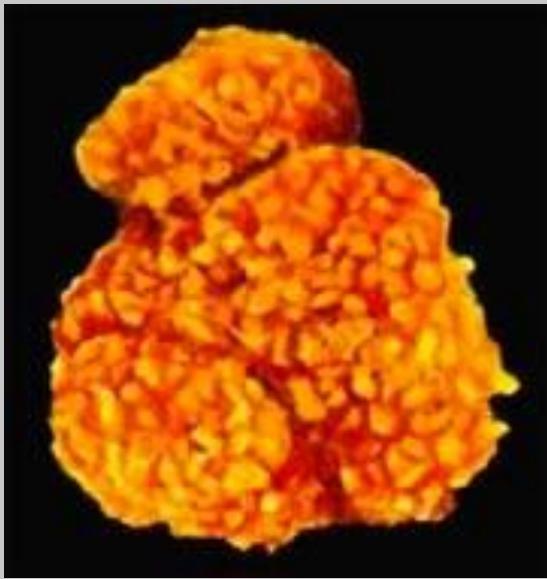


Gendergap



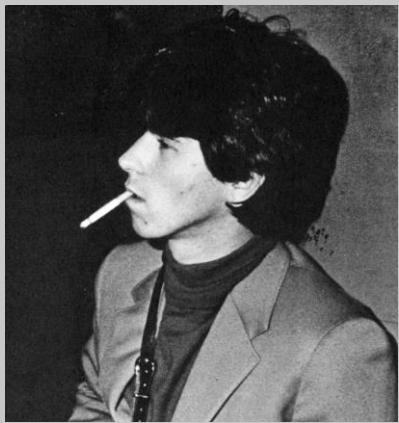


VU medisch centrum



Gendergap. Waarom?

Y-chromosoom





VOORWOORD

DR. BERT-JAN DE BOER

De man in de gezondheidszorg krijgt én vraagt te weinig aandacht

VU medisch centrum

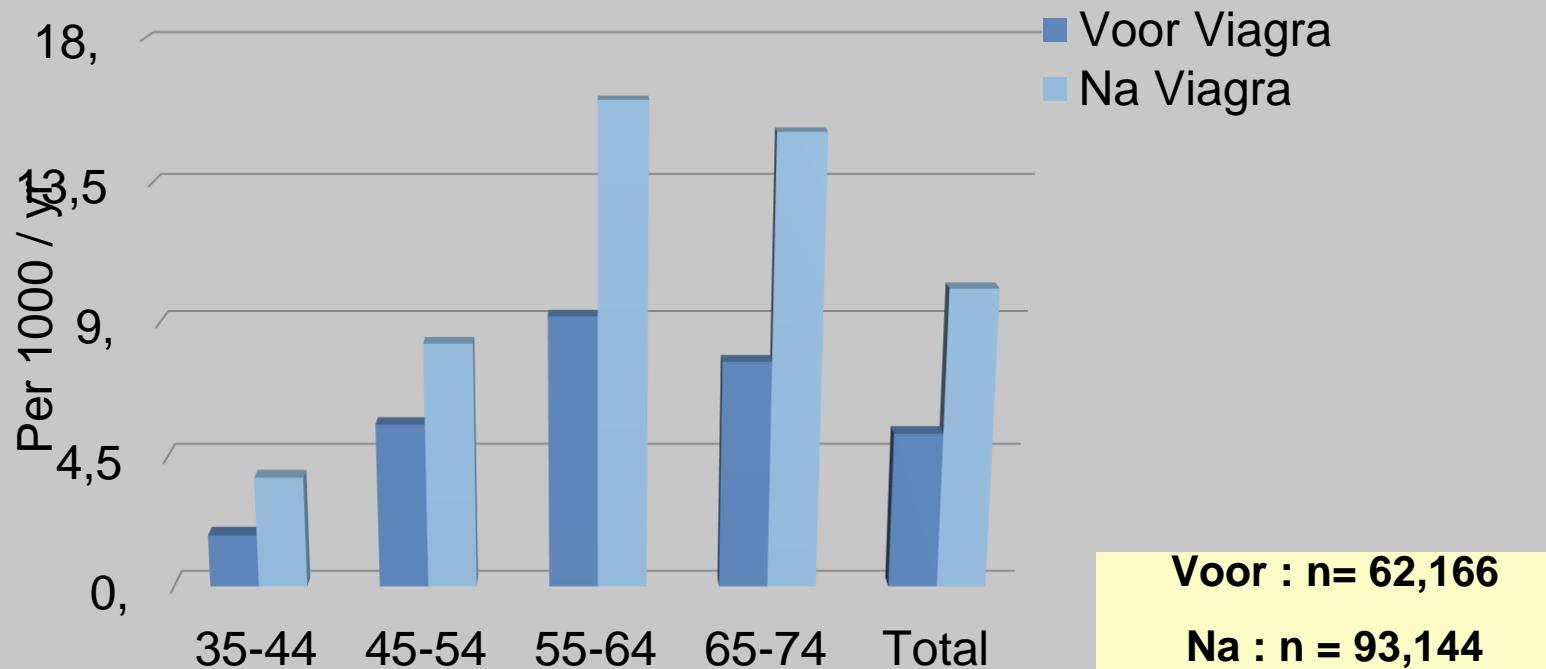
Gebruik van huisartsenzorg*Volgens eigen opgave en huisartsregistratie***Gendergap. Waarom?**

	Mannen	Vrouwen	Totaal
CBS-Gezondheidsenquête (2011)			
% met contact	67,2	76,8	72,0
Aantal contacten per inwoner	3,6	5,1	4,3
Aantal contacten per patiënt	5,4	6,6	6,0
Landelijk Informatie Netwerk Huisartsenzorg 2010			
% met contact	71,6	82,8	77,2
Aantal contacten per inwoner	3,7	5,4	4,6
Aantal contacten per patiënt	5,1	6,5	5,9

Bronnen: [CBS-Gezondheidsenquête](#); [LINH](#) gepubliceerd op [CBS StatLine](#)



Incidentie van erectiestoornissen in de Nederlandse huisartsen praktijk voor en na 1998



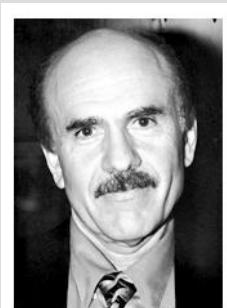
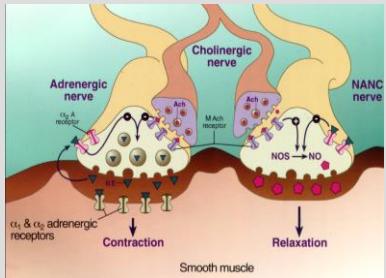


The Nobel Prize in Physiology or Medicine 1998

Robert F. Furchtgott, Louis J. Ignarro, Ferid Murad

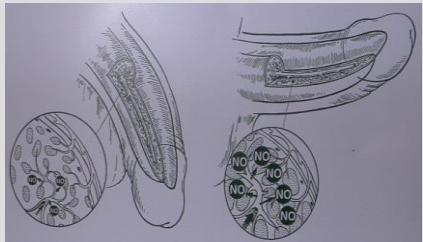


VU medisch centrum



Louis J. Ignarro.

Sildenafil (Viagra)
Vardenafil (Levitra)
Tadalafil (Cialis)



NO

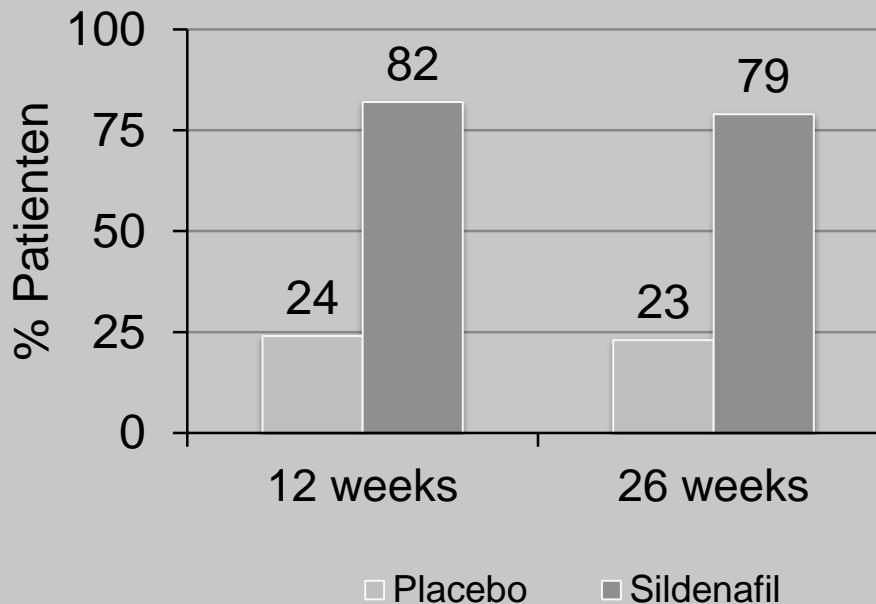
PDE 5

cGMP
(Actief)

GMP
(Inactief)



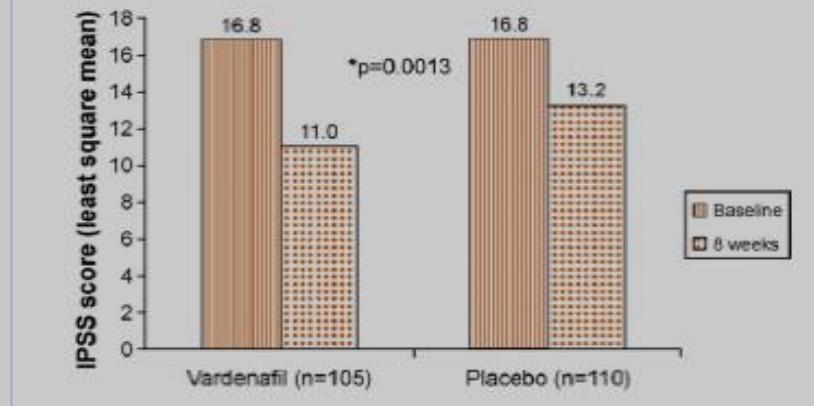
Voldoende erectie voor penetratie



Benign Prostatic Enlargement

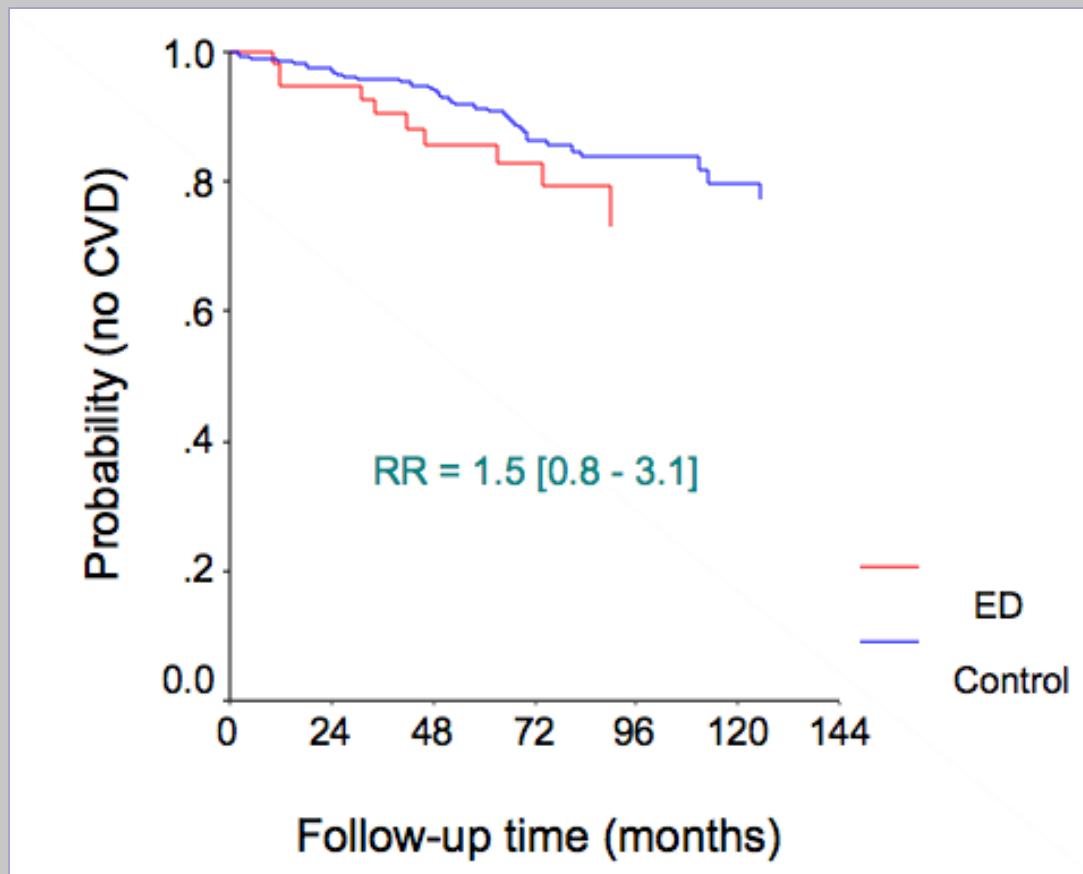
A Randomised, Placebo-Controlled Study to Assess the Efficacy of Twice-Daily Vardenafil in the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia

Christian G. Stief^{a,*}, Hartmut Porst^b, Dieter Neuser^c, Manfred Beneke^d, Ernst Ulbrich^d





ED als cardiovasculaire risicofactor





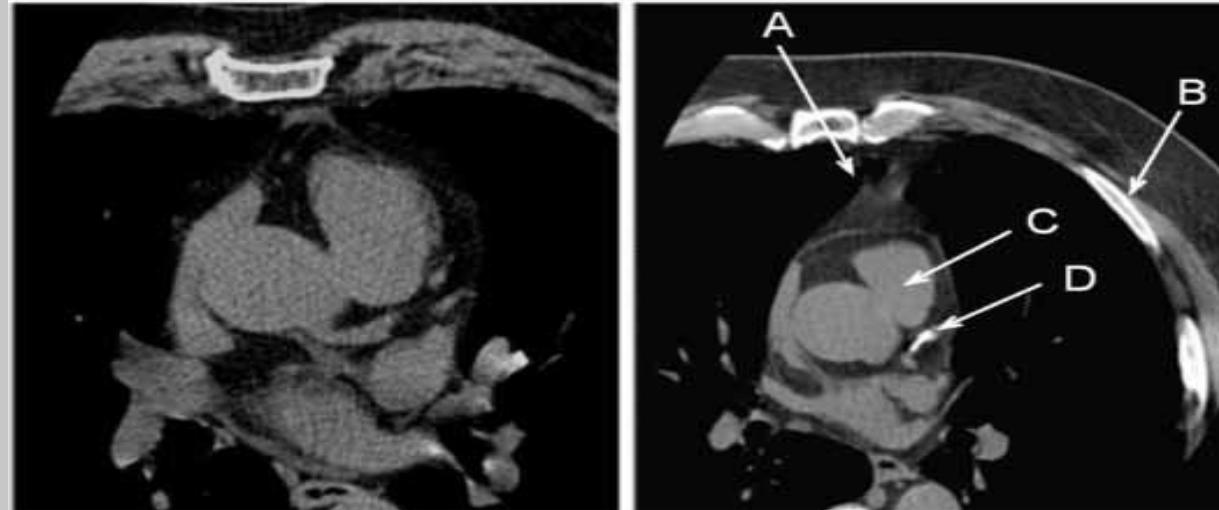
Hart CT-scan

N = 1.119

Coronair Arterie Calcificatie Score
(CACS)

Sexual Health Inventory for men (Shim)

Mannen met ED 54% meer kans op high
risk CACS gelijk aan roken en
hypertensie





ISSAM

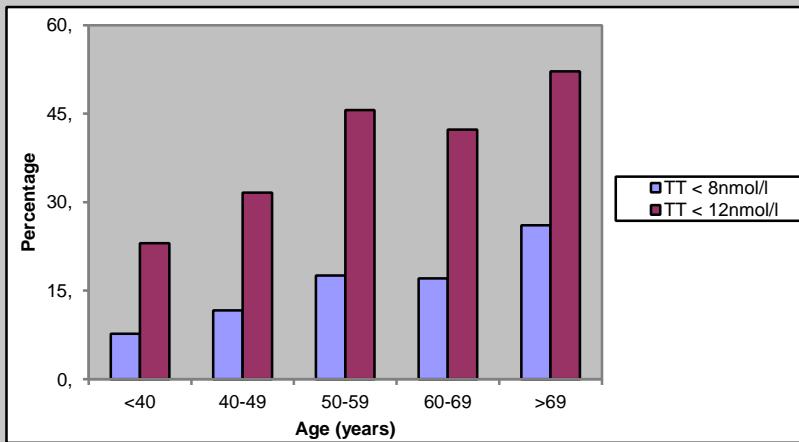
International Society For The Study of the Aging Male

1997

Partial androgen deficiency of the aging male (PADAM)
Testosteron deficientie syndroom
Late onset hypogonadism
Penopauze



Testosteron spiegels dalen na het 40^{ste} met 1% per jaar¹
6.0–12.3% van de 40+ mannen hebben een lage T-spiegel



Morales A, Lunenfeld B. *Aging Male* 2002; 5: 74–86. 2. Araujo AB et al. *J Clin Endocrinol Metab* 2004; 89(12): 5920–5926.

1997

VU medisch centrum



Behandeling van testosterontekort

Een testosterontekort kan eenvoudig worden behandeld door testosteron toe te dienen.

Slingeland Ziekenhuis

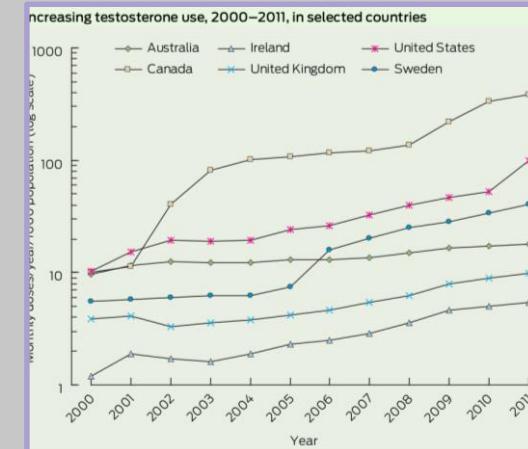
Kenniscentrum Urologie

HORMOONTEKORT ?

DOE DE ZELFTEST !

ANDROS
MANNENKLINIEK

Global trends in testosterone prescribing,
2000–2011: expanding the spectrum of
prescription drug misuse

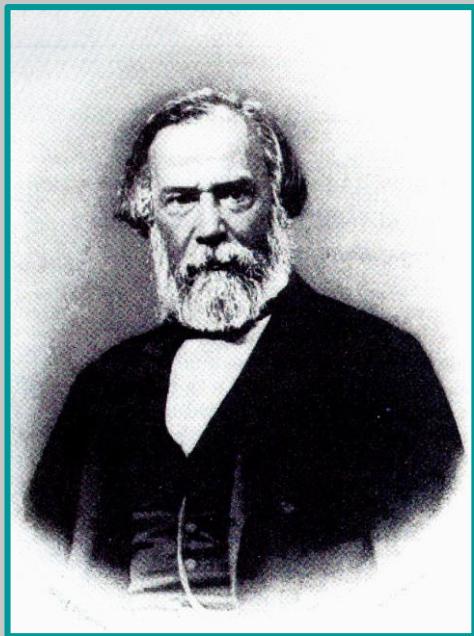


David J Handelman
MB BS, FRACP, PhD,
Director



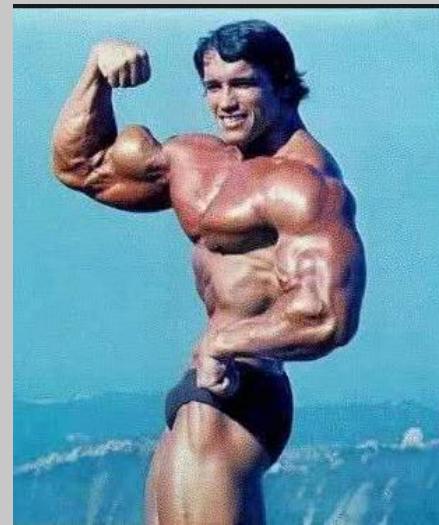
ORGANOTHERAPY WITH TESTICULAR EXTRACTS

Lancet 2: 105 (1889)



Brown - Séquard

Increased physical strength,
mental abilities and sexual appetite
by self- injection of animal
testicle preparations

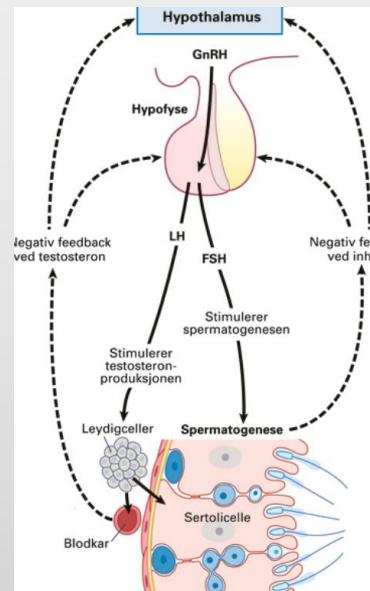


Rejuvenation





Testosteron behandeling bij mannen met testosteron tekort op basis van een genetische of verworven aandoening van de hypothalamus hypofyse gonade as



Hypogonadotroop Hypogonadisme

(LH, FSH ↓)

Kallmann

Idiopatisch (IHH)

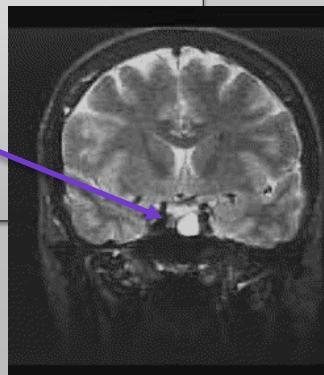
Hypofyse Tumor

Anabole steroiden

Morbide obesitas

Granulomateuze ziekten

Haemochromatose



Hypergonadotroop Hypogonadisme

(LH, FSH ↑)

Testiculaire dysgenesie

Klinefelter

Anorchie

Castratie

Cytotoxische medicatie

Radiotherapie

Laat hypogonadisme

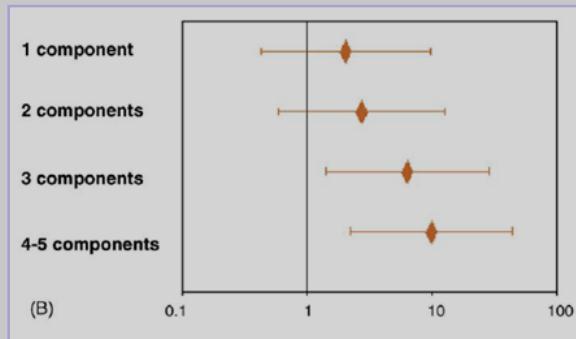
VU medisch centrum



Metabool syndroom
DM
Chronische infecties
Kanker
COPD
Nierinsufficientie
Depressie

Visceral obesity	Waist circumference: $\geq 102\text{ cm}$
Hypertension	• 130/85mmHg • Being treated for hypertension
Dyslipidemia	Triglycerides: $\geq 1.7\text{ mmol/l}$
Diabetes mellitus type 2	HDL-cholesterol: $<1.0\text{ mmol/l}$ Fasting glucose: $\geq 6.1\text{ mmol/l}$

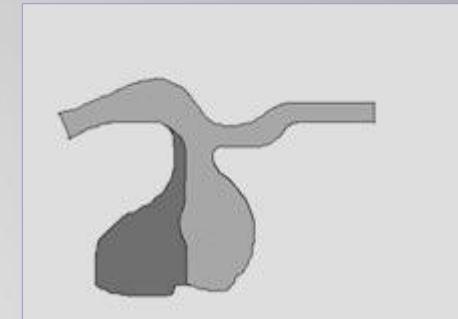
Note. Metabolic syndrome is present if \geq three factors (triglycerides and high-density lipoproteins are counted separately) are positive.



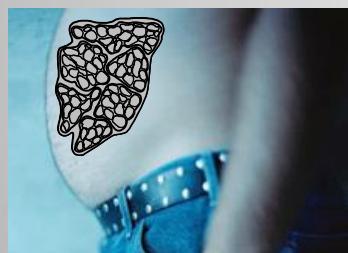
Relatief risiko op hypogonadisme (TT<8.0nmol/L)

Corona G et al. Eur Urol 2006; 50: 595-604

Hypofyse voorkwab



Aromatisatie



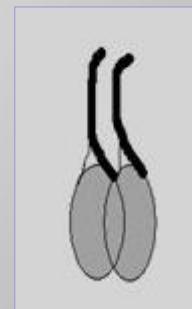
Viscerale adipocyten

oestradiol

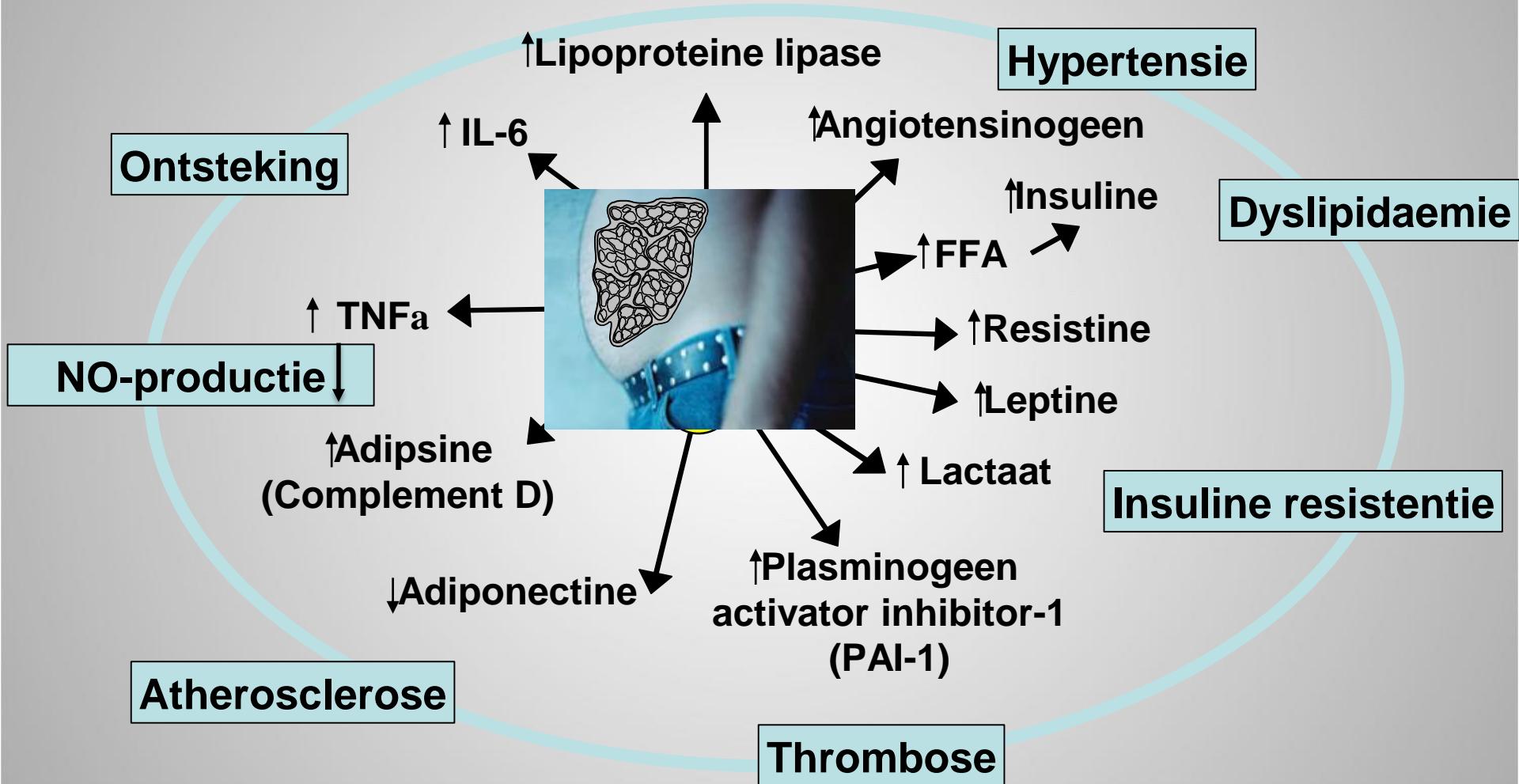
vermindering LH spiegels
en gepulste amplitude

TESTOSTERON

Testes

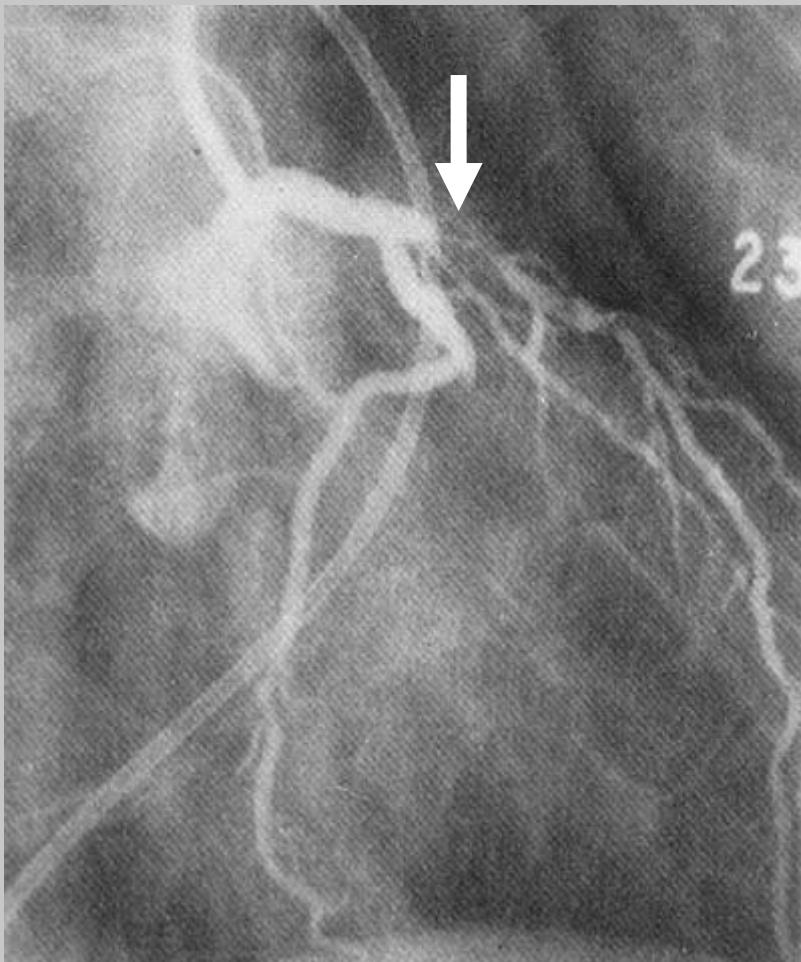


Metabool syndroom is een cardiovasculaire risicofactor





Hypogonadisme als cardiovasculair risiko



Case control study

60 men with 1 or more coronary stenoses >75%
30 men with normal coronary angiograms
Excluded if MI or severe illness in last 3 months

Men with coronary artery disease have lower levels
of androgens than men with normal coronary
angiograms

K. M. English¹, O. Mandour², R. P. Steeds¹, M. J. Diver³, T. H. Jones² and
K. S. Channer¹

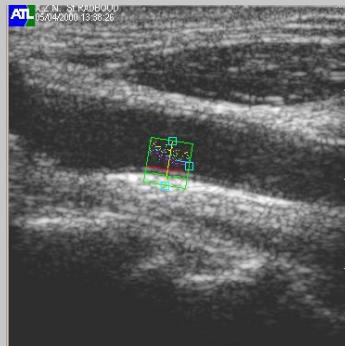
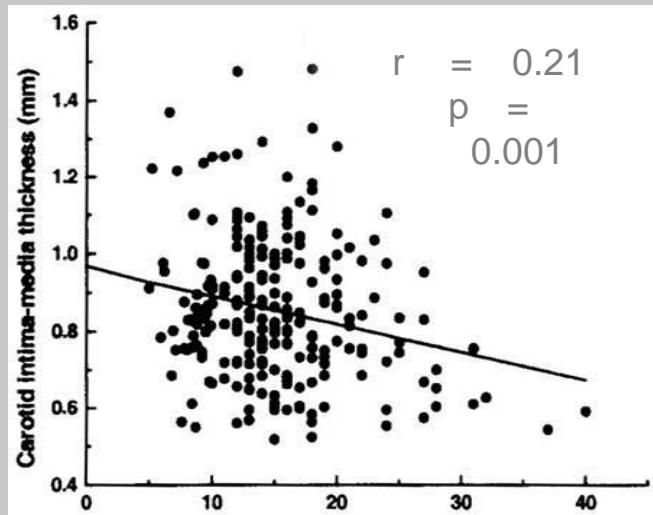
Eur Heart J. 2000 Jun;21(11):890-4.

Hypogonadisme als cardiovasculair risiko

VU medisch centrum



Correlation between serum testosterone and maximum intima-media thickness of the carotid bulb in 236 middle-aged men

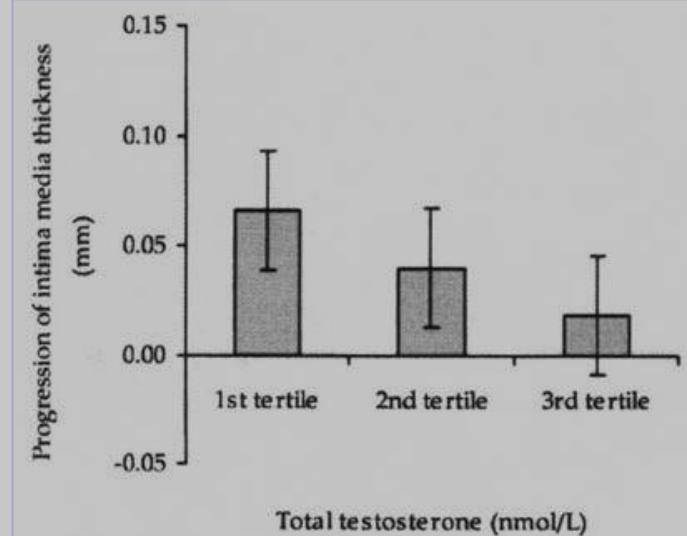


Increased Carotid Atherosclerosis in Andropausal Middle-Aged Men

Juuso Mäkinen, MD,[†] Mikko J. Järvisalo, MD, PhD,^{†††} Pasi Pöllänen, MD, PhD,^{§||}
Anti Perheentupa, MD, PhD,^{§#} Kerttu Irlala, MD, PhD,[¶] Markku Koskenvuo, MD, PhD,^{**}
Juha Mäkinen, MD, PhD,[§] Ilpo Huhtaniemi, MD, PhD^{#‡} Olli T. Raitakari, MD, PhD^{†‡}

Mäkinen J et al. JACC 2005; 45: 1603–1608.

Progression of mean IMT of common carotid artery in tertiles of serum Testosterone



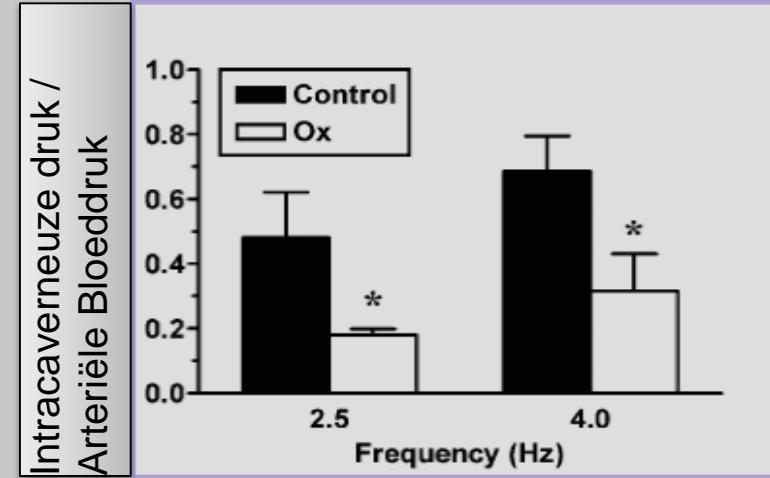
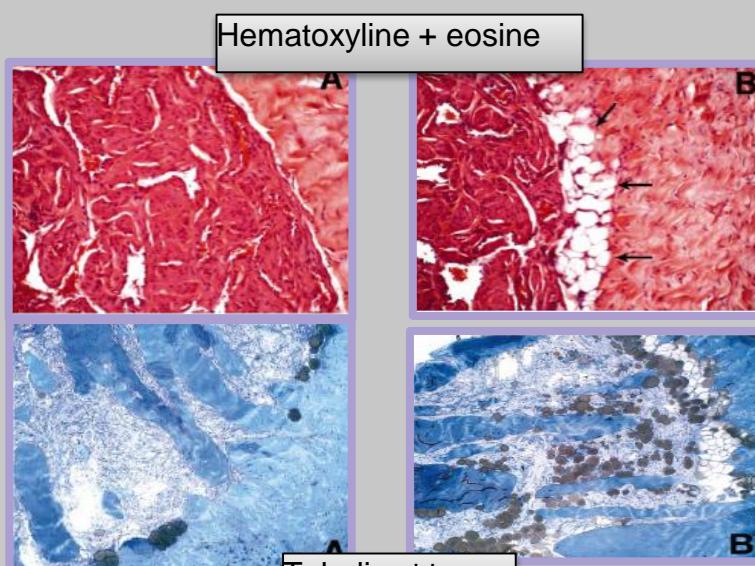
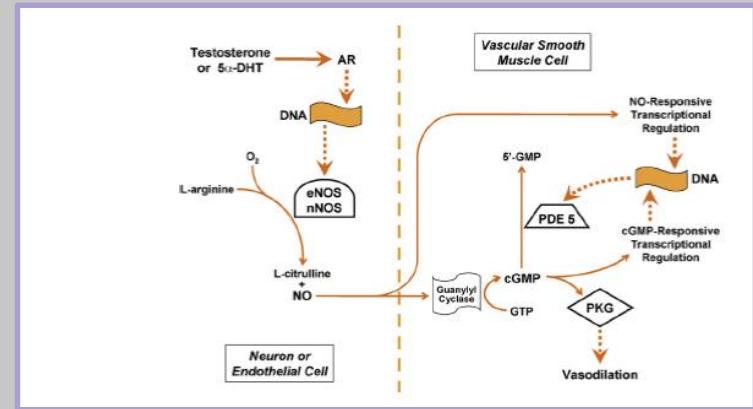
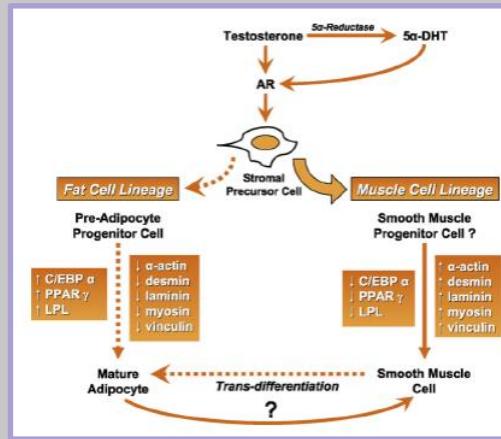
Endogenous Sex Hormones and Progression of Carotid Atherosclerosis in Elderly Men

Majon Muller, MD, PhD; Annewieke W. van den Beld, MD, PhD; Michiel L. Bots, MD, PhD;
Diederick E. Grobbee, MD, PhD; Steven W.J. Lamberts, MD, PhD; Yvonne T. van der Schouw, PhD

Circulation 2004; 109: 2074–2079.

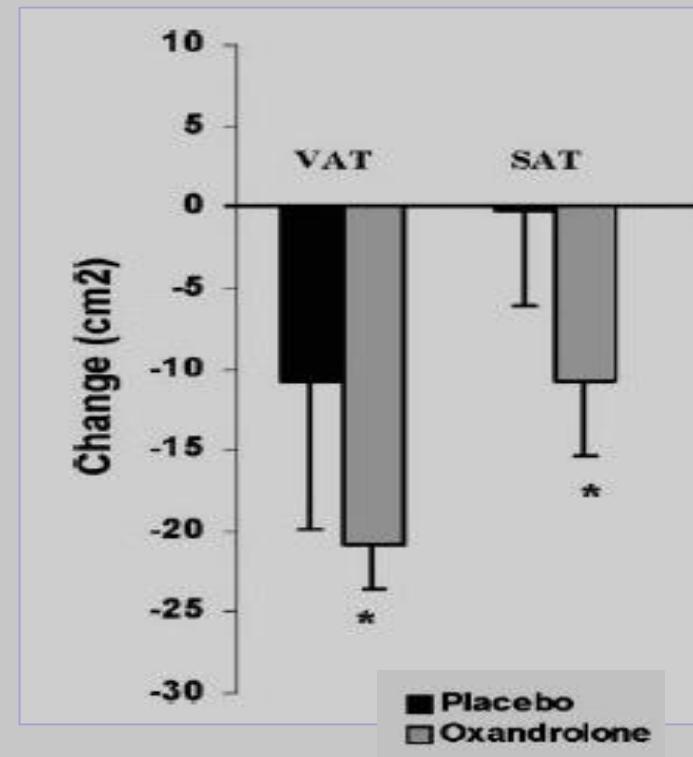
Testosteron en de genitale respons

VU medisch centrum





Is T-behandeling effectief ?



Effects of Androgen Therapy on Adipose Tissue and Metabolism in Older Men

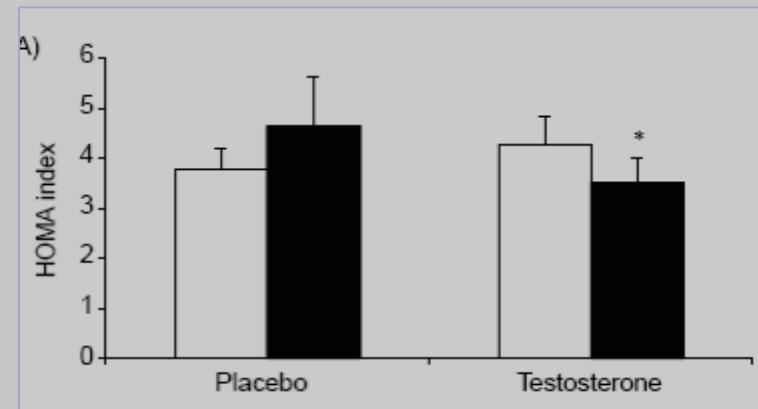
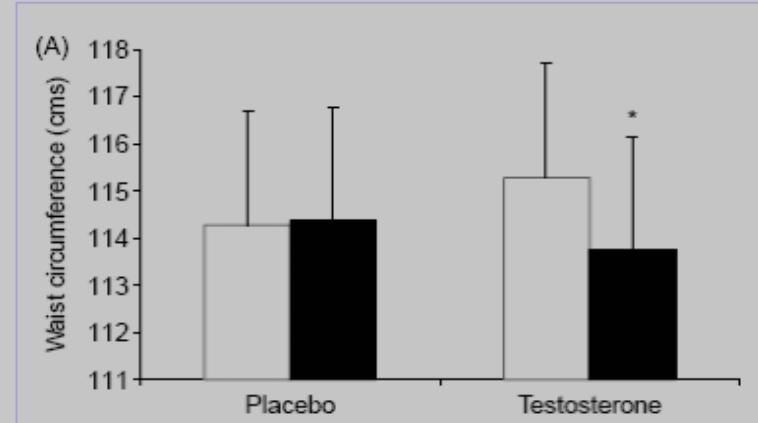
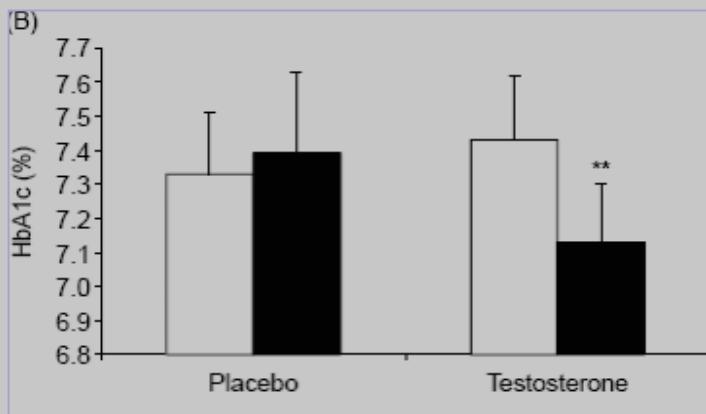
E. TODD SCHROEDER, LING ZHENG, MICHELLE D. ONG, CARMEN MARTINEZ, CARLA FLORES, YOLANDA STEWART, COLLEEN AZEN, AND FRED R. SATTLER

The Journal of Clinical Endocrinology & Metabolism 89(10):4863–4872



Is T-behandeling effectief ?

Het effect van T-behandeling bij mannen met DM type II



Testosterone replacement therapy improves insulin resistance, glycaemic control, visceral adiposity and hypercholesterolaemia in hypogonadal men with type 2 diabetes

D Kapoor^{1,3}, E Goodwin¹, K S Channer² and T H Jones^{1,3}



Is T-behandeling effectief ?

Testosteron therapie
in hypogonadale mannen
verbetert tijd tot coronair
ischemie

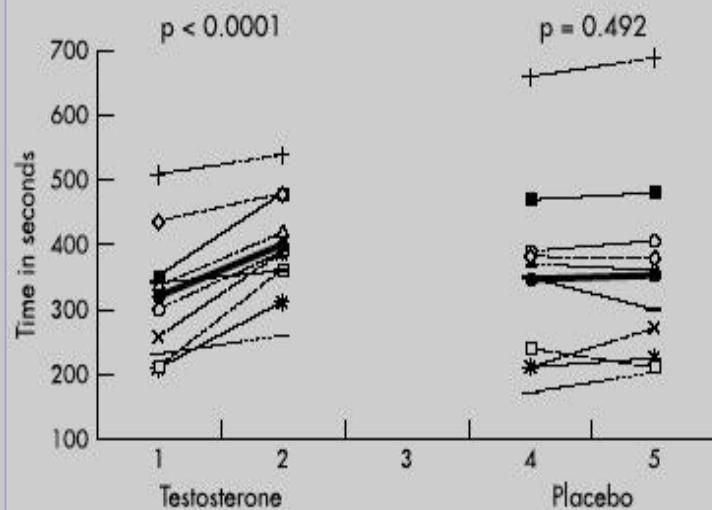


Figure 1 Change in exercise time. Mean is indicated in bold.

Testosterone replacement in hypogonadal men with angina improves ischaemic threshold and quality of life

C J Malkin, P J Pugh, P D Morris, K E Kerry, R D Jones, T H Jones, K S Channer

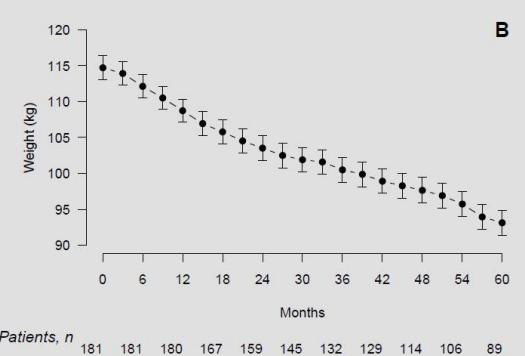
Heart 2004;90:871-876. doi: 10.1136/heart.2003.021121

Is T-behandeling effectief ?

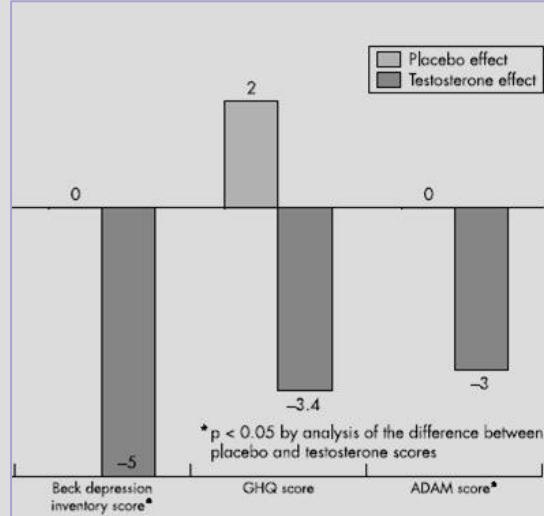
VU medisch centrum



Obesitas



Depressie



Seksuele kwaliteit van leven

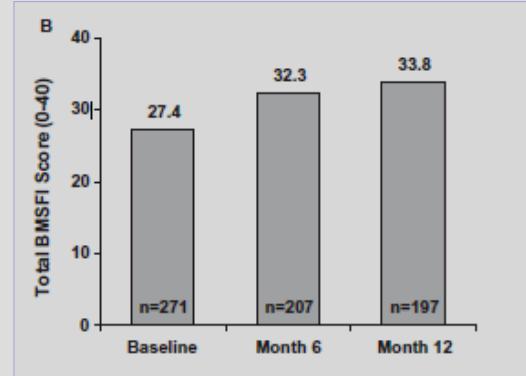


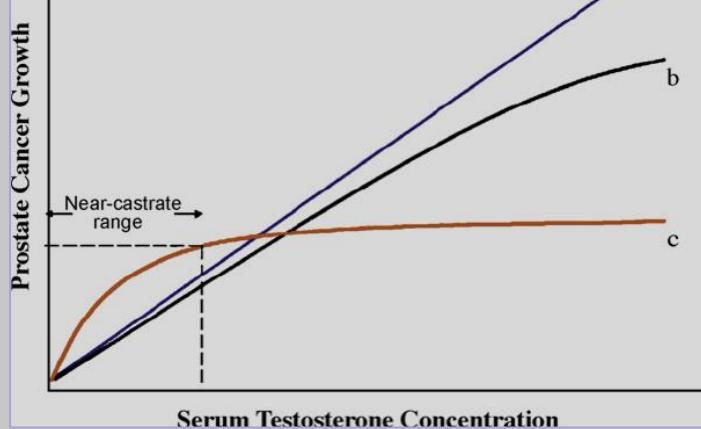
Figure 1 Total testosterone (A) and total BMSFI score (B) were recorded at baseline and at follow-up visits in patients available at each time point. Both total testosterone levels and BMSFI scores improved over time with TRT, peaking by 12 months. BMSFI = Brief Male Sexual Function Inventory; TRT = testosterone replacement therapy.



A dangerous elixir?

Testosterone therapy jacks up vigour, sex drive and mental acuity — or so proponents claim. But are those who experiment with this potent sex hormone gambling with their health? Helen Pearson investigates.

Het saturatie model

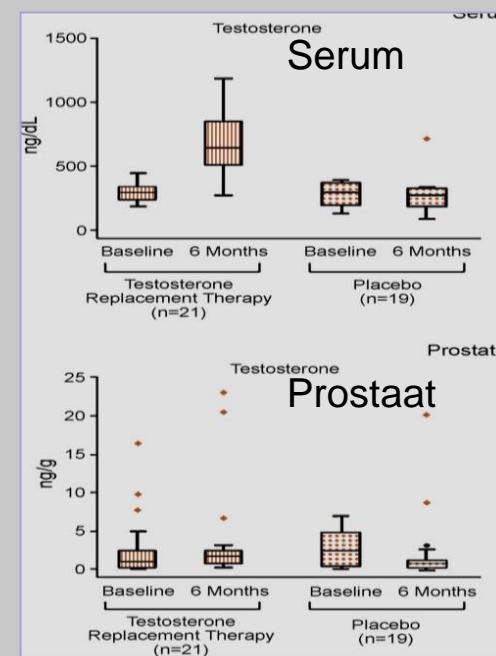


Morgentaler A, Traish AM. Eur Urol 2009;55:310–21.

Prostaat

VU medisch centrum

Het effect van exogeen testosteron(T) op de T-spiegels in prostaat weefsel van hypogonadale mannen



Marks LS, Mazer NA, Mostaghel E, et al. Effect of testosterone replacement therapy on prostate tissue in men with late-onset hypogonadism: a randomized controlled trial. JAMA 2006;296:2351–61.

A dangerous elixir?

Testosterone therapy jacks up vigour, sex drive and mental acuity — or so proponents claim. But are those who experiment with this potent sex hormone gambling with their health? Helen Pearson investigates.

In this population of older men with limitations in mobility and a high prevalence of chronic disease, the application of a testosterone gel was associated with an increased risk of cardiovascular adverse events. The small size of the trial and the unique population prevent broader inferences from being made about the safety of testosterone therapy. (ClinicalTrials.gov number, NCT00240981.)

N ENGL J MED 363;2 NEJM.ORG JULY 8, 2010

The experience in Low T Centers shows that, in an injectable testosterone patient registry, testosterone is generally safe for younger men who do not have significant risk factors. Of patients that developed MI with testosterone, there was no association with testosterone or hematocrit levels.

Conclusions: The effects of testosterone on cardiovascular-related events varied with source of funding. Nevertheless, overall and particularly in trials not funded by the pharmaceutical industry, exogenous testosterone increased the risk of cardiovascular-related events, with corresponding implications for the use of testosterone therapy.

The FDA also recommended that: “Testosterone is an FDA-approved replacement therapy only for men with disorders of the testicles, pituitary gland or brain that cause hypogonadism” and that “it should not be used to relieve symptoms in men who have low testosterone for no reasons other than aging.”

Following a formal in-depth review, the FDA released a new warning and updated labeling on TRT to reflect the possible increased risk of heart attacks and strokes associated with testosterone use. The Committee concurs in the FDA conclusion that the signal for cardiovascular risk is weak and that we need definitive studies.

Cardiovasculair

U medisch centrum



IT'S ALL IN THE TIMING

Taking hormones to replace those lost during menopause helps many women with their symptoms, yet it may also cause cognitive decline. Could the age at which hormones are taken determine whether they will be beneficial or harmful? **Tom Siegfried** reports.

“The time and the age at which a person takes hormone therapy may predict the clinical outcome.”
— Peter Schmidt

Adverse Events Associated with Testosterone Administration

Myocardial Infarction and Stroke Risk in Young Healthy Men Treated with Injectable Testosterone

Robert S. Tan,^{1,2,3,4,5} Kelly R. Cook,¹ and William G. Reilly¹

¹LAWRENCE BERKELEY NATIONAL LABORATORY, CALIFORNIA; ²UNIVERSITY OF CALIFORNIA, BERKELEY, CALIFORNIA; ³UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, CALIFORNIA; ⁴UNIVERSITY OF TORONTO, ONTARIO, CANADA; ⁵UNIVERSITY OF TORONTO, ONTARIO, CANADA

Thomas G. Travison, Ph.D., Thomas W. Storer, Ph.D., Ph.D., Richard M. Tennstedt, Ph.D., Aaron Choong, M.D., M. Lakshman, M.D., Anne Krasnoff, M.B.A., Philip E. Knapp, M.D., Geeta Bhasin, B.A., Lauren Collins, R.N.P., Nathan LeBrasseur, Ph.D.,





REVIEW

Lifestyle and metabolic approaches to maximizing erectile and vascular health

DR Meldrum^{1,2}, JC Gambone^{1,2}, MA Morris³, K Esposito⁴, D Giugliano⁴ and LJ Ignarro^{2,5}

International Journal of Impotence Research (2012) 24, 61–68
© 2012 Macmillan Publishers Limited All rights reserved 0955-9930/12
www.nature.com/ijir



Table 1 Summary of lifestyle and metabolic factors having positive (+) or negative (−) effects on ED or vascular NO demonstrated by *randomized trials or **observational studies

Factor (+), (−)	End point (ED, NO)	References
Weight loss (+)	ED, NO	*13
Exercise (+)	ED, NO	**16,17,22–25,29
High fat intake (−)	NO	**29
High sugar intake (−)	NO	*45
Angiotensin receptor blockers (+)	ED, NO	*16,33
Testosterone (+)	ED, NO	*35,36; **34
Smoking (−)	ED, NO	**37,38
Mild/moderate alcohol (+)	ED, NO	*41; *42
Excessive alcohol (−)	NO	*42,43
Antioxidants (+)	ED, NO	*38,45,46,48,50
Folate (+)/hyperhomocysteinemia (−)	ED, NO	*52,53
Omega-3 fatty acids (+)	NO	*56; **57
Renal failure (−)	ED	*58,59
Aging (−)	ED, NO	**61
L-Arginine 5 g per day (+)	ED, NO	*65,66
PDE-5 inhibitors (+)	ED, NO	*50,69

Abbreviation: NO, nitric oxide.

Alternatieven

VU medisch centrum

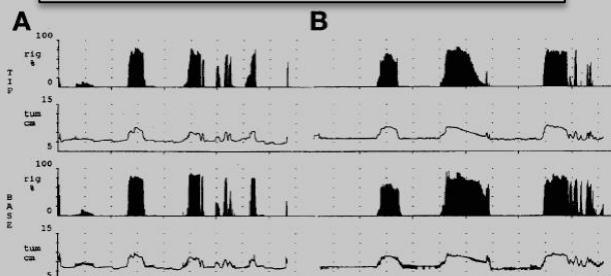


IMPROVEMENT IN ERECTILE FUNCTION IN MEN WITH ORGANIC ERECTILE DYSFUNCTION BY CORRECTION OF ELEVATED CHOLESTEROL LEVELS: A CLINICAL OBSERVATION

ERIN A. SALTZMAN, ANDRE T. GUAY^{a,*†} AND JERILYNN JACOBSON

From the Center for Sexual Function, Endocrinology Department, Lahey Clinic Northshore, Peabody, Massachusetts

J Urol. 2004 Jul;172(1):255-8.



Nocturnal penile activity before (A) and after (B) 4 months of treatment with atorvastatin in 1 of 9 patients. rig, rigidity. tum, tumescence.

The effects of quinapril and atorvastatin on the responsiveness to sildenafil in men with erectile dysfunction

Alan J Bank^{a,b}, Aaron S Kelly^{a,b}, Daniel R Kaiser^{a,b}, William W Crawford^a, Benjamin Waxman^c, Douglas A Schow^d and Kevin L Billups^{b,e}

Vascular medicine 2006;11:251-257

IIEF-5

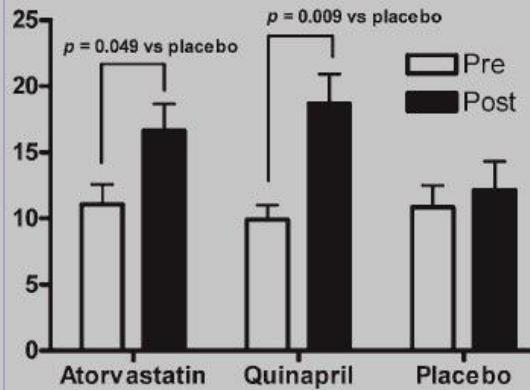
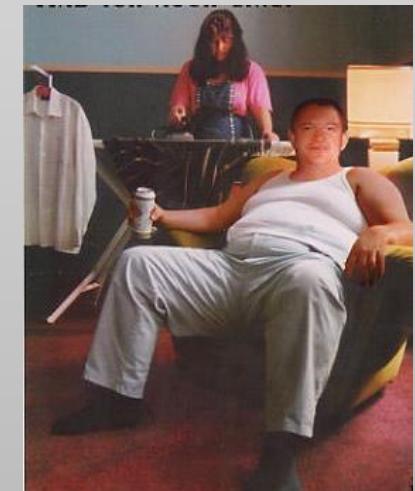
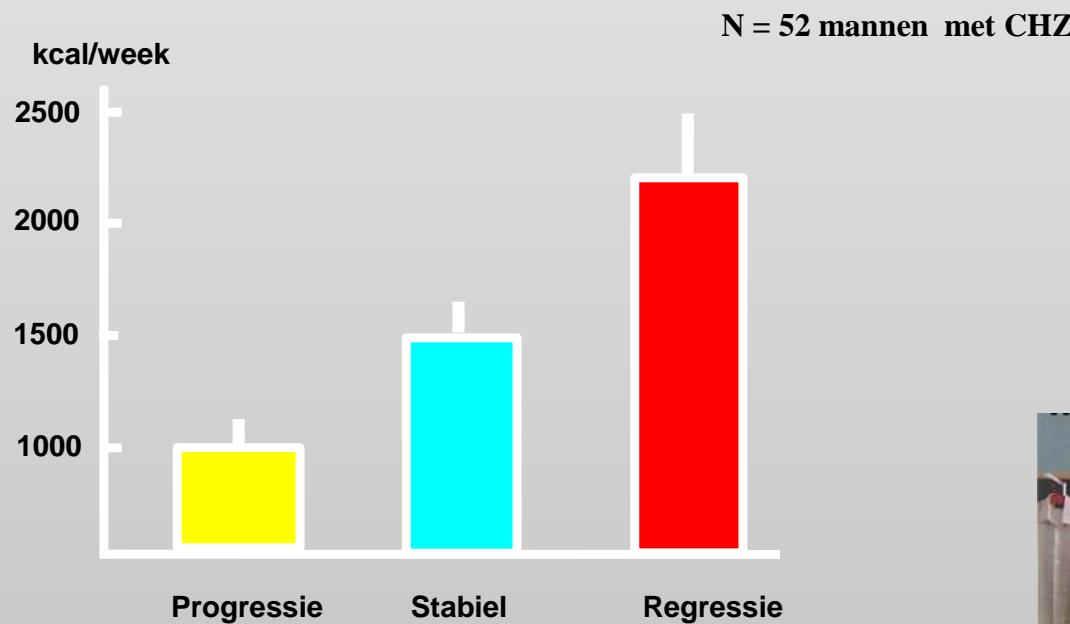
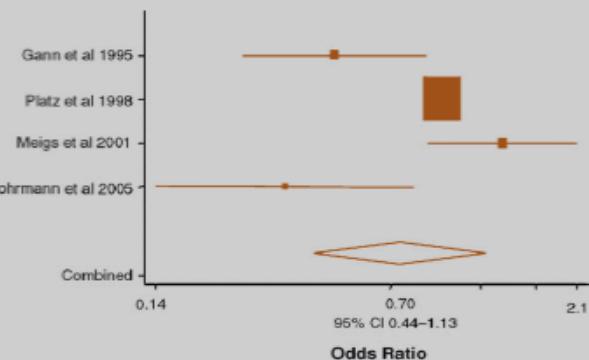


Figure 1 Effects of atorvastatin and quinapril on the IIEF-5 score in men with erectile dysfunction. (IIEF-5 = International Index of Erectile Function-5.)



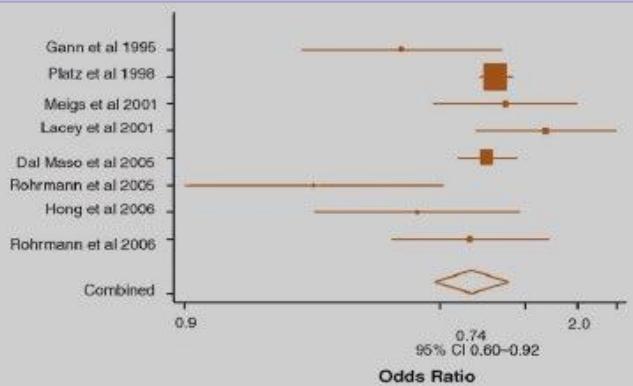
Bewegen



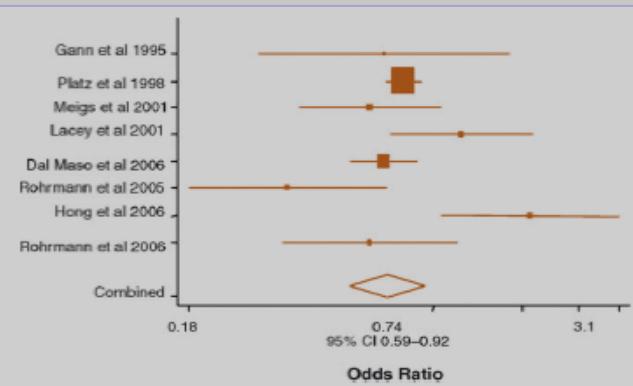


Licht

De relatie tussen de mate van fysieke inspanning en het risico op plasklachten



Matig



Fors

Physical Activity, Benign Prostatic Hyperplasia, and Lower Urinary Tract Symptoms

J. Kellogg Parsons*, Carol Kashefi





Haalbaarheidsonderzoek naar een leefstijlprogramma gericht op gezond bewegen op de polikliniek urologie VUmc

Mannen > 40 jr met plasklachten en of erectiestoornissen

Lichaamsbeweging minder dan 30 minuten per dag tenminste 5 dagen per week

Gepersonaliseerd fitness programma
Combinatie van cardio workout en gewichtheffen
Tweemaal per week gedurende 2 maanden



Resultaten

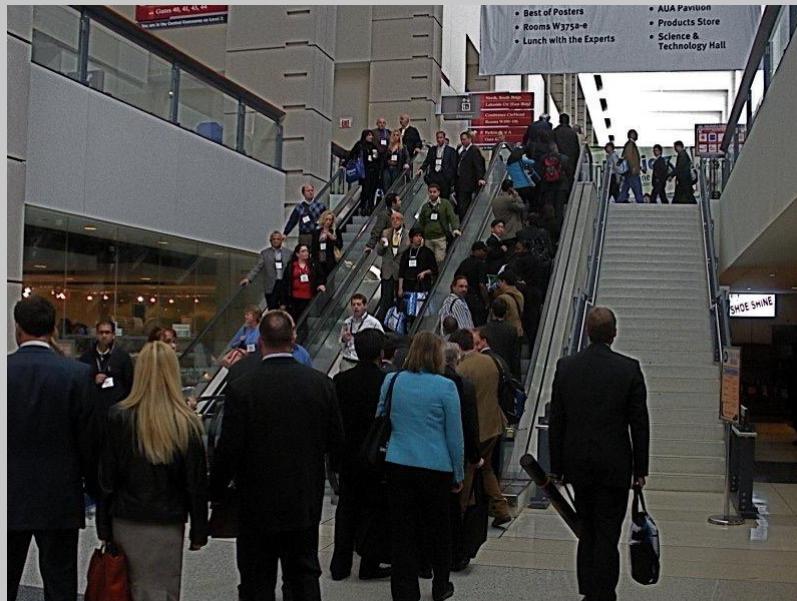
Zittende leefstijl: 20/49 (41%)

Bereid te participeren: 14 / 20 (70%)

Afvallers na informed consent: 10 / 14 (71%)

Gestart met programma: 4

Programma voltooid: 0





18 Ornish, D., Scherwitz, L. W., Billings, J. H., Brown, S. E., Gould, K. L., Merritt, T. (2001). Intensive lifestyle changes for reversal of coronary heart disease. *JAMA*, 280, 1998.



Voeding
Beweging
Stress management
Actief inzetten sociale support

- Mannen van 40 t/m 75 jaar met zorgvraag LUTS/ED
- Begeleiding in leefstijl gedurende 6 maanden
- Individueel, in een groep en gebruik online dashboard
- Begeleiding door een getrainde health coach





- 71 procent voltooide het programma
- BMI, buikomvang, Testosteron, HBA1c verbeterden bij 41-63 %
- Plasklachten bij 60%
- Erectiestoornissen bij 28%



Mannen worden 3,5 jaar ouder dan elf jaar geleden