SEXUAL DYSFUNCTION IN MEN UNDERGOING FERTILITY EVALUATION
Geetha Ranga, Karthekeya Medical Research & Diagnostic Center, Ramadan A. Saleh, Ashok Agarwal, The Cleveland Clinic Foundation

Objective:
Male factor infertility accounts for about 30-40% of all cases seeking fertility treatment. Identification and classification of male infertility still relies on the results of semen analysis obtained on at least two separate occasions. For many couples, infertility is as much an emotional and spiritual crisis as it is a physical challenge. There is evidence that psychological effects of infertility are similar to those of cancer and heart diseases. In this study we evaluated the psychosexual problems in men undergoing infertility evaluation.

Design:
The study was conducted at a diagnostic center for infertile men.

Materials/Methods:
Detailed medical and sexual history was obtained from men undergoing fertility evaluation in our center between 1997-2000. Semen samples were collected by masturbation in a private room after 2-3 days of sexual abstinence. Four hundred and twelve (412) men were found to have an abnormality in one or more of the classical semen parameters after their first semen analysis. These men were asked to return for a second analysis in 2 weeks. Men who failed to collect semen by masturbation at their second or subsequent appointments were aided by a vibrator. Seven of the 412 (7/412) men were excluded from the analysis because of remarkable history of medical illness or sexual dysfunction.

Results:
Forty-six of the remaining 405 (46/405, 11%) men failed to collect semen samples by masturbation even after repeated (3-5 times) attempts at 2-3 days intervals. All of the 46 men reported severe anxiety, erectile failure and anorgasmia during attempts to collect semen by masturbation and during sexual contact with their partners. Nine of these 46 (9/46, 20%) men were able to collect their semen with the aid of vibratory stimulation.

Conclusions:
Our results indicate that men undergoing fertility evaluation may suffer from psychological trauma that can affect their sexual performance. These patients should be investigated for other associated psychological problems, such as: clinical depression, social isolation, or reduced job performance. It is critical that infertility programs develop a multidisciplinary team approach including psychologists and psychiatrists specializing in the emotional effects of infertility to assist these patients to the fullest.

Supported by:
None.