metabolic effects of deficiency; they are also well-tolerated and safe.

More clinician awareness of androgen deficiency is required, so as to reduce the health burden not only of sexual dysfunction but also a range of serious but preventable or treatable disorders.

Ethics and Sexual Medicine practice

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Ethics is a term used to describe the ways in which we understand the moral life. Morality comprises the norms for human conduct, what is right and what is wrong. As well as standards of conduct, it includes obligations, recommendations, rights and virtues. Some are widely held throughout humanity, such as prohibitions against killing, causing harm to others, stealing and falsehood. Others are specific to the community to which we belong and may not only differ between communities, but what is permitted or even virtuous in one may be forbidden or sinful in another. Many of the moral and ethical concepts surrounding life, death, organ donation, abortion and many other issues have been widely debated. Sexuality and sexual behaviour have been less well-explored, particularly in a wider public arena, because of their particular sensitivity, and their connection to a range of widely-differing socio-cultural and religious mores.

In an increasingly complex world, developments in healthcare technology and international communications compel us to think very carefully at our assumptions as to what is ethical thought and action, the essence of “doing right” and “not doing wrong”. It is all too easy to fail to universalise our own worldview and to make moral and ethical judgements about the beliefs and actions of others with a differing moral and ethical system, even though their system is just as firmly based in their different worldview. Although the world’s major religious and socio-cultural traditions have far more in common than they have to divide them, there is no “universal” system of morality and ethics. Health professionals, as citizens of the world, must reflect on that fact and respect (even if they must disagree) with the sincerely-held views of others; this has implications for their practice, particularly within a multicultural society.

The presenter does not attempt to present a “universal” framework of ethics for sexual medicine. Indeed, this is probably an impossible task. However, the presenter will try and identify areas where those from different traditions can agree and increase our understanding of why, in other areas, we cannot agree, and suggest a model that can be used to analyse and document ethical dilemmas in a useful and practical way.

Prostatitis, chronic pelvic pain and sexual dysfunction

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“Chronic prostatitis” is a diagnostic label applied to a range of disorders, ranging from acute bacterial infection to chronic pain syndromes. It is a common condition with a lifetime prevalence of 5-9%. It is often not well-managed in medical practice and has been described by one eminent urologist as “A wastebasket of clinical ignorance”.

Chronic prostatitis is the commonest reason for men under 50 to visit a urologist and around 50% of men will be affected by prostatitis sometime in their lives.

Around 35% of men experience symptoms consistent with prostatitis in the past 12 months and 8% will find it at least a minor problem.

Its symptoms are variable but may include some, but not all, of the following: perineal and penile pain; lower back, abdominal and inner thigh pain; painful ejaculation; lower urinary tract symptoms; fever; myalgia; decreased sexual motivation; ED. The causes of this syndrome are obscure, despite decades of research, and there is no definitive, universally reliable treatment for it, not least because it is not a single clinical or pathological entity. Bacterial infection is causal in a minority of patients. A range of causes for non-bacterial, non-inflammatory chronic pelvic pain have been proposed; it may be a neuropathic or neuromuscular disorder, rather than a disorder of the prostate itself; pain is thought either to arise from spontaneous signals within pelvic nerves or be due to uncoordinated contractions of the smooth muscle fibres in the prostate gland, rather like colic.

Although there is no “cure”, the usual course of events is that episodes become less severe and less frequent over time, although it can take many years for this to happen.

Its management requires a systematic approach to diagnosis, and the National Institutes of Health Classification of Chronic Prostatitis has been an important aid in this process. Treatment for chronic prostatitis should include patient education, psychological and behaviour therapies, as well as medication. For non-bacterial, non-inflammatory chronic pelvic pain, treatment should be aimed at increasing the sufferer’s understanding of the problem and symptom relief during acute episodes. Drugs like amitriptyline may help with neuropathic pain and alpha-blocker drug like doxazosin may help with neuromuscular inco-ordination, but they are best used as one component of an integrated treatment programme.

Group cognitive-behavioural therapy in prison setting for convicted child sexual abusers: preliminary results

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Objectives: Every year in the world 150 millions of children are sexually abused (Report ONU 2006); Italy is among the first eight countries in number of disappeared or sexually abused children. About one out of three convicted child abusers relapses within ten years after the release.

Many Anglo-Saxon prisons implement cognitive-behavioural intervention protocols aimed to reduce recidivism risk by using...