women. In the work clinical, clinico-psychopathological, sexological examination/testing techniques were used.

**Results:** Suicidal behaviour manifested in suicidal intentions, attempts and thoughts. Those patients who were susceptible to demonstrative-blackmail kinds of suicide (62%) on the strength of their personal peculiarities, psychopathology manifestations, peculiarities of their constitution and with situational circumstances, rarely turn for sexological help with violations in the intimate area/field. By their behaviour they prefer provoking feelings of guilty and compassion for their partner’s part.

For the patients who had real suicidal attempts (38%), concealment of the information about the given incident, is strong-willed and typical. Trying to find help from the specialist, they sense feeling of groundlessness, manifestation of feebleness, shame because of their suicidal behaviour in the past.

**Conclusions:** The elaboration of adequate measures for prevention, early revelation and timely treatment of the patients who had suicide attempts in consequence of sexual confusions/break downs, assists to increase of effectiveness in the actions of medical-psychological and social rehabilitation of patients.

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**T01-O-04**

**Vardenafil improves erectile function in men and treatment satisfaction in couples affected by ED previously untreated with PDE-5 inhibitors**

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**Objectives:** To assess the efficacy and tolerability of vardenafil in phosphodiesterase type-5 naïve men with erectile dysfunction (ED) and evaluate couples’ treatment satisfaction with vardenafil.

**Design and method:** A 12-week, multicentre, randomised, double-blind, placebo-controlled study involving men aged ≥18 years with ED >6 months duration. The starting dose of vardenafil was 10 mg, which could be titrated to 5 mg or 20 mg at weeks 4 and 8. Efficacy measures included patient responses to the erectile function domain of the IIEF, and patient and partner responses to TSS questions.

**Results:** Men (n=260; median age=55 years) were randomised to vardenafil (n=194) or placebo (n=66). Vardenafil significantly increased IIEF-EF scores compared with placebo (p<0.0001). At baseline, the overall mean IIEF-EF score was indicative of moderate ED. At LOCF, mean IIEF-EF scores were 23.5 (considered mild ED) and 15.8 (moderate ED) for patients treated with vardenafil and placebo, respectively. At LOCF, 56% of vardenafil-treated patients compared with 20% of placebo-treated patients had ‘normal’ erectile function, defined as an IIEF-EF score ≥26 (p<0.0001). For both men and their partners, vardenafil significantly (p<0.0001) improved TSS scores compared with placebo across all domains (satisfaction with orgasm, ease with erection, confidence, erectile function satisfaction and satisfaction with medication). Vardenafil was generally well tolerated.

**Conclusions:** Vardenafil significantly improved sexual function such that both men and their partners expressed a considerable and mutually agreed level of treatment satisfaction.

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**T01-O-05**

**Genital cutting and female sexual functioning: an interrogation in view of conventional sexological theory**

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**Abstract**

This paper reviews conventional theories on human sexuality and explores their relevance to Female Genital Cutting (FGC), a traditional surgical procedure entailing partial or complete removal of external genitalia for non-therapeutic purposes. The exercise is imperative in view of claims made to the effect such genital alteration adversely impacts sexual functioning. The verity of such claims is seldom proven, particularly in light of theoretical insights regarding female sexual functioning. The aim of the paper is to highlight and elaborate the various determinants of female sexual functioning, and particularly the role that external genitalia play in the sexual response cycle and hence; the nature of the overall sexual experience. To this end, the paper reviews the key arguments of both the biological-physiological and socio-cultural/psychological threads of female sexuality theory in order to evolve a plausible account on the relationship between FGC and Female Sexual Functioning. This exercise in theoretical exploration, while informing an ensuing study on the psycho-sexual implications of FGC, will assist in refining the various methods that will be employed in the study’s empirical component. The eventual goal is to generate insights to further orient the ongoing discourse on Female Genital Cutting.

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**T01-O-06**

**Female sexuality may be modified by olfactory and auditory thresholds**

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