

Editorial Comment: Most younger adults who experience an acute myocardial infarction (AMI) are sexually active before the AMI but little is known about sexual activity or sexual function after the event. The Gender on Outcomes of Young AMI Patients study (conducted from August 21, 2008 to January 5, 2012) assessed patients at baseline, 1 month and 1 year. Participants from 103 U.S. and 24 Spanish hospitals completed baseline and all followup interviews.

Of the 2,802 patients included in the analysis 1,889 (67.4%) were women and median age was 49 years (IQR 44 to 52, range 18 to 55). Of people who were sexually active at baseline men were more likely than women to have resumed sexual activity by 1 month (448 patients, 63.9% vs 661, 54.5%; $p < 0.001$) and by 1 year (662, 94.4% vs 1,107, 91.3%; $p = 0.01$) after AMI. More women than men (211 patients, 41.9% vs 107, 30.5%; $p < 0.01$) with no baseline sexual problems demonstrated 1 or more incident problems in the year after the AMI. At 1 year the most prevalent sexual problems were lack of interest (487 patients, 39.6%) and trouble lubricating (273, 22.3%) among women and erectile difficulties (156, 21.7%) and lack of interest (137, 18.8%) among men. These data are interesting and provide insight into post-AMI sexual behavior.

Allen D. Seftel, MD

Re: Prevalence of Use of Erectile Dysfunction Medication by Dutch Military Personnel between 2003 and 2012

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Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27853169>

Editorial Comment: These authors assessed the prevalence of medication use for erectile dysfunction (ED) in Dutch military personnel between 2003 and 2012, and the association with age and psychotropic medication use. The number of ED medication users increased 100-fold, from 0.09 to 9.29 per 1,000 yearly, during the period studied. ED medication was more often used by men older than 40 years (prevalence 2.4% vs 0.2% in 2012, OR [2003 to 2012, adjusted for calendar year] 15.6, 95% CI 13.5–17.9) and by men using psychotropic medication (prevalence 3.8% vs 0.9% in 2012, OR [2003 to 2012, adjusted for calendar year] 3.13, 95% CI 2.66–3.67).

These data reinforce age related ED as being prevalent. The interesting finding is the apparent concomitant use of psychotropic agents. This relationship should be explored in greater depth.

Allen D. Seftel, MD

Re: What Kind of Sexual Dysfunction is Most Common among Overweight and Obese Women in Reproductive Age?

S. Rabiipoor, H. R. Khalkhali and E. Sadeghi

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Int J Impot Res 2016; Epub ahead of print. doi: 10.1038/ijir.2016.46

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27853167>

Editorial Comment: These authors investigated the association between body mass index and sexual health, and determined the most common kinds of sexual dysfunction in overweight and obese Iranian women of reproductive age. A cross-sectional descriptive design was adopted. Data from 198 women referred to health centers in Iran during 2014 and 2015 were collected through convenience sampling. Mean \pm SD age was 29.89 ± 7.01 years (range 17 to 45). Of the participants 85.9% had

sexual dysfunction, with orgasmic dysfunction being most frequent among overweight and obese women. This is an interesting observation and generates several questions for future study.

Allen D. Seftel, MD

Male Infertility

Re: Undergoing Varicocele Repair before Assisted Reproduction Improves Pregnancy Rate and Live Birth Rate in Azoospermic and Oligospermic Men with a Varicocele: A Systematic Review and Meta-Analysis

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Fertil Steril 2016; **106**: 1338–1343. doi: 10.1016/j.fertnstert.2016.07.1093

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27526630>

Editorial Comment: A big part of the problem we have in male reproductive therapy is that the outcome in which most patients are interested, live birth, is several steps removed from the care a man receives. Individual small studies are unlikely to reveal positive effects because so many factors are likely obscure them. In the case of small studies proving inconclusive a meta-analysis may be helpful, and these investigators interrogated the usefulness of varicocelectomy in live birth rates from in vitro fertilization. Critically only studies of clinical varicoceles were considered since we are 2 decades past the time when treating subclinical varicoceles was seriously entertained as useful. What is interesting is that outcomes were noted to improve not only in cases of oligospermia, but also in cases of azoospermia. That is consistent with a concept that varicocele improves spermatogenesis and sperm function in ways that we cannot measure with bulk seminal parameters.

Craig Niederberger, MD

Suggested Reading

Shiraishi K, Oka S and Matsuyama H: Predictive factors for sperm recovery after varicocelectomy in men with nonobstructive azoospermia. *J Urol* 2017; **197**: 485.

Re: Male Contraception

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Fertil Steril 2016; **106**: 1303–1309. doi: 10.1016/j.fertnstert.2016.08.036

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27678037>

Editorial Comment: True, vasectomy is an inexpensive and highly effective form of male contraception. But mention sharp objects and the scrotum in the same sentence and many men sensibly leave the room. This review covers currently available male contraceptives and those in the innovation pipeline. If you are interested in what we may have in the future to offer men who are finished with reproduction, this is a well considered and replete review of male contraception.

Craig Niederberger, MD