For Immediate Release

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Is America’s Hidden ‘Disease’ in the Bedroom?
Erectile Dysfunction and Female Sexual Dysfunction Share Common Barrier to Treatment
Delaying Treatment Diminishes Relationships, Self-Esteem and Health

DENVILLE, N.J. — May 18, 2011 — Casual talk about sex may be everywhere — from television shows like “Jersey Shore” to frequent commercials about Viagra®. By contrast, there is still very little meaningful conversation about sexual dysfunction, according to what physicians at Morris Urology hear from patients in their practice. As a result, healthy men and women may go undiagnosed for conditions that are most often treatable. Too often, by the time patients air their concerns, their relationships, self-esteem and physical health may be unnecessarily compromised.

Fortunately, with awareness and with physicians specializing in the latest treatment options, long-term consequences of sexual dysfunction in men and women may be avoided or minimized.

“Because there is so much emotion involved in sexual performance, men and women have a very difficult time discussing their personal situations with their partners or medical professionals,” said Gregg E. Zimmerman, M.D., of Morris Urology, a division of Garden State Urology. “If the comfort level in discussing sexual dysfunction can catch up to the ease with which people discuss having sex, it is likely that help would be sought earlier.”

Erectile Dysfunction Can Happen at Any Age

Erectile dysfunction is a problem getting an erection firm enough, or keeping it long enough, for intercourse.¹

One in 10 men, or approximately 30 million Americans,² suffer from erectile dysfunction. The problem can occur at any age, but as a man grows older, chances are that he will have a health problem that results in erectile dysfunction.

Causes and Treatment

The causes of erectile dysfunction can be physical and/or emotional. Physical problems may be caused by diabetes, smoking, side effects of some medications, radiation treatment to the prostate or pelvis, and even frequent long-distance bike riding. Hormone problems, such as a low level of testosterone or problems with the thyroid or pituitary gland, could lower sex drive. An injury anywhere along the nervous system also could have an impact. Erectile dysfunction also may be caused by a major illness, major surgery or chronic disease.

Emotional causes may include relationship problems, depression, anxiety and stress. “The biggest inhibitor of erections in our body is adrenaline, and that’s exactly what we give off when
we are stressed,” noted Zimmerman. “Stressing over it will make it harder for you to get an erection.”

According to Zimmerman, successful treatment takes into account a patient’s age, social situation and support system.

Due to media influence, many patients that do broach the subject ask for a prescription for Viagra®, added Zimmerman. However, he cautions that, “Although oral medications often improve blood flow and work very well for men who are getting some kind of erection, men should not be discouraged if that does not completely remedy the situation. We can explore other options that can positively change your sex life.” They include:

- Oral medication (phosphodiesterase-5 inhibitors, including Viagra®, Cialis® and Levitra®)
- Intracavernosal injections (inject a small amount of medicine in the shaft of the penis with a tiny needle, causing an erection within 10 to 15 minutes)
- Suppository (insert in tip of penis so medication is absorbed in the lining of the urethra)
- Vacuum erectile device (a pump that draws blood into the penis where a tension ring is placed to keep the erection)
- Penile prosthesis (inflatable or semi rigid surgical implant)

Women Experience Sexual Dysfunction in Greater Numbers Than Men Do

The prevalence of sexual dysfunction in women is much higher than in men, according to Michael S. Ingber, M.D., of Morris Urology. “One in three women experience sexual pain disorders while one in 10 women have a desire disorder. It’s very common. But it’s also a lot harder to diagnose. With men, you see the physical evidence of an erection. With women, they could go their whole lives just pretending to be sexually fulfilled or avoiding sex altogether.”

“For both men and women, we conduct a detailed exam specifically geared toward sexual dysfunction to determine the problem, including a brief survey to describe their personal situation,” said Dr. Ingber. [See sidebar.]

Causes of sexual pain disorders include vulvodynia (chronic pain in the vulva), vaginal dryness, sore muscles in the vagina, or post-operative or post-childbirth complications. Treatment includes topical therapies, oral medications such as Valium, physical therapy, Botox® injections and bladder pacemakers. The last resort is surgery to remove the part of the vulva that is causing the pain.

Sexual desire and arousal disorders in women are more closely correlated with erectile dysfunction in men. The doctor will check a woman’s testosterone levels, which are responsible for sex drive. Sometimes the oral medications described above will be prescribed to increase blood flow to the clitoris. In Europe, testosterone also has been approved for use.

“Many women describe the situation as ‘something in their head,’” said Dr. Ingber. “But we often can find hormonal reasons for low desire or for pain. In the past, the medical community
would call it ‘tightening of the vagina,’ and say it’s not treatable. But there are actually pelvic floor muscles that surround the vagina, bladder and bowels. And just like any other muscle, they can get tight and spastic. Treating a muscle spasm there is just like treating one in your leg.”

“It’s pretty rare that a patient comes in directly for one of these disorders,” said Dr. Ingber. “Most of the time, they are incidental findings, or something mentioned after detailed questioning.”

Not every physician is trained in this medical field. People should seek out subspecialists in the newer field of sexual dysfunction.

Talk About It

People are suffering in silence, but they don’t have to, according to Drs. Ingber and Zimmerman.

“You don’t have to live with sexual dysfunction,” said Dr. Ingber. “Getting treatment can help to put your sex life back on track.”

Sidebar

Decreased Sexual Desire Screening for Women

- In the past, was your level of sexual desire or interest good and satisfying to you?
- Has there been a decrease in your level of sexual desire or interest?
- Are you bothered by your decreased level of sexual desire or interest?
- Would you like your level of sexual desire or interest to increase?

Please check all the factors that you feel may be contributing to your current decrease in sexual desire or interest:

- An operation, depression, injuries or other medical condition
- Medication, alcohol or drugs you are currently taking
- Pregnancy, recent childbirth, menopausal symptoms
- Other sexual issues you may be experiencing (pain, decreased arousal or orgasm)
- Your partner’s sexual problems
- Dissatisfaction with your relationship or your partner
- Stress or fatigue

Sexual Health Inventory for Men

- How do you rate your confidence that you could get and keep an erection?
- When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?
• During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
• During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
• When you attempted sexual intercourse, how often was it satisfactory for you?

About Morris Urology

Gregg Zimmerman, M.D., Marc Colton, M.D., and Michael S. Ingber, M.D., offer state-of-the-art urologic care at Morris Urology, a division of Garden State Urology, based in Denville, N.J. The practice treats all aspects of urologic disease, including bladder, kidney and prostate cancers; kidney stones; and urinary incontinence. Offices are located at 16 Pocono Road, Suite 205, Denville, NJ 07834 and 195 Route 46, Suite 100, Mine Hill, NJ 07834; tel: 973-627-0060; fax: 973-627-6821; www.morrisurology.com. Urology services are also offered in Montville and Flanders, N.J.

About Gregg E. Zimmerman, M.D.

Gregg E. Zimmerman, M.D., of Morris Urology, a division of Garden State Urology, is also the director of robotic surgery at Saint Clare’s Health System. He is a leading member of the multidisciplinary oncology team when it comes to urologic care. He is one of the few fellowship-trained urologic oncologists in North Jersey with expertise in robotic surgery. He is also on the faculty of Morristown Memorial Hospital.

Zimmerman practices all aspects of urology, including treatment for prostate, kidney, bladder and testicular cancers; BPH; kidney stones; infertility; incontinence and overactive bladder; and pediatrics. He specializes in robotic and laparoscopic techniques.

Zimmerman earned his medical degree from the State University of New York at Stony Brook and completed his residency training in urology at the University of Florida. He completed his urologic oncology fellowship at Roswell Park Cancer Institute in Buffalo, N.Y., with specialty training in robotic surgery and advanced laparoscopy.

About Michael S. Ingber, M.D.

Dr. Michael S. Ingber is a general urologist and urogynecologist at Morris Urology in Denville, N.J. He specializes in female pelvic medicine and reconstructive surgery at Saint Clare’s Health System, also in Denville, and on staff at Hackettstown Regional Medical Center in Hackettstown, N.J. He is one of the few physicians in New Jersey who are fellowship-trained in female pelvic medicine and reconstructive surgery. His specialties include treatment of pelvic organ prolapse, male and female incontinence surgery, neurology, robotic and laparoscopic surgery including single-port procedures, urodynamics, neuromodulation, and sexual dysfunction. He received his training at the Glickman Urological and Kidney Institute at the world-renowned Cleveland Clinic and did his residency at William Beaumont Hospital in Royal Oak, Mich. Dr. Ingber earned his Bachelor of Science with distinction from the University of Michigan, Ann Arbor, and his Doctorate of Medicine with distinction from Wayne State University School of Medicine, Detroit. He is a member of the American Urological Association,
International Urogynecology Association, Society of Urodynamics and Female Urology, and the International Society for the Study of Women’s Sexual Health.

He is an educator, a researcher, a lecturer and a prolific writer who has been published in more than 20 medical journals and is a contributor to four published books on the topics of female urology and urogynecology. He is a reviewer for eight major journals in the field of urology and urogynecology.