

Gastric Bypass Improves Sexual Dysfunction in Men

BY DAMIAN McNAMARA
Miami Bureau

ORLANDO — Gastric bypass surgery leads to significant improvement in the sexual dysfunction experienced by many morbidly obese men, a recent study found.

The effects of surgical weight loss on sexual function are not well studied, although dramatic improvements in diabetes, hypertension, and cardiovascular disease risk have been associated with gastric bypass surgery in previous studies.

"The reason this is newsworthy is we have an increasing problem with obesity worldwide," said Dr. Ira Sharlip, moderator of a press briefing at the annual meeting of the American Urological Association. "One of the problems that arise[s] with morbid obesity is sexual dysfunction." Dr. Sharlip practices internal medicine and urology in San Francisco.

The decrease in sexual function can be considerable. "A male—obese or morbidly obese—has the same amount of sexual dysfunction as a male 20 years older than him," coauthor Dr. Jason A. Smith said.

Participants had substantially lower sexual function scores before surgery than did normal-weight men, said Dr. Smith, a urology resident at Albert Einstein Medical Center in Philadelphia. The researchers used sexual function scores from a reference group of normal-weight men who participated in a previous study (*J. Urol.* 2007;177:1438-42).

"So far, only 20% of patients seeking [gastric bypass surgery] treatment are men," Dr. Smith said. "We think there are more social pressures for women. We believe sex life is important to men, so this will be an incentive for men to seek gastric bypass."

Dr. Smith, with lead author Dr. Ramsey M. Dallal, a bariatric surgeon in Elkins Park, Pa., and their associates, assessed sexual function among 95 morbidly obese men before and after Roux-en-Y gastric bypass surgery. Their mean body mass index was 51 kg/m² and mean age was 48 years. No participant was taking a phosphodiesterase type 5 inhibitor (PDE5) inhibitor.

Participants rated their preoperative and postoperative sexual function using the 11-question Brief Sexual Inventory. This instrument addresses multiple domains including sexual drive, erectile dysfunction, and overall sexual satisfaction.

Postoperative assessment was conducted at a mean of 19 months after surgery. "Overall, in all sexual domains, all improved. This is what we expected to find," Dr. Smith said. But "the degree to which they improved exceeded our expectations."

Sexual drive scores, for example, improved from 3.9 to 5.4 (scale of 0-8) in a bivariate analysis. Erectile dysfunction scores improved from 6.3 to 8.9 (scale of 0-12), ejaculatory function improved from 4.9 to 6.3 (scale of 0-8), problem assessment improved from 7.4 to 9.5 (scale of 0-12), and sexual satisfaction improved from 1.6 to 2.2 (scale of 0-4). All of these changes were statistically significant.

The amount of weight loss predicted the enhancement in all sexual function domains in a multivariate analysis that con-

trolled for age, diabetes, hypertension, and cigarette smoking.

On average, participants had a 67% excess weight loss after 1 year. Their mean weight decreased from 155 kg (342 pounds) to 102 kg (225 pounds). Because the researchers controlled for confounders, "weight alone was responsible for sexual dysfunction [preoperatively], and weight loss alone was responsible for improvement in scores," Dr. Smith said.

Sexual dysfunction "should be consid-

ered one of the numerous reversible conditions in the morbidly obese," Dr. Smith said, adding that this is the first study to look at sexual function in men after Roux-en-Y gastric bypass. Previous research assessed only nonsurgical weight loss options, with inconsistent results.

Dr. Richard Harkaway, another coauthor, said, "We are fortunate to have one of the few academic bariatric surgery centers that keeps a large database and was willing to work with urologists." The find-

ings will be very easy to verify, he added.

Not stratifying patients according to prior use of PDE5 inhibitors is a potential limitation of the study, said Dr. Harkaway, a urologist who practices in Philadelphia. Also, the researchers did not account for psychogenic impotence, "which is supposed to be about 20% in all [impotent] men, but could be higher in obese men because body image plays a role." The researchers plan to do a similar study on women as well. ■

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