MIDDLE EAST SOCIETY
FOR SEXUAL MEDICINE

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Newsletter

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Letter from the President

Allow me to introduce myself.

I am Professor Abdel Rahman Zahran, Professor of Urology at Alexandria University, Egypt, Chairman of the Department of Urology at the Faculty of Medicine, Alexandria University, and President of the Middle East Society for Sexual Medicine (MESSM).

MESSM is committed to advancing sexual health by providing up-to-date knowledge, promoting best practices, and supporting both healthcare professionals and the public. Our goal is to improve quality of life and contribute to higher standards of care across the region.

The World Health Organization recognizes sexual health as a fundamental part of physical, emotional, and social well-being, and an essential element in the development of healthy communities. At MESSM, we are proud to embrace this vision and work to translate it into meaningful action.

Despite its importance, sexual health and sexual medicine remain underexplored in many parts of the world, particularly in the Middle East, where social stigma has often limited awareness and progress. MESSM seeks to address this gap by bringing together distinguished healthcare professionals and scientists committed to advancing the field while respecting the cultural and social values of our region.

Through MESSM, we aim to support education, research, collaboration, and public awareness, while also encouraging the development of future specialists in sexual medicine. If you are a healthcare professional, we welcome you to join our scientific community and benefit from its educational and collaborative opportunities. If you are a member of the public, we invite you to stay connected through our website and social media platforms, where we share reliable educational content and society activities.

It is an honor to serve this field and to contribute, together with my colleagues, to the advancement of patient care, research, and education in sexual medicine across the Middle East.

Professor Dr. Abdel Rahman Zahran
President of MESSM

Welcome letter

We are delighted to welcome you to the new term of the MESSM quarterly newsletter. As always, this publication is created with our community in mind — a community of clinicians, researchers, educators, and professionals who share a deep commitment to advancing sexual health. In a field that continues to grow and evolve, we hope this newsletter remains a valuable space where you can stay informed, reflect on new ideas, and feel connected to the work and achievements of colleagues across the region and beyond.

For this new term, we are pleased to build on the newsletter's strong foundation while introducing a refreshed perspective in some of its recurring features. Our "Have You Read?" section will continue to highlight notable publications by MESSM members, offering concise insights into recent work and its relevance to clinical practice, research, and academic discussion. At the same time, we are pleased to introduce a new section, "The Anthropology of Sex, Marriage, and Fertility," which replaces "Sexual Antiquities." Through this feature, we will explore how different cultures and communities have understood sex, marriage, fertility, gender roles, and related traditions, offering a broader perspective on sexuality across societies. We will also continue to engage readers through "Test Your Knowledge," with stimulating clinical questions and scenarios, and through "Case Presentation," where we share real-life cases that encourage discussion around diagnosis, management, and practical learning points.

In addition, the newsletter will continue to serve as a platform to highlight important research published in leading journals, showcase publications and achievements of our members, announce upcoming scientific meetings and educational activities, and report on recent events and society initiatives. In this way, it is not only a source of academic and clinical updates, but also a record of the society's growing activities and a means of keeping our members connected to the ongoing work of MESSM.

Our hope is that this newsletter will continue to do more than simply inform. We want it to inspire curiosity, encourage exchange, and strengthen the sense of community that lies at the heart of MESSM. We hope you enjoy this issue and the ones to come, and we encourage you to share the newsletter with colleagues and peers who may also benefit from it. The wider our reach, the greater our ability to support sexual health professionals and, ultimately, the patients and communities we serve.

Dr. Ahmad Majzoub
Chair of the Newsletter Committee

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Erectile dysfunction

J Sex Med. 2026 Jun 5;23(7):qdag145. doi: 10.1093/jsxmed/qdag145.

Systematic review on the safety and effectiveness of restorative therapies for erectile dysfunction

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Abstract

Introduction:

Several restorative (or regenerative) therapies have been proposed in the past 15 years to reverse the underlying pathophysiology associated with erectile dysfunction.

Objectives:

The aim of this International Society for Sexual Medicine-commissioned review of restorative therapies for erectile dysfunction was to systematically review the literature to determine the safety and efficacy of these therapies.

Methods:

A systematic review of MEDLINE, EMBASE, CINAHL, and the Cochrane CENTRAL database of controlled trials was performed to identify comparative studies published from January 2010 through November 2023. Two reviewers performed study selection and data extraction. Five restorative therapies were assessed: low-intensity extracorporeal shockwave therapy (focused or radial), intracorporal stem cell injections, intracorporal platelet-rich plasma injections, and low-intensity pulsed ultrasound. Outcomes of interest included adverse events and changes in validated erectile function symptom scores. The Cochrane Risk of Bias **and** ROBINS-I tools were used to evaluate the risk of

bias of randomized controlled trials and observational studies, respectively.

Results:

A total of 36 studies were included, 30 randomized controlled trials and 6 non-randomized studies. Most of these studies (n = 23) evaluated focused shockwave therapy. Results for focused shockwave therapy compared to sham were mixed. While some sham-controlled trials reported statistically significant improvements in erectile function scores favoring focused shockwave therapy, other trials found no significant difference between groups. Additionally, many studies (78%) did not report or compare the minimal clinically important difference (MCID) in erectile function. Among those that did, further methodological concerns including the use of MCID thresholds with instruments for which no MCID has been validated (ie, IIEF-5) and reporting a combined MCID in cohorts with mixed severity of erectile function limit confidence in the result. Other restorative therapies also report limited and inconsistent evidence.

Conclusions:

The data regarding focused shockwave therapy for erectile dysfunction remains mixed, with some trials showing benefit compared to sham and others showing no difference. The heterogeneity of treatment protocols, methodological limitations across studies, and inconsistent MCID reporting preclude definitive conclusions about clinical efficacy. All restorative therapies, including focused shockwave therapy, require further investigation in well-designed trials with standardized protocols and validated outcome measures before routine clinical use can be recommended.

Keywords:

erectile dysfunction; low intensity pulse ultrasound; low intensity shockwave therapy; platelet-rich plasma; restorative therapies; stem cells.

J Sex Med. 2026 May 11;23(6):qdag170. Doi: 10.1093/jsxmed/qdag170.

Effects of exercise on sexual activity and sexual dysfunction in patients with prostate cancer: a systematic review and meta-analysis

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Abstract

Introduction:

At present, there is a lack of systematic evidence clarifying the overall effects of exercise interventions on sexual activity and sexual dysfunction in patients with prostate cancer, as well as the relative contributions of different exercise prescription parameters.

Objectives:

To systematically evaluate the effects of exercise interventions on sexual activity and sexual dysfunction in patients with prostate cancer.

Methods:

Randomized controlled trials investigating the effects of exercise interventions on sexual activity and sexual dysfunction in patients with prostate

cancer were systematically identified through searches of PubMed, Web of Science, The Cochrane Library, and Embase from inception to June 20, 2025. Risk of bias was assessed using the Cochrane Risk of Bias 2 (RoB 2) tool, and the Physiotherapy Evidence Database (PEDro) scale was used as a supplementary measure of methodological quality. Meta-analysis, sensitivity analysis, subgroup analysis, and publication bias assessment were conducted using Stata software, and the certainty of evidence was evaluated using the GRADE approach.

Results:

Ten randomized controlled trials involving 558 patients were included. The mean PEDro score was 7, indicating generally acceptable methodological quality, while RoB 2 suggested that most studies had some risk of bias. According to GRADE, the certainty of evidence was high for sexual activity and moderate for sexual function. Meta-analysis showed that exercise significantly improved sexual activity (SMD = 0.38, 95% CI 0.19-0.57, P < .001) and sexual function (SMD = 0.32, 95% CI 0.07-0.56, P = .01). Subgroup analyses showed that these effects may vary according to treatment modality and exercise prescription.

Conclusion:

Exercise interventions improve sexual activity and sexual function in patients with prostate cancer, with a dose-response relationship observed for sexual activity and intensity- and duration-related effects for sexual function.

Prospero registration: This systematic review was registered with PROSPERO (CRD420251089117).

Keywords:

exercise; meta-analysis; prostate cancer; sexual activity; sexual dysfunction.

Surgery

J Sex Med. 2026 May 11;23(6):qdag152. doi: 10.1093/jsxmed/qdag152.

Does a 24-h closed-suction drain reduce infection and hematoma after inflatable penile prosthesis surgery? A comparative study

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Abstract

Background:

Three-piece penile prosthesis implantation (PPI) is the gold standard treatment for refractory erectile dysfunction. Although infection rates have declined with improved surgical techniques and antibiotic prophylaxis, postoperative hematoma remains an early complication that may predispose to infection and device malfunction. The role of short-term closed-suction drainage in reducing these complications remains controversial.

Aim:

To evaluate whether placement of a 24-h closed-suction drain reduces postoperative hematoma,

infection, and mechanical complications following primary three-piece PPI surgery.

Methods:

This retrospective comparative study included 410 patients undergoing primary penoscrotal three-piece PPI between September 2020 and August 2024. Patients were divided into a drain group (n = 149) and a no-drain group (n = 261). Demographics, comorbidities, operative characteristics, and postoperative outcomes were analyzed. Hematoma was assessed clinically and by ultrasonography on postoperative days 3 and 10. Patients were followed for 12 months. Comparative and multivariate statistical analyses were performed.

Outcomes:

Primary outcomes: Postoperative hematoma and infection.Secondary outcomes: Mechanical

complications and risk factors associated with hematoma formation.

Results:

On postoperative day 3, hematoma was detected in 13.4% of the drain group and 8.8% of the no-drain group (P = .143). By day 10, rates were 16.8% and 13.0%, respectively (P = .298). Infection occurred in 2.0% of patients overall, with no difference between groups (P = 1.000). Mechanical complication rates were also comparable (2.7% vs. 4.2%, P = .427). Hematoma formation was significantly associated with infection (postoperative day 3, OR: 29.0; P < .001; day 10, OR: 10.6; P = .002) and prosthesis malfunction (OR: 4.67; P = .014). Smoking and lower body mass index were identified as independent risk factors for hematoma development.

Clinical implications:

Routine placement of a 24-h closed-suction drain does not appear to be associated with a reduction in postoperative complications after PPI. Preventive strategies should focus on meticulous intraoperative hemostasis and optimization of modifiable patient-related risk factors such as smoking.

Strengths and limitations:

The study includes a relatively large cohort and standardized ultrasonographic assessment. However, its retrospective design, exclusion of complex cases, and lack of standardized hematoma grading limit generalizability and causal inference.

Conclusions:

Routine use of a 24-h closed-suction drain in primary three-piece PPI surgery is not associated with a reduction in hematoma, infection, or mechanical complications. Hematoma formation remains a key determinant of adverse outcomes, emphasizing the importance of careful surgical technique and patient optimization rather than routine drainage.

Keywords:

closed-suction drain; erectile dysfunction; penile prosthesis implantation; postoperative complications; prosthesis infection; scrotal hematoma.

Androgens

Andrology. 2026 Apr 22. doi: 10.1111/andr.70229. Online ahead of print.

Testosterone Versus Clomiphene Treatment of Hypogonadism: A Retrospective Analysis in US Veterans

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Abstract

Background:

Male hypogonadotropic hypogonadism is a complex condition with a multifactorial etiology. Although testosterone replacement therapy (TRT) is the only approved treatment for male

hypogonadism, clomiphene citrate (CC) is often used as an off-label treatment.

Objectives:

The present study was conducted to objectively compare clinical outcomes, including adverse effects in patients receiving clomiphene citrate and testosterone replacement therapy.

Materials and methods:

This is a retrospective study of data collected through the Veterans Administration Informatics and Computing Infrastructure. We identified

364,976 patients with hypogonadisma or infertility. After one-to-one propensity matching, we identified 2518 individuals in both clomiphene citrate and testosterone replacement therapy treatment groups. Outcomes included new diagnoses of fractures, osteoporosis, polycythemia, thrombosis, hypertension, pulmonary embolism, coronary artery disease, and cerebrovascular accidents, which were evaluated relative to the two treatments. Survival was plotted for both treatments and analyzed by Kaplan–Meier statistics.

Results:

The incidence of various complications was significantly lower after clomiphene citrate relative to testosterone replacement therapy treatment, including new-onset hypertension (6.04% vs. 10.48%), cerebrovascular accident (0.52% vs. 1.43%), coronary artery disease (1.51% vs. 2.26%), polycythemia (1.07% vs. 2.22%), and osteoporosis (1.15% vs. 2.07%). All-cause mortality was also significantly lower in the clomiphene citrate group (1.83%) relative to testosterone replacement therapy group (10.13%). CC increased testosterone levels relative to baseline in a physiological manner.

Conclusion:

TRT was associated with increased mortality relative to CC. Rates of stroke, coronary artery disease, hypertension, osteoporosis, and polycythemia were also greater in patients receiving TRT. Our results also indicate that CC increased testosterone levels relative to baseline in a physiological manner.

Keywords:

clomiphene; hypogonadism; male infertility; testosterone replacement.

Aging Male. 2026 Dec 31;29(1):2655544. doi: 10.1080/13685538.2026.2655544. Epub 2026 Apr 7.

Testosterone replacement therapy in older men: skeletal outcomes and fracture risk

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Abstract

Introduction:

Testosterone replacement therapy (TRT) is increasingly prescribed to older men with symptomatic testosterone deficiency, yet the balance of musculoskeletal benefits and harms remains uncertain.

Objectives:

To synthesise current evidence on TRT-related effects on bone, muscle, falls/fractures, and tendon outcomes in older men, and to contextualise these findings within plausible mechanisms and recent regulatory positions.

Methods:

We conducted a state-of-the-art narrative review of randomised controlled trials, meta-analyses, clinical guidelines, and large observational/registry-based studies assessing musculoskeletal and tendon endpoints in older men receiving TRT.

Results:

Across trials, TRT consistently increases lean mass and reduces fat mass, while improvements in strength and physical performance are generally modest and heterogeneous. Evidence indicates small-to-moderate increases in bone mineral density, particularly at the spine and hip, but robust proof of fracture prevention is lacking. In the Testosterone Trials, TRT improved several surrogate musculoskeletal measures but did not reduce falls. In the TRAVERSE fracture analysis, TRT did not lower fracture risk and a higher fracture incidence was reported in the TRT group (hazard ratio 1.43).

Discussion:

Observational data suggest an association between TRT initiation and tendon injury, although causal inference is limited by confounding and detection bias. A potential explanation is a temporal mismatch between relatively rapid gains in muscle capacity and slower adaptation of tendon and bone to increased loading.

Conclusion:

In older men with confirmed hypogonadism, TRT may improve body composition and selected functional outcomes, but it should not be considered a disease-modifying strategy for preventing falls or fractures. Careful patient selection, assessment of baseline fracture/tendon risk, and structured monitoring

are warranted, particularly in the context of evolving regulatory warnings regarding TRT use for age-related low testosterone.

Keywords:

Testosterone replacement therapy; ageing; bone mineral density; hypogonadism; sarcopenia.

J Sex Med. 2026 Jun 5;23(7):qdag159. doi: 10.1093/jsxmed/qdag159.

Predictors of clomiphene citrate response in the treatment of men with testosterone deficiency

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Abstract

Background:

Clomiphene citrate (CC) is an established treatment for men with low testosterone, but predictors of treatment response remain poorly defined.

Aim:

To identify factors associated with clinically meaningful increases in serum testosterone levels during CC therapy.

Methods:

This retrospective study analyzed men diagnosed with low testosterone and treated with CC. Inclusion criteria were (1) a diagnosis of low testosterone (total testosterone (TT) ≤300 ng/dL with symptoms) or borderline low testosterone (TT 300-400 ng/dL with objective signs of low testosterone (low bone density or elevated HbA1c)), (2) laboratory follow-up within 12-weeks of initiation, and (4) no prior testosterone therapy. Initial CC dosing was 25 mg every other day (QOD), with escalation to 50 mg QOD if TT remained <400 ng/dL. Labs were redrawn every 4-weeks following dose changes until TT was at goal or until CC discontinuation. Discontinuation within 12-weeks without documented response constituted treatment failure. TT was assessed using liquid chromatography-mass spectrometry. Multivariable models were used to identify predictors of treatment response.

Outcomes:

The primary outcome was achievement of treatment response, defined as TT ≥400 ng/dL on treatment plus an increase in TT ≥200 ng/dL from baseline.

Results:

The study included 292 men with median age of 60 (IQR 50, 66) years, median baseline TT (219, 314) 264 ng/dL, and median baseline luteinizing hormone (LH) of 3.5 (2.6, 5.1) mIU/mL. Comorbidities included diabetes (18%), hyperlipidemia (46%), hypertension (44%), prior radical prostatectomy (41%), prostate radiotherapy (12%), and androgen deprivation

therapy (ADT) (4.5%). Treatment response was achieved in 136 of 292 (47%) patients; 156 (53%)

failed to meet response criteria within 12-weeks. Multivariable analysis identified baseline LH (increase per mIU/mL) (OR 0.82, CI = 0.71-0.95, P = .008) as a significant negative predictor for achieving treatment response. Likewise, prior ADT was predictive for poor response (OR 0.11, CI = 0.01-0.6, P = .039). Baseline TT and age at start of CC treatment were not predictive. The study included 292 men with median age of 60 (IQR 50,

66) years, median baseline TT (219, 314) 264 ng/dL, and median baseline LH of 3.5 (2.6, 5.1) mIU/mL. Comorbidities included diabetes (18%), hyperlipidemia (46%), hypertension (44%), prior radical prostatectomy (41%), prostate radiotherapy (12%), and ADT (4.5%). Treatment response was achieved in 136 of 292 (47%) patients; 156 (53%) failed to meet response criteria within 12-weeks. Multivariable analysis identified baseline LH (increase per mIU/mL) (OR 0.82, CI = 0.71-0.95, P = .008) as a significant negative predictor for achieving treatment response. Likewise, prior ADT was predictive for poor response (OR 0.11, CI = 0.01-0.6, P = .039). Baseline TT and age at start of CC treatment were not predictive.

Clinical implications:

Identification of predictors for CC treatment response enables individualized counseling, leading to better informed treatment decisions and avoidance of treatment failure.

Strengths and limitations:

Strengths include cohort size, utilization of the gold-standard lab assessment for TT (LCMS), and standardized reproducible clinical pathways. Limitations include having a study population that is skewed older and less healthy than average, lack of long-term follow-up, and lack of quantifiable data on symptoms.

Conclusion:

In men with low testosterone, this study found that higher baseline LH and history of prior ADT predicted worse response to CC therapy.

Keywords:

clomid; clomiphene citrate; hypogonadism; predictors; testosterone; testosterone deficiency; testosterone replacement; testosterone therapy.

Priapism

J Sex Med. 2026 Jun 5;23(7):qdag167. doi: 10.1093/jsxmed/qdag167.

Predicting major ischemic priapism: a novel dynamic nomogram based on recurrent ischemic priapism risk factors

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Abstract

Background:

Recurrent ischemic priapism (RIP) is a repetitive, self-remitting subtype of ischemic priapism with high risk of progression to major ischemic

priapism (MIP), which can cause irreversible fibrosis and erectile dysfunction.

Aim:

To identify the risk factors for MIP in patients with RIP and develop a prognostic model and a RIP severity scoring system to predict future MIP events.

Methods:

We conducted a retrospective chart review of patients with RIP across a major academic health system (May 2006-November 2020).

Demographic, clinical, and priapism characteristics were collected, and univariate and multivariable Poisson regression analyses were performed to identify predictors of MIP events per person-year (MIP PPY). Internal validation was performed using 10-fold cross-validation with mean absolute error as the performance metric. A web-based dynamic nomogram was created from significant risk factors, and patients were risk-stratified based on predicted MIP PPY.

Outcomes:

Primary outcome was the incidence rate ratio of MIP PPY predicted by significant risk factors.

Results:

Among 113 patients (mean age 32 years, mean follow-up 3 years), 225 MIP events were recorded over 557.5 person-years. Multivariable analysis identified longer priapism duration, adult-onset RIP (>25 years old), sickle cell disease, marijuana use, and tobacco smoking as independent predictors of increased MIP PPY. Patients were classified post hoc as low-risk (<1 MIP PPY, n = 81) or high-risk (≥1 MIP PPY, n = 32), with high-risk patients exhibiting longer priapism episodes, older age of onset, and higher recurrence rates.

Clinical implications:

The nomogram offers an investigational tool for individualized risk estimation that, if validated, may help identify patients at higher risk of MIP and inform future study of preventive strategies.

Strengths and limitations:

Strengths include the largest RIP cohort reported to date, robust statistical modeling, and creation of an interactive nomogram. Limitations include retrospective single-institution design, potential underreporting of priapism events, and lack of external validation, which may limit generalizability.

Conclusion:

This study identifies key MIP risk factors in patients with RIP, introduces a novel dynamic nomogram to predict future MIP events, and proposes a RIP severity scoring system that may improve risk stratification, inform treatment decisions, and guide future prospective studies.

Keywords:

classification; erectile dysfunction; marijuana; nomogram; priapism; recurrent ischemic priapism; risk stratification.

Psychology

J Sex Med. 2026 Apr 14;23(5):qdag097. doi: 10.1093/jsxmed/qdag097.

The role of sexual fantasy on sexual desire, distress, and sexual worries: a randomized controlled study

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Abstract

Background:

Sexual fantasies may enhance sexual desire and reduce sexual distress by redirecting focus toward emotionally salient and arousing imagery. Despite

promising evidence, few experimental studies have tested whether repeated engagement in sexual fantasies can improve sexual functioning,

reduce sexual distress and reduce cognitive distractions during sexual activity.

Objectives:

This randomized controlled trial tested the preregistered hypotheses that a four-week sexual fantasy task increases sexual desire, reduces sexual distress, and reduces worries with body image and performance during sexual activity. Two exploratory objectives were also examined: (1) whether sexual pleasure would increase, and (2) whether partner-focused vividness of imagination would be enhanced.

Method:

Sixty heterosexual adults with an opposite-sex partner in the past four weeks were randomly assigned to either a sexual fantasy group (n = 30), instructed to write erotic narratives at least twice weekly, or a control group (n = 30), instructed to write a non-sexual positive narrative about dining with friends. Analyses followed an intention-to-treat approach.

Outcomes:

Sexual function, sexual pleasure, sexual distress, sexual worries, partner-focused imagination vividness.

Results:

Repeated-measures ANOVAs revealed significant Group × Time interactions for all (preregistered) and exploratory outcomes. Only participants in the sexual fantasy group showed increases in sexual desire, pleasure, and partner-focused imagination vividness along with reductions in sexual distress and worries.

Clinical implications:

Findings suggest that structured sexual fantasy engagement can enhance key aspects of sexual functioning and well-being, for example, by shifting attention from negative cognitive patterns to vivid, emotionally positive erotic imagination.

Strengths and limitations:

The study has the strength of being a randomized controlled trial with preregistered hypothesis; however, it was conducted with a relatively small convenience sample.

Conclusion:

Sexual fantasy exercises may serve as a brief, home-based intervention to improve sexual well-being. Future research should examine long-term effects and test applicability in clinical populations.

Keywords:

partner-focused imagination; randomized controlled trial; sexual desire; sexual distress; sexual fantasy; sexual pleasure.

J Sex Med. 2026 Apr 9;23(5):qdag121. doi: 10.1093/jsxmed/qdag121.

Masturbation as a sexual and psychological coping strategy in long-distance relationships: a systematic review

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Abstract

Introduction:

Long-distance relationships (LDRs) reduce opportunities for physical intimacy, often prompting individuals to seek alternative sexual activities such as masturbation. Although common, its influence on sexual satisfaction, sexual health, psychological well-being, and relational stability in LDRs remains understudied. Moreover, cultural and population differences shape diverse meanings and perspectives on masturbation.

Objectives:

We employed a systematic review approach to explore the role of masturbation within long-distance relationships. Specifically, this review aims to examine how masturbation is associated with sexual, relational, and psychological outcomes and how these perspectives vary across cultural contexts.

Methods:

A systematic review was conducted following the PRISMA guidelines, compiling both quantitative and qualitative studies on masturbation as an alternative sexual activity in LDRs as well as its implications for sexual satisfaction, relationship satisfaction, and psychological well-being.

Results:

Fourteen studies were eligible for further analysis in which men reported higher frequencies of masturbation compared to women, with significant increases observed in the context of long-distance relationships and during COVID-19 quarantine periods. Men were mainly motivated by biological release, orgasm, and stress reduction, often with pornography, whereas women reported broader motives such as relaxation, better sleep, stress relief, and emotional closeness. The effects on sexual satisfaction were mixed: masturbation was reported to be associated with greater body awareness, self-esteem, and relational harmony, yet excessive frequency was linked to lower satisfaction and arousal. Mutual, technology-mediated practices helped maintain intimacy, while excessive solitary use undermined relationship quality. From a sexual health perspective, moderate masturbation may be associated with indirect benefits through improved body awareness, whereas frequent use was linked to poorer experiences. Psychologically, it served as a coping strategy for sleep and stress, but excessive engagement increased anxiety and reduced emotional well-being.

Conclusion:

Masturbation appears to be a common and potentially adaptive alternative sexual activity in the context of LDRs and during the COVID-19 pandemic. However, in Eastern contexts, its meaning and impact are strongly shaped by sociocultural and religious norms.

Keywords:

healthy sexuality; long-distance relationship; masturbation; psychological well-being; sexual satisfaction.

Fertil Steril. 2026 May 20:S0015-0282(26)00431-0. doi: 10.1016/j.fertnstert.2026.05.156. Online ahead of print.

Associations between testosterone and pre-androgens and sexual function; findings from the Australian Women's Midlife Years Study

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Abstract

Objective:

Our aim was to determine the associations between these sex steroids and sexual function and difficulties in a national, community-based sample of women aged 40 to 69 years according to menopausal status.

Design:

This was a prespecified sub-study of the cross-sectional Australian Women's Midlife Years Study.

Subjects:

Participants not pregnant, breastfeeding, on medications affecting sex hormone concentrations, or living over 100km from blood collection centres were invited to provide a blood sample. Participants with thyroid dysfunction, hyperprolactinemia, pregnancy, bilateral oophorectomy, indiscernible menopause stage, missing samples, moderate-severe depressive symptoms, or psychotropic medication use were excluded from the analyses.

Exposure:

Sex hormones measured by liquid chromatography and tandem mass spectrometry.

Main outcome measures:

The Profile of Female Sexual Function questionnaire completed between 27th October 2023 and 19th March 2024.

Results:

The analysis included 136 premenopausal and 595 perimenopausal and postmenopausal (peri-postmenopausal) participants, with median ages (range) of 45 (40-57) years and 61 (40-69) years, respectively. After adjustment for age, BMI, residential location, ancestry, education, relationship status, smoking, alcohol, LGBTQIA+, moderate to severe vaginal dryness, and ever sexual abuse, no association was found between any hormone and sexual desire, or desire

difficulty. Testosterone (cubic p=0.013) and androstenedione (cubic p=0.013) were nonlinearly associated with orgasm in premenopausal and peri-postmenopausal, respectively, and androstenedione with arousal in both groups (cubic p=0.028 and p=0.011, respectively). Peri-post menopausal women with orgasm difficulty had lower median [IQR] serum testosterone (0.39 [0.31, 0.55] vs 0.48 [0.33, 0.68] nmol/L, p=0.025), DHEA (5.11 [3.29, 7.56] vs 6.17 [4.33, 8.25] nmol/L, p=0.012) and androstenedione (1.06 [0.86, 1.46] vs 1.29 [0.91, 1.85], p=0.038). Testosterone and androstenedione were lower in peri-postmenopausal women with responsiveness difficulty (0.39 [0.29, 0.53] vs 0.47 (0.33, 0.68) nmol/L, p=0.012 and 1.08 (0.82, 1.46) vs 1.28 (0.91, 1.84) nmol/L, p=0.006, respectively).

Conclusion:

Testosterone and the pre-androgens were not associated with sexual desire in midlife women. The associations between sex steroids and orgasm and arousal were complex, and varied with menopausal status. Measurement of these sex steroids should not be part of the routine clinical assessment of women presenting with sexual concerns.

Keywords:

Testosterone; female sexual dysfunction; libido; menopause.

J Diabetes Metab Disord. 2026 May 26;25(1):145. doi: 10.1007/s40200-026-01960-1. eCollection 2026 Jun.

Comparative effects of psychological interventions (PRECEDE, PLISSIT, BETTER, and Counseling) on female sexual function index (FSFI) scores in women with diabetes: a systematic review and network meta-analysis

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Abstract

Introduction:

Female sexual dysfunction (FSD) is highly prevalent in women with diabetes and is influenced by biopsychosocial factors. Although psychological interventions such as PRECEDE, PLISSIT, BETTER, and structured counseling show promise, direct comparative evidence is lacking. This network meta-analysis aimed to evaluate and rank the efficacy of these models in improving sexual function among diabetic women.

Method:

The protocol was prospectively registered in PROSPERO (CRD420251185900). We systematically searched PubMed/MEDLINE, Embase, Cochrane Library, Web of Science, PsycINFO, CINAHL, and Scopus from January 2015 to the end of 2025. Eligible studies were randomized controlled trials (RCTs) and quasi-experimental studies (including controlled before-after and single-arm pre-post designs) that enrolled adult women (≥ 18 years) with diabetes mellitus (type 1, type 2, or unspecified; gestational diabetes-only studies excluded), compared PRECEDE, PLISSIT, BETTER, or structured counseling versus control (usual care, waitlist, or no intervention), and reported FSFI total scores (or comparable validated scales) at post-intervention. No language restrictions were applied. A frequentist random-effects network meta-analysis was conducted using standardized mean differences (SMDs). Interventions were ranked using P-scores. Heterogeneity was quantified with I2 and τ2. Risk of bias was assessed using Cochrane RoB 2 (RCTs) and ROBINS-I (non-randomized studies). Publication bias was evaluated via funnel plots, Egger's, and Begg's tests. Meta-regression explored effects of study design and sample size.

Result:

Of 2,347 records, 10 studies (3 RCTs and 7 quasi-experimental studies; N = 1,294 participants) were included. The network was star-shaped, with all active interventions connected only to the control group and no direct head-to-head comparisons between interventions; therefore, all comparative effects are based solely on indirect evidence. Accordingly, treatment rankings and P-score (SUCRA-equivalent) values should be interpreted with caution and considered exploratory rather than definitive

indicators of comparative effectiveness. All interventions demonstrated positive effect sizes compared with the control. PRECEDE showed the largest point estimate (SMD = 2.14, 95% CI: - 0.02 to 4.30, P-score = 0.471), followed by BETTER (SMD = 1.38, 95% CI: - 0.38 to 3.15, P-score = 0.222), counseling (SMD = 0.92, 95% CI: - 0.05 to 1.89, P-score = 0.136), and PLISSIT (SMD = 0.73, 95% CI: - 0.59 to 2.05, P-score = 0.115). Also, substantially high heterogeneity was observed (I2 = 97.7%, τ2 = 1.19). However, all confidence intervals overlapped and included null, indicating no statistically significant difference between any active intervention and control. Subgroup analysis revealed significant differences by study design (p = 0.0344), with quasi-experimental studies showing larger effects (SMD = 1.70) than RCTs (SMD = - 0.69). Meta-regression confirmed study design as a significant moderator (p = 0.002). Most studies were rated as having a high risk of bias in the blinding/performance domain.

Conclusion:

This network meta-analysis suggests that psychological interventions (PRECEDE, PLISSIT, BETTER, and counseling) may improve sexual dysfunction in women with diabetes. Based on indirect comparisons only, PRECEDE showed the highest point estimate; however, these findings are exploratory and do not demonstrate superiority of any single intervention. Given that these rankings are derived entirely from indirect comparisons, they should be interpreted cautiously and should not be considered definitive evidence of comparative superiority. Given that all rankings are derived entirely from indirect comparisons in a star-shaped network with no direct head-to-head trials, they should be interpreted very cautiously and should not be considered definitive evidence of comparative superiority. No intervention can be confidently recommended over others based on the current evidence.

Keywords:

Counseling; Diabetes Mellitus; Network

The Wodaabe of Niger: When Men Dance to Be Chosen

Ahmad Majzoub, MD

The Wodaabe, a subgroup of the Fulani people, are traditionally nomadic pastoralists found across parts of Niger and the wider Sahel region.

Across many societies, courtship is imagined as a process in which men pursue and women are pursued. Among the Wodaabe of Niger, one of the most visually striking cultural traditions reverses this familiar pattern. During the Gerewol festival, young men adorn themselves with elaborate clothing, jewelry, face paint, and carefully rehearsed expressions, performing in front of women who observe, judge, and may choose the men they find most attractive.

The Gerewol is often described as a male beauty contest, but this description captures only part of its meaning. It is also a courtship ritual, a social gathering, and a celebration of identity among a traditionally mobile pastoral community. At the end of the rainy season, when dispersed groups gather before moving again with their herds, the festival creates a rare communal space for social exchange, music, dance, and potential romantic selection.

A central performance within the festival is the Yaake dance. Men stand in lines, sing, sway, and emphasize features that are culturally associated with beauty. Height, symmetry, white teeth, bright eyes, elegance, stamina, and controlled facial expression may all become part of the performance. The men widen their eyes, show their teeth, and maintain rhythmic movement for long periods. Their ornamentation is not accidental; it is a language of beauty, discipline, and self-presentation.

What makes the Gerewol particularly interesting is the public role of women in choosing. In this setting, women are not merely passive observers of male display. They assess, compare, and may express preference. This does not mean that Wodaabe marriage and family life can be reduced to a single festival or romantic ideal. As in all societies, marriage, kinship, family expectations, and social obligations are more complex. However, the Gerewol provides a powerful example of how attractiveness, choice, and gender roles may be organized differently across cultures.

For a sexual medicine audience, the Wodaabe tradition offers a reminder that desire is never purely biological, nor is beauty a universal fixed standard. Every society teaches its members what is attractive, respectable, masculine, feminine, desirable, or appropriate. In some cultures, female beauty is placed under public scrutiny. In the Gerewol, it is male beauty, performance, and charm that are displayed and evaluated.

The lesson is not that one system is better than another, but that human intimacy is deeply shaped by culture. Courtship rituals tell us how societies understand gender, attraction, maturity, partnership, and social belonging. The Wodaabe Gerewol allows us to see masculinity not only as strength or authority, but also as beauty, grace, endurance, and the wish to be chosen.

Have you read!

Mohamed H, Abdelshafi A, Ahmed A, Deameh MG, Mohamed T, Ramez M, Raheem O. Impact of cavernous tissue-sparing techniques on postoperative outcomes in penile prosthesis surgery: a systematic review and meta-analysis

J Sex Med. 2026;23(2). doi:10.1093/jsxmed/qdag006.

This systematic review and meta-analysis examined whether cavernous tissue-sparing techniques during penile prosthesis implantation offer advantages over conventional serial cavernosal dilation. The authors focused on clinically relevant postoperative outcomes, including preservation of cavernosal artery flow, residual penile tumescence, penile girth, complications, and patient satisfaction.

The review included four randomized studies with a total of 193 patients. Compared with conventional cavernosal dilation, cavernous-sparing techniques were associated with significantly higher preservation of cavernosal artery function. Residual tumescence was also much more frequently reported after cavernous-sparing surgery, occurring in approximately 87%–89% of patients compared with 7%–15% after conventional dilation. In addition, penile girth gains were consistently greater in the cavernous-sparing groups, with reported mean increases ranging from 0.55 to 1.81 cm.

Importantly, these functional benefits did not appear to come at the expense of safety, as complication rates were statistically similar between the two approaches. The authors concluded that cavernous tissue-sparing techniques may provide superior functional outcomes in selected patients undergoing penile prosthesis implantation, while emphasizing that the surgical approach should be tailored to individual corporal anatomy, particularly in the presence of intracavernosal fibrosis or more complex surgical cases.

Majzoub A, Canguven O. Health consequences of anabolic steroids: a sexual-medicine perspective

Int J Impot Res. 2026 Apr 23. doi:10.1038/s41443-026-01272-1. Online ahead of print.

This review discusses the growing relevance of nonmedical anabolic-androgenic steroid use in sexual medicine practice. The authors highlight that patients using anabolic-

androgenic steroids may present not with obvious systemic complications, but with sexual symptoms, hormonal concerns, or fertility-related problems.

The review outlines how anabolic-androgenic steroid exposure can suppress the hypothalamo-pituitary-gonadal axis, resulting in hypogonadism and hormonal imbalance. Clinically, this may present with reduced libido, erectile dysfunction, gynecomastia, and impaired spermatogenesis, ranging from severe oligozoospermia to azoospermia. The authors also emphasize that recovery after stopping anabolic-androgenic steroids is variable. Hormonal recovery may occur earlier than recovery of semen parameters, while prolonged or high-dose use may be associated with delayed or incomplete recovery in some patients.

Beyond sexual and reproductive effects, the article summarizes broader health consequences linked to anabolic-androgenic steroid abuse, including cardiovascular remodeling and dysfunction, hepatic injury, hematologic and prothrombotic changes, tendon pathology, neuropsychiatric symptoms, and dermatologic complications. These risks appear to be influenced by the dose, duration of exposure, and use of multiple substances.

From a clinical perspective, the review emphasizes the importance of recognizing anabolic-androgenic steroid use in sexual medicine settings, counseling patients toward cessation, supporting relapse prevention, and screening for organ-specific complications. The authors propose that follow-up should be individualized according to symptoms, hormonal findings, fertility goals, and time since last exposure, with selective use of pharmacological strategies to support recovery when clinically appropriate.

MCQs:

1. A 52-year-old man reports reduced sexual desire and reduced morning erections. His total testosterone is 10.1 nmol/L on one early-morning sample. His SHBG is elevated. Which of the following is the most appropriate interpretation?

A. Testosterone deficiency is excluded
B. Testosterone deficiency is confirmed
C. Repeat morning testing
D. Start testosterone therapy

2. A 34-year-old man presents with low libido, fatigue, and two early-morning total testosterone levels below the laboratory reference range. He and his partner are trying to conceive. Semen analysis shows severe oligozoospermia. Which option is most appropriate?

A. Initiate injectable testosterone and repeat semen in 3 months
B. Consider fertility preserving endocrine treatment
C. Initiate topical testosterone as it has minimal effect on spermatogenesis
D. Defer all endocrine treatment until assisted reproduction is completed

3. A 31-year-old man reports ejaculation within 1–2 minutes of penetration in most encounters over the last 8 months. Previously, he had no ejaculatory concern. He recently developed erectile dysfunction and often rushes penetration because he fears losing the erection. Which is the most appropriate management principle?

A. Diagnose lifelong premature ejaculation and prescribe lifelong daily SSRI therapy
B. Treat the erectile dysfunction and assess whether ejaculatory control improves
C. Reassure him that acquired premature ejaculation is not clinically significant
D. Diagnose delayed ejaculation because the complaint is secondary to erection anxiety

4. A 28-year-old woman reports pain with attempted penetration for 2 years. Cotton-swab testing elicits localized vestibular pain, and pelvic floor assessment suggests increased tone. She has progressively avoided intercourse because of anticipated pain. Which management approach is most appropriate?

A. Antifungal suppression
B. Pelvic floor physiotherapy
C. Multimodal pain-focused care
D. Exposure-based penetration

5. A 47-year-old woman presents with reduced sexual desire and difficulty becoming aroused. She reports low mood, anhedonia, poor sleep, and reduced concentration over the same period. She is distressed by the sexual symptoms and asks whether she has hypoactive sexual desire disorder. Which response is most appropriate?

A. HSDD can be diagnosed because low desire is distressing
B. HSDD is unlikely because arousal symptoms are also present
C. HSDD should be assessed after evaluating mood symptoms
D. HSDD requires a low serum testosterone level

Scan the QR Code to fill the form and check the correct answers:

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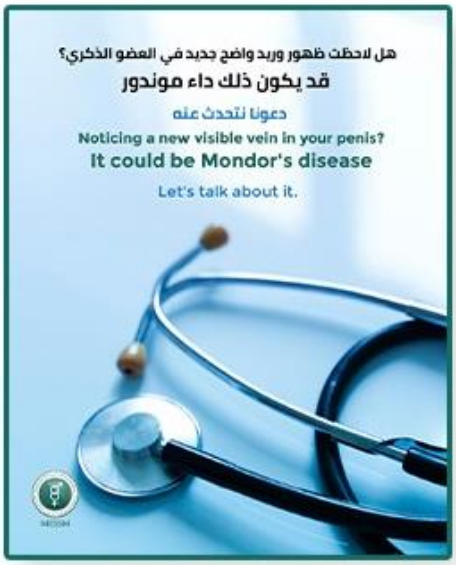

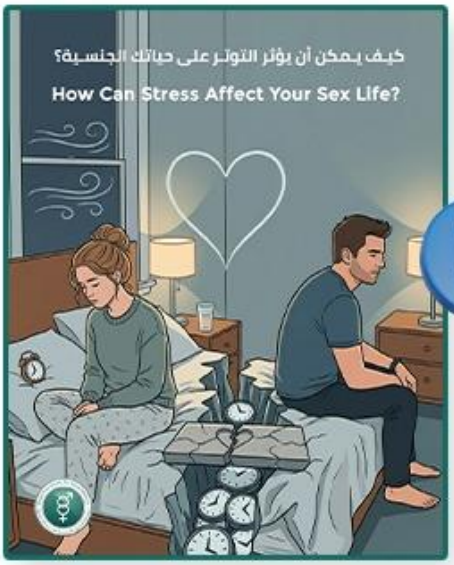

MESSM Webinar:

Sexual Dysfunctions: Integrated Clinical Perspectives

Friday 24 April 2026
9:30 AM Libya Time

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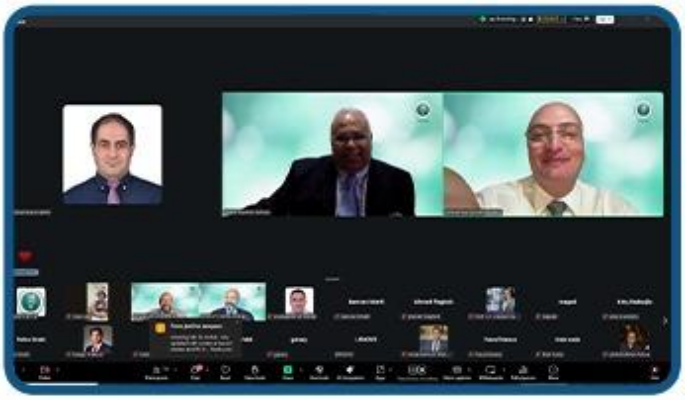
EVA PHARMA

This webinar was a great success, and we sincerely thank all speakers and participants for their valuable contributions.

MESSM Webinar
Penile Curvature
Monday 1 June 2026

A highly engaging session with excellent participation. We extend our appreciation to everyone who joined us.



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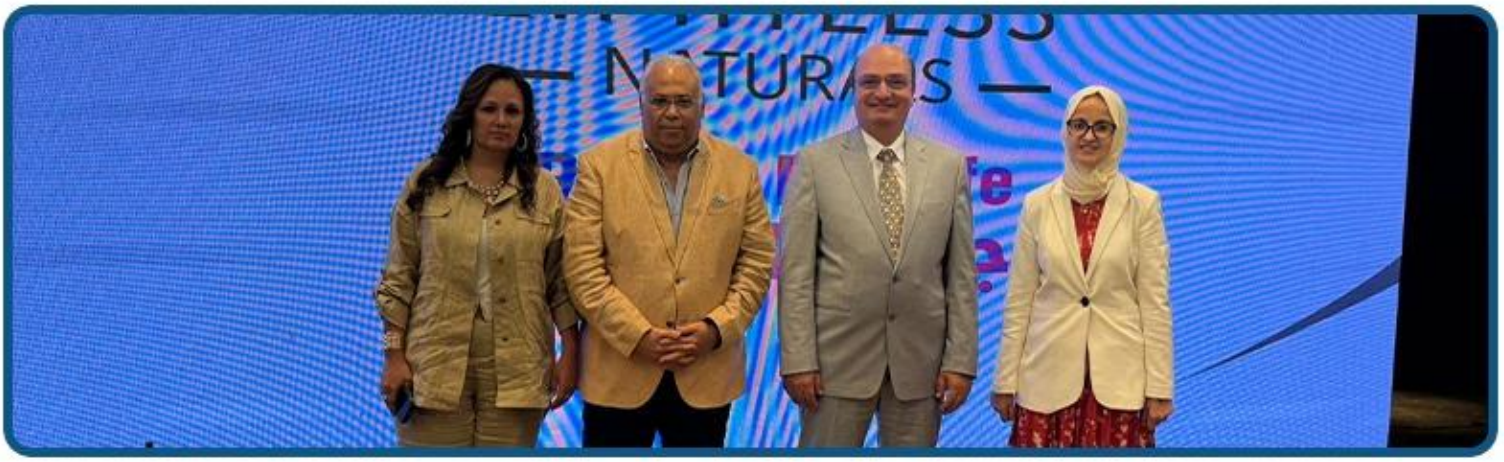

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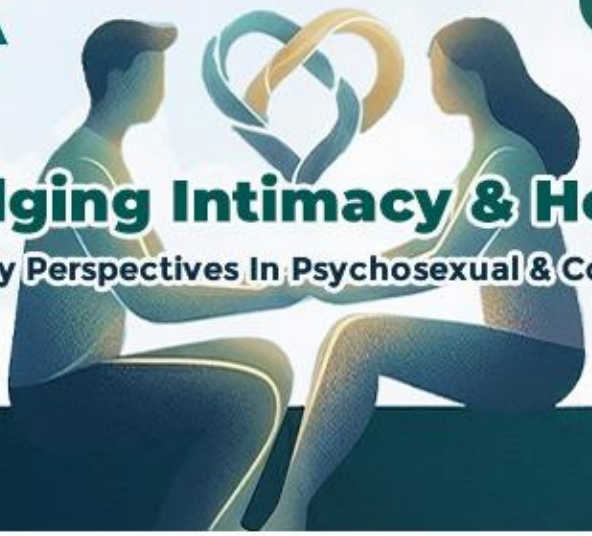
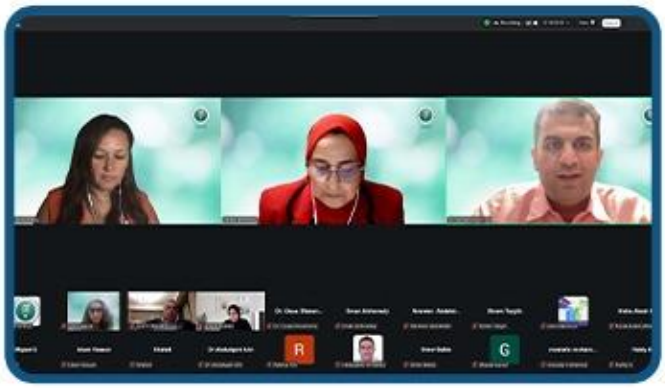
Friday 26 June 2026

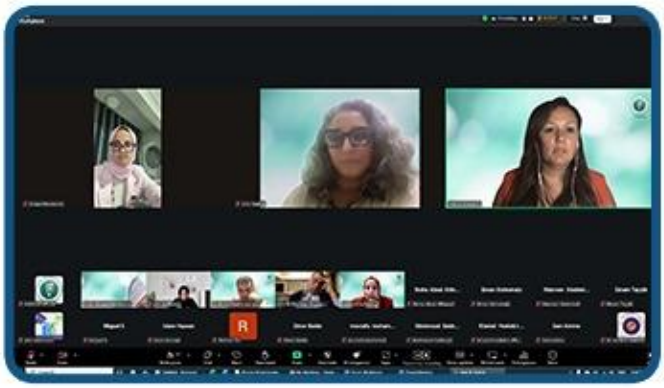


Bridging Intimacy & Healing

Contemporary Perspectives In Psychosexual & Couple Therapy

The webinar was successfully concluded, bringing together leading experts to share their valuable knowledge and clinical expertise. We extend our sincere appreciation to our distinguished speakers and thank all participants for their active engagement, which contributed to the success of this educational event.





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Rare Cases in Surgical Andrology

Tuesday 30 June 2026
8:00 PM (Cairo Time)

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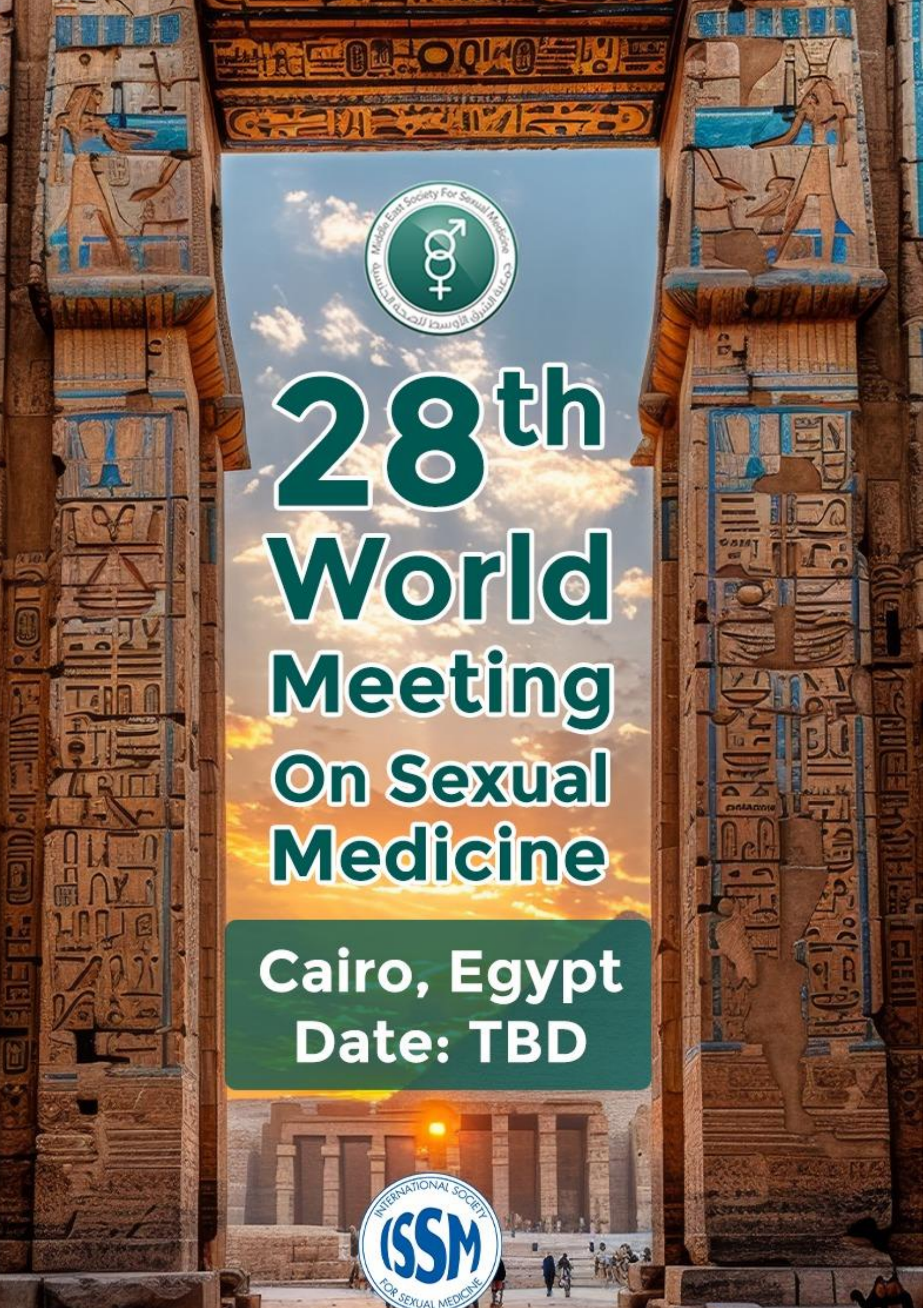
Coming Soon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