



## EFS EXECUTIVE COMMITTEE

The current executive council was elected in Limassol at the 2002 conference and has a four year term.

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## MEMBER SOCIETIES

• **AUSTRIA**: Austrian Society For Sexual Research • **BELGIUM**: Institute of Family and Sexuality Studies, Flemish Society of Sexology, Société des Sexologues Universitaires de Belgique • **BULGARIA**: Sexuality and Health Foundation • **CZECH REPUBLIC**: Czech Sexological Society • **DENMARK**: Danish Association for Clinical Sexology, Sexologisk Klinik-Righospitalet • **FINLAND**: The Finnish Association for Sexology (FIAS) • **FRANCE**: Association des Sexologues Cliniciens Francophones (ASCLIF), Association Inter Hospitalo Universitaire de Sexologie (AIHUS), Association de Recherche Sexologique du Sud-Ouest (ARSSO), Centre International de Formation et de recherche en Sexualité (CIFRES), Diplôme Universitaire d'Études de la Sexualité Humaine, Diplôme Inter Universitaire de Sexologie Médicale de Toulouse, École Française de Sexologie, Société Française de Gynécologie Psychosomatique, Société Française de Sexologie Clinique (SFSC) • **GERMANY**: German Society for Social Scientific Sex Research (DGSS), Gesellschaft für Sexualwissenschaft • **GREECE**: Greek Society for Andrology and Sexology, Greek Society of Sexology • **ISRAEL**: Israeli Family Planning Association, Israel Society for Sex Therapy (ISST) • **ITALY**: AAECT : Sezione Italiana, Associazione Italiana di Sessuologia e Psicologia Applicata (AISPA), Associazione Clinica e Terapia in Sessuologia (ACTS), Associazione per lo Studio Dell'Analisi Psicologica e la Ricerca in Sessuologia, Cattedra di Psicologia di Comunità, Centro Italiano di Sessuologia (C.I.S.), Eleusis, Gruppo Ricerca Sessuologica, Instituto do Sessuologica Clinica, Instituto Internazionale di Sessuologia, Societa Italiana di Sessuologia Clinica, Societa Piemontese Sessuologia Clinica • **THE NETHERLANDS**: Dutch Society of Impotence Research (NVIO), Netherlands Institute of Social Sexological Research (NISSO), Foundation for Medical Sexology • **POLAND**: Section of Sexology and Pathology of Human Relations, Polish Sexological Society Portugal : Consulta de Ginecologia Psicomatica e Sexologia, Sociedad Portuguesa de Sexologia Clinica • **SPAIN**: Association Espanola de Sexologia Clinica, Escuela Espanola de Terapia Reichiana, Especulum, Institut Espill, Psicologia, Sexologia i Medicina, Sociedad Galega de Sexologia, Sociedad Sexologica de Madrid, Societat Catalana de Sexologia, Societat de Sexologia del pais Valencia • **SLOVAK REPUBLIC**: Slovak Sexological Society • **SWEDEN**: Departement of Clinical Sexology, Swedish Association for Sexology, Swedish Institute for Sexual Research • **SWITZERLAND**: Unité de Gynécologie Psychosomatique et de Sexologie des H.U.G., Fond Maurice Chalumeau, Sozialmedizinischer Dienst der Universitätsfrauenklinik • **TURKEY**: Turkish Microbiological Society • **UNITED KINGDOM**: British Association for Sexual & Relationship Therapy (BASRT)

## EDITORIAL



Robert PORTO  
EFS President

First of all, I want to tell how the EFS is proud of the Brighton Congress. Many of the participants I met expressed their satisfaction about this outstanding congress, visited by nearly 880 delegates.

I insist to thank warmly all the speakers who ensured the success of the congress. We had in particular the pleasure to welcome most of the board of WAS, as well as an important delegation of ESSM, with for the first time the two presidents, the current and the elect.

A special thanks to Alan Riley and the scientific committee, who selected the communications, to Lady Marj Thoburn and team, who hosted the congress, and to the President of the congress, Kevan Wylie, who performed a tremendous work.

At the end of the meeting, we had planed to give two poster prizes. Finally, we decided to award four prizes (find more details further in this letter).

During the gala ceremony, it was my pleasure, on behalf on EFS, to honour two distinguished personalities, for the help they have given to our federation.

The first award was delivered to Erwin Haeberle for his outstanding contribution to sexual education, defense of sexology and creation of a website presenting a unique database. The other one was given to Maj-Brit Bergström-Walan for her remarkable work in the field of sexual education and sexology.

We have had an interesting meeting with John Pryor and Dimitrios Hatzichristou about the creation of a label for sexology teaching in Europe, with the scientific collaboration of ESSM and EFS, since then called EASM : European Academy of Sexual Medicine.

At last, we have two important appointments :

In July 2005, the XVII<sup>th</sup> World Congress of Sexology (WAS), presented hereafter by its President, Pierre Assalian, where the EFS will organize two roundtables and one session.

In June 2006, the 8<sup>th</sup> EFS Congress in Prague, presented page 2 by its President Ondrej Trojan. I have no doubt it will be great and will become the new attendance record holder, with the help of all of you.

I look forward to meet you at these two outstanding scientific events. ●

## BRIGHTON POSTER PRIZES

Among near 60 posters, 2 posters of great value were distinguished, but put out of competition because sponsored by the industry :

- *Prevalence of Comorbidities in Men with Erectile Dysfunction Treated with Tadalafil: SURE Study in 14 European Countries* Pierre Costa et al.
- *Rapid on-set vs. long duration of action: Effect of age and co-morbidity on attribute ranking in The Men's Attitudes to Life Events and Sexuality (MALES) Study* Ian Eardley et al.

### Poster Prizes :

- *Erectile Dysfunction and Cardiovascular disease* S. Alkhayal & P. Thomas

Conclusion: The reactive hyperaemic response as measured by PVR was impaired in patients with ED and cardiovascular disease or cardiovascular risk factors and can predict vascular dysfunction in patients with ED.

- *Retrospective analysis of 128 cases of gender dysphoria* Mireille Bonierbale & Noelle Magaud Vouland
- Conclusions: Once the personalities at risk have been sorted and a diagnosis of gender identity dysphoria made, retaining only those for whom a therapeutic forecast of 1 THC is taken into account, the TIGs are relatively easy to monitor in a well-defined and accepted protocol. The only risk factors for later integration are: (1) Prior psychological vulnerability limiting the level of final adaptation; (2) Insufficient surgical results to restore narcissism ; (3) Emotional isolation, a lack of professional integration.

- *The effectiveness of audiovisual self-help material on sexual problems: a controlled study* A. Vansteenwegen & G. Liekens

Conclusion : in an experimental group (n = 138) ; with a control group (n =77).

A Repeated Measures Analysis of Variance delivered only three significant results. In comparison with the control group, the performance anxiety and the embarrassment (gene) decreased in a significant way (.03) in the experimental group with premature ejaculation; men with erectile dysfunctions were significantly (.02) more receptive to sexual fantasies and erotic stimulation, women with orgasmic dysfunction experienced positive results (.07) on the value they gave to non-demanding sexual actions (foreplay).

Self help videos have a very small effect on sexual dysfunctions.

- *Undiagnosed Co-morbidity in New Erectile Dysfunction Patients* V. Lehmann, B. G. Chappell & P. J. Thomas

Conclusion: Undiagnosed co-morbidity was detected in 48% of patients, these conditions; hypertension, diabetes and hyperlipidaemia are all known risk factors for erectile dysfunction. Patients presenting with erectile dysfunction give primary care and hospital physicians the opportunity to detect undiagnosed co-morbidity. ●

# EFS 8<sup>th</sup> CONGRESS

"We look forward to welcoming you to Prague"



Dear colleagues,

The 8<sup>th</sup> Congress of the European Federation of Sexology will be hosted by Prague in June 4 -8, 2006. This charming golden city in the Center of Europe is one of the best choices, which could have been done. Not only because of beauty of this "heart of the Europe", which always from the medieval era has been a melting point of different cultures, treasure of architecture, cradle of many famous artists (which is obviously well known), but also because of its scientific history.

The first university institution in the world was created in Prague in 1921- Sexological Institute. Its approach has been systemic, taking always in consideration "the soul" and "the body". And that is exactly our aim in organizing the next event. Bringing together many scientists and clinicians from "both sides", not only (among others) urologists, andrologists, gynecologists, but also psychiatrists, psychologists and sociologists as well as some politicians.

On the other hand the geographical locality makes it easier to invite many colleagues from East Europe. To make the congress a new melting point of progressive thoughts approaches and attitudes for benefit of our clients, patients and sexology itself. |We hope to fulfill these high expectations and prepare an excellent meeting of highest scientific value.

Welcome!



Ondrej Trojan  
Congress President  
Prague

[www.efs2006.cz](http://www.efs2006.cz)

# EASM 1<sup>st</sup> MEETING

## EUROPEAN ACADEMY OF SEXUAL MEDICINE

Demitrios Hatzichristou, the immediate past president of the European Society of Sexual Medicine (ESSM) and his executive committee invited me to try and establish a European Diploma in Sexual Medicine and to trial it in England. I accepted this remit with the proviso that it would involve the creation of an independent organisation and that it would relate to both ESSM and to EFS. This was accepted by the committee. During the past 15 months I have been looking at the options, discussing the possibilities with many people, and took part at an informative session on teaching and training at the meeting in Brighton. I would like to thank everyone for their help and advice.

The teaching of sexual medicine in Europe is variable at all levels and there is a clearly recognised need for improvement and uniformity. In some countries there are training programs and diplomas whilst they are totally lacking in others. Initially the task will be confined to the medical profession but this is because there is in existence a European Organisation with responsibility for Medical Specialists, Specialist Registers and some European Speciality examinations. It will be necessary for Sexual Medicine to obtain recognition as a multidisciplinary speciality and this process has begun. This will mean that training posts will need to be recognised, academic standards set, accreditation given and followed by the need for continuing medical education and revalidation. This already occurs for medical specialists in some countries but it will take many years before it is implemented for sexual medicine.

### FOUNDER TRUSTEES

John Bancroft  
Marc Ganem  
Ian Eardley  
Willy Pasini  
Walter Everaerd  
John Pryor  
Kerstin Fugl-Meyer  
Gorm Wagner

The first step towards establishing a European examination in Sexual Medicine was taken in December when the Founder Trustees of the European Academy of Sexual Medicine (EASM) met for the first time. These trustees had been chosen on an individual basis and have a wealth of experience in both the management of sexual dysfunctions and in education/training. They agreed that the object of the Academy was to establish, harmonise and maintain standards for the education and practise of sexual medicine throughout Europe.

The importance of non-medical professionals in the field was discussed and it was agreed that the present proposals were not designed to alter the status quo but to improve the standards of doctors working in the field. It was agreed that non medical professionals had a similar need and that the Academy might have a parallel arm for this.

The initial priorities are to establish the charitable status of the Academy, recognition within U.E.M.S., and a diploma examination. In order for the latter to occur it will be necessary to develop a syllabus and the Trustees would be delighted to receive information on any existing courses, examinations or training programs. The intention is not to compete with existing programs but to build on what is present and provide where it is lacking. Much hard work remains to be done but I am sure that with goodwill and support there is a great opportunity for long term benefit.

John Pryor ●

## 21<sup>st</sup> BIRTHDAY OF THE PORTUGUESE SOCIETY OF CLINICAL SEXOLOGY (SPSC)

The Portuguese Society of Clinical Sexology wished to celebrate the twenty years of existence organizing a Commemorative Meeting, emphasising a certain revivalism. The society was founded on the 9th November 1984.

The Celebratory Meeting took place on the very same days of the 1st Congress, in November 2004 in the auditorium of the National Archives, within the University of Lisbon.

Beyond the scientific component, at exactly the same hour, day and place - the Conference Room of the University of Lisbon Senate - took place an evocative ceremony of the foundation of the Society.

Medals commemorating the Society's 20 years were presented to the honorary members, to the organizing committee of the 1st Congress, to past presidents and the founder members.

The meeting lasted two days and the overall theme was "Sexuality Throughout the Ages - Knowing so as to Understand". Speakers from other areas of knowledge such as history, anthropology, sociology and religion were included in the Meeting so they could transmit to the sexologist their own vision of sexuality, which may not be directly linked to Clinical Sexology, but nevertheless helps the clinician to better comprehend and solve problems in the clinical setting.

The inaugural conference was given by the Society's President, Santinho Martins (Endocrinologist) on the theme of "Courtly Love". The following panels took place:

- Religion and Sexuality - From the Sexualization of the Sacred to the Sacralization of Sex
- Body Image and Sexuality. Of Pygmalion and of mutilation
- Transgression - Historical Context
- Sex: why do we want it. Evolutionary Aspects
- Treatment of Dysfunction until the 19<sup>th</sup> Century - Potions, Magic, Prayers and Infusions
- Therapeutic evolution in the 20 years lifespan of the Portuguese Society of Clinical Sexology.

The President, A.Santinho Martins ●

## ASCLiF 6<sup>th</sup> CONGRESS

SEPTEMBER 2004 - NANTES, FRANCE

### ASSOCIATION OF FRENCH SPEAKING CLINICAL SEXOLOGISTS

The theme was « THE SEXOLOGIST AND ETHICS ». Philosopher Jacques Ricot started by developing the origins of the terms « morality, ethics and deontology », explaining that nowadays, morality is more related with religious, prescriptive ideas and ethics with more philosophical and social considerations regarding living together in a society, while deontology is specifically used for rules of certain professions or other delimited domains. Then representatives from France, Belgium, Morocco and Switzerland spoke about the many different recognitions of clinical sexology in their countries.

Three other lectures dealt with the professional distance between therapists and patients during therapeutic sessions, the payment the therapeutic sessions as a way to create such a distance, the possibility to have to jugulate the sexual excitement of the therapist and/or the patient and the possibility to manage massage in the field of sexology.

The debate on « Psychotherapy and Sextherapy » led to the conclusion that currently, with so many different forms of sexual trainings in the French-speaking European countries, it is essential for the therapist working as a sextherapist to have a network of professionals to work with when necessary - gynecologists, urologists, endrologists, psychiatrists, psychotherapeutic psychologists, couple therapists, physiotherapists or others.

Having a psychotherapeutic training is surely an advantage for sextherapy, but is surely not enough for sextherapy. It should not be forgotten that there are different kinds of psychotherapies like psychodynamic, behavioral or systemic psychotherapies, which can be the basis of sextherapy.

An other important point is that the sextherapist must have a training in psychopathology and should also be able to make a sexual appraisal and a sextherapy recognized by his peers in professional associations.

4 workshops concerned « Ethics and Couple-Therapy », « Ethics and Body Sextherapies », « Ethics, Hypnosis and Sextherapy » and « Ethics and Therapy of Sex Offenders ».

The lecture « Ethics and Laws : Contradictions » was given by both a lawyer and a medical sexologist. They gave guidelines on how to manage medical secret in the sexological field.

The next two lectures concerned the relation between the clinical sexologist and the public, his responsibility and his influence on the media and television and the possibility for him to make advertisements through associations, on the web and in phone directories. The insistent influence of pharmaceutical industries on both the sexologists and the public was also pointed out.

ASCLiF will publish the lectures in French in its usual « ACTES » which will be announced. These lectures have been available for order online at <http://asclif.free.fr> next since last autumn.

Ursula Pasini, President of ASCLiF and member of the EFS Executive Committee ●



<http://asclif.free.fr>



## NEWS

## BIO-PSYCHO-SOCIAL SEXOLOGY

As people from Eastern Europe and the Middle East are looking for English-speaking training in Biopsychosocial Sexology in Europe, you may find one of these programmes hereunder: [www.kuleuven.ac.be/english/Institute of Family and Sexuality Studies](http://www.kuleuven.ac.be/english/Institute%20of%20Family%20and%20Sexuality%20Studies), Catholic University of Leuven, Belgium  
President : Prof. Dr A. Vansteenwegen  
[alfons.vansteenwegen@uz.kuleuven.ac.be](mailto:alfons.vansteenwegen@uz.kuleuven.ac.be)

- **MASTER IN FAMILY AND SEXUALITY STUDIES**

Students are introduced to scientific thinking in sexuality, living together relationship and families, as well in the exact sciences as in the sciences of meaning. The program wants to deliver people able to analyse autonomously in a scientific way sexological, with the necessary critic attitude. The Catholic University of Leuven has a long tradition in the interdisciplinary study of human sexuality: contacts between the medical sciences, psychology, sociology, biology, ethics, theology, and anthropology are well developed. This program is offered to students with a master degree in a domain related to human sexuality: medicine, psychology, sociology, biology, etc.

The main courses in the program are:

1. **Ethical and legal aspects:** Bio-medical ethics / Comparative study of medical law
2. **Psychosocial and relational aspects of sexuality:** Developmental psychology / Comparative family sociology / Partner relation and communication therapy.
3. **Psychomedical aspects:** Medical and psychosomatic aspects of human sexuality and reproduction / Human genetics
4. **Methods of sexological research:** Students are required to write a research paper of limited size (in the form of an article prepared for publication).

- **DOCTOR OF FAMILY AND SEXUALITY STUDIES**

The master's degree of family and sexuality studies cum laude is required to be accepted for the doctoral program. The program consists in carrying out an original research project and presenting and defending a dissertation. ●

Ursula Pasini

## SEXOLOGY TRAINING IN THE MEDICAL SPECIALIST CURRICULUM

Sexological teaching and training is a very diverse field. To mention a few: medical students, psychology students, midwives, medical specialists, psychotherapists and sexologists all need training in sexology. It is paramount that for each group the topics and the depth of the training will be different, and also the time spent.

During a symposium in Utrecht, the Netherlands (September 24<sup>th</sup> 2003), we concentrated on the sexological aspects in the curriculum of the medical specialist training, with emphasis on the fields of psychiatry, gynaecology and urology.

While preparing this we did a small search in several major European sexology centres asking what was offered. Apparently in the majority of European university hospitals, sexology is not an integral part of the training to become a psychiatrist, a urologist or a gynaecologist. In some training hospitals there seems to be (nearly) nothing. In other centres there is some sexology training for medical specialists, but usually on voluntary basis and usually only after being graduated as a medical specialist.

In the Dutch situation sexology is only solidly embedded in the training to become a gynaecologist.

For comparison with our neighbours we invited Hartmut Bosinski from Kiel, Germany, to explain the German situation, which is stronger oriented towards postgraduate training in sexual medicine.

There is clearly no European Golden Standard yet. We believe this could be a EFS target. ●

Woet L. Gianotten, MD-psychotherapist

- **ERECTILE AIDS AFTER NON-NERVE SPARING RADICAL PROSTATECTOMY (NNSRP)**

In order to assess the response rate to different erectile aids in a consecutive series of patients treated with NNSRP, 94 potent men were counselled about the different treatment options to restore an assisted erection before surgery. The multiphase protocol involves the sequential use of different erectile aids. The first proposed treatment was oral apomorphine sublingual. Treatment with sildenafil was then suggested to those not responding. If patients did not respond to oral pharmacotherapy a trial with a vacuum erectile device was offered; those not responding to this were then offered intracavernosal injection therapy with prostaglandin-E alone as the first option, followed by a mixture of vasoactive agents if needed. In those in whom injections also failed, a penile implant was recommended. At the 1-year follow-up visit all patients were offered a second trial with oral therapy regardless of the treatment currently in use.

Results Seventy-six patients entered the protocol; there was no response to apomorphine. Five of 59 (8%) patients responded to sildenafil when they first used it at a mean of 7 months after NNSRP, while there were three additional responders in 22 patients who tried it for a second time a year later. Of patients achieving at least a complete tumescence sufficient for vaginal penetration, 52% and 60% were considered responders to the vacuum device and intracavernosal injections, respectively. Overall, 44% of patients enrolled in the protocol chose to use an erectile aid for at-home use. At the 1-year follow-up, only 20% of patients were still using an erectile aid, including two who had had a penile implant.

Editor's note : It would be interesting to know if these patients were suffering of depression or desire trouble ; that could explain that 80% were not using any erectile aids one year after surgery.

Paolo Gontero et al. : A prospective evaluation of efficacy and compliance with a multistep treatment approach for erectile dysfunction in patients after non-nerve sparing radical prostatectomy

*BJU International* 2005; 95(3): 359-65

email: [gontero@med.unipmn.it](mailto:gontero@med.unipmn.it)

- **SUBLINGUAL ADMINISTRATION OF SILDENAFIL**

Sublingual administration of sildenafil appears to be safe and effective in the treatment of erectile dysfunction (ED). Although a direct comparison with oral sildenafil will be needed to establish whether these findings are clinically relevant, sublingual administration of the drug might provide a faster onset of action at a lower dose than is currently used.

This double-blind, randomized study compared 20mg sublingual sildenafil with placebo in 40 consecutive patients with ED, using the five-item version of the International Index of Erectile Function to assess the response to treatment. Men in the sildenafil group (n=20) were significantly more likely to achieve and maintain an erection than those who received placebo (n=20); satisfactory erections and coitus were achieved by 65% and 15% of men in the two groups, respectively. The mean onset of action of sildenafil was faster than the reported time for oral administration of the drug (15.5 versus 60 minutes, respectively) and the effect persisted for an average of 40 minutes.

The authors note that there may be fewer adverse events with sublingual sildenafil than have been reported for oral administration. Along with the potential for reducing the dose, this may result in improved patient compliance and cost-effectiveness.

Deveci S et al.: Sublingual sildenafil in the treatment of erectile dysfunction: faster onset of action with less dose. *Int J Urol* (2004) 11: 989-992

[www.nature.com/clinicalpractice/uro](http://www.nature.com/clinicalpractice/uro)

- **COMPUTATIONAL MODELS FOR DETECTION OF ERECTILE DYSFUNCTION**

Vascular comorbidities are well known to correlate with erectile dysfunction (ED) but a correlation with hypogonadism and depression is less clear. Using several linear and nonlinear mathematical models, the authors investigated the correlation of age, hypogonadism and depression with ED using the Sexual Health Inventory for Men (SHIM) as a surrogate marker for ED.

Analysis of the neural network demonstrated that moderate ED correlated with patient age and depression score. Forward and reverse regression of the neural network based on Wilk's generalized likelihood ratio test revealed that age was most significant (p <0.001), followed by Center for Epidemiologic Studies Depression Scale score (p <0.03), followed by testosterone (p >0.6).

The authors investigated linear and nonlinear computational models of moderate ED. This is the first demonstration that SHIM correlates with age and a depression metric. Furthermore, moderate ED based on SHIM with a correlation with age may now provide a rationale and basis for future investigation into the understanding of age related erectile pathophysiology.

Moshe Wald et al. : Computational models for detection of erectile dysfunction. *J Urol*. 2005 Jan;173(1):167-70

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## ISSC : INTERNATIONAL SOCIETY FOR SEXUALITY AND CANCER

Oncologists usually are scared of talking sex and sexologists usually are scared of talking cancer. That is why the sexual problems of cancer patients tend not to get any attention.

After the 6<sup>th</sup> EFS Congress in Limassol in 2002 a small group of people from the fields of oncology and sexology started a taskforce to tackle this problem. They are dealing with 'oncosexology', a new branch on the tree of sexology with connections to research, treatment and education.

This taskforce started the ISSC (International Society for Sexuality and Cancer).

ISSC is still a small organisation and at the moment one of our tasks is collecting names of professionals that are interested in this area.

As a scientific organisation we had our first symposium during the EFS-meeting in Brighton.

We intend to regularly add cancer to the sexology forum and sex to the oncology gremia. Seriously interested professionals are requested to join our society. ●

[www.issc.nu](http://www.issc.nu) [secretariat@issc.nu](mailto:secretariat@issc.nu)

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Mireille Bonierbale, MD  
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All informations about your societies  
and meetings can be sent to :  
[EFSNewsLetter@wanadoo.fr](mailto:EFSNewsLetter@wanadoo.fr)

EFS web site :  
[www.europeansexology.com](http://www.europeansexology.com)

**Special thanks to Pfizer  
for its help and support**



## UPCOMING CONGRESSES

**APRIL 6-9, 2005** BOLOGNA, ITALY

19<sup>th</sup> INTERNATIONAL SYMPOSIUM ON GENDER DYSPHORIA  
Sponsored by the Harry Benjamin International Gender  
Dysphoria Association  
e-mail: [HBIGDA@famprac.umn.edu](mailto:HBIGDA@famprac.umn.edu) / [www.hbigda.org](http://www.hbigda.org)

**MAY 21-26, 2005** SAN ANTONIO, USA

100<sup>th</sup> ANNUAL MEETING OF THE AMERICAN  
UROLOGICAL ASSOCIATION (AUA)  
[www.auanet.org](http://www.auanet.org) / e-mail : [convention@auanet.org](mailto:convention@auanet.org)

**JULY 10-15, 2005** MONTREAL

17<sup>th</sup> WORLD CONGRESS OF SEXOLOGY (WAS)  
UNITY IN DIVERSITY  
President of the congress : Pierre Assalian, M.D.  
[www.montrealsexo.com](http://www.montrealsexo.com)

**SEPT 30-OCT 1<sup>st</sup>, 2005** VIENNA, AUSTRIA

MEN'S HEALTH CHALLENGING FAMILY MEDICINE  
AND UROLOGY  
Tel. +43/1 486 40 40 44 - Fax +43/1 486 40 40 46  
e-mail: [office@wcmh.info](mailto:office@wcmh.info) / [www.wcmh.info](http://www.wcmh.info)

**OCTOBER 8-9, 2005** BRUSSELS, BELGIUM

7<sup>th</sup> CONGRESS OF THE FRENCH-SPEAKING CLINICAL  
SEXOLOGISTS ASCLIF  
SILHOUETTE, SEX AND SOCIETY - LOVE AND  
EATING DISORDERS  
with the participation of SSUB and ADES  
Information at: <http://asclif.free.fr>

**OCTOBER 21-22, 2005** PARIS, FRANCE

XXX<sup>e</sup> CONGRÈS DE LA SOCIÉTÉ FRANÇAISE DE  
SEXOLOGIE CLINIQUE LES SAISONS DE L'AMOUR,  
POUR UNE SEXUALITÉ DURABLE  
tel. +33 1 45 72 67 62 - fax +33 1 45 72 67 63  
e-mail: [sfscsexo@aol.com](mailto:sfscsexo@aol.com) / [www.sfscsexo.com](http://www.sfscsexo.com)

**OCTOBER 27-30, 2005** LAS VEGAS, USA

5<sup>th</sup> ANNUAL MEETING OF THE INTERNATIONAL SOCIETY  
FOR THE STUDY OF WOMEN'S SEXUAL HEALTH  
[www.isswsh.org](http://www.isswsh.org)

**NOVEMBER 9-11, 2005** ALEXANDRIA, EGYPT

ANNUAL MEETING OF THE AMA (MEDITERRANEAN  
ASSOCIATION OF ANDROLOGY)  
Contact : Pr Medhot AMER / Dr Michel SCHOUMAN  
Tel. (33) 01 47 47 56 55 / Fax (33) 01 47 47 56 59

**DECEMBER 1-3, 2005** PUNTA DEL ESTE, URUGUAY

8<sup>th</sup> CONGRESS OF THE LATIN AMERICAN SOCIETY  
FOR SEXUAL AND IMPOTENCE RESEARCH (SOCIEDAD  
LATINOAMERICANA PARA EL ESTUDIO DE LA  
IMPOTENCIA Y LA SEXUALIDAD)  
President : Luiz Otavio Torres  
[www.slais2005.org](http://www.slais2005.org)

**DECEMBER 4-7, 2005** COPENHAGEN, DENMARK

8<sup>th</sup> CONGRESS OF THE ESSM (EUROPEAN SOCIETY FOR  
SEXUAL MEDICINE)  
e-mail: [essir@cpo-hanser.de](mailto:essir@cpo-hanser.de) / [www.essm2005.org](http://www.essm2005.org)

**DECEMBER 7-10, 2005** MARSEILLE, FRANCE

8<sup>th</sup> CONGRESS OF THE SALF (SOCIÉTÉ D'ANDROLOGIE  
DE LANGUE FRANÇAISE)  
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July 10-15  
2005

Montréal  
Sexo 2005

XVII World Congress of Sexology - Unity in Diversity

It is with great pride that I invite you to attend the XVII World Congress of Sexology in Montreal with theme is : "Unity in Diversity". In addition to the plenary sessions conducted by well-renowned speakers, a number of highly interesting scientific symposiums will be presented throughout the Congress, among which:

- ISSWSH presentation on Female Sexual Dysfunctions and Menopause  
(presentations by Drs. Lorraine Dennerstein, Alessandra Graziottin, Jeanne Leventhal Alexander and Sandra Leiblum).
- Canadian Sex Research Forum  
(presentations by Drs. Eleanor Matticka Tyndale and Sandra Byers).
- Special Symposium on Rapid Ejaculation  
(presentations by Drs. M. Waldinger, P. Assalian, D. Chatton, P. Kothari and M. Metz).

### ● European Federation of Sexology Symposium addressing:

- Psychological aspects of sexual dysfunctions  
(President: Dr. B. Whipple, Moderators: Drs. A. Pahlia and K. Wylie, Presented by: Drs. O. Trojan, A. Vansteenkoven, K. Wylie, M. Mock, A. Pahlia, S. Caruso and B. Cuzin)
- Fertility, sexuality  
(President: Dr. M. Ganem, Moderator: Dr. S. Caruso, Presented by: Drs M. Ganem, A. Giami, and D. Delavierre)
- French speaking Podium Session  
(President: Dr. R. Porto, Moderator: Dr. N. Arnaud-Beauchamp, Presented by: C. Simonelli, M. Chevret-Measson, F. Hedon, M Dubois-Chevalier, M. Bonierbale, S. Consoli, R. Porto, W. Pasini, and G. Ribes)
- Association Inter Hospitalo-Universitaire de Sexologie (AIHUS) Symposium  
(presented by Drs. P. Costa, B. Cuzin, M. Bonierbale, R. Porto, W. Pasini, M. Pujos-Gautraud and P. Brenot)

Looking forward to see you in Montreal this summer !

Pierre Assalian, M.D., President of the XVII World Congress of Sexology  
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