the groups. Women who occasionally do some forms of physical exercise showed a significantly better muscle strength (p = 0.02923), and women who regularly do some physical exercises showed a significantly longer duration of maximum contraction (p = 0.01838) than pregnant women doing regular or occasional exercises. CONCLUSIONS: A significant decrease could be observed in pregnancy as compared to nulliparous young women concerning maximum pelvic floor muscle strength and duration of maximum contraction.

PIH2

ONE DAY NATIONAL SURVEY ON PREVALENCE OF MALE SEXUAL DYSFUNCTION, AMONG MEN CONSULTING UROLOGISTS

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OBJECTIVES: ENJEU is a French one day, cross sectional, observational survey aimed to describe medical reasons disclosed by men over 18 years old when visiting an urologist, to estimate the prevalence of male sexual dysfunction (MSD) including erectile dysfunction (ED) and to describe treatment options for ED. METHODS: All French urologists have been contacted to participate in this national survey; 150 physicians did participate. This sample was representative of the French urologists regarding age, geographical distribution and practice. The survey was proposed to 1998 patients: 1848 (92.5%) agreed to participate; analysis was performed on 1740 patients. Information on urologists’ practices were collected through a questionnaire filled by the physicians. Information related to urological disorders, sexual dysfunctions, their treatment and their impact on the patient’s life were gathered by a patient auto-questionnaire. Erectile dysfunction was assessed through the single question of John B. McKinlay. RESULTS: Male sexual dysfunction was the first reason for visiting urologists (14%) following prostatic diseases (62%). Eighty-eight percent (88%) of urologists reported “usually” managing male sexual dysfunction. Sixty-five percent (65%) of urologists reported “systematically or often” asking their patients about eventual MSD. The median number of patients managed for ED was five per week. Among patients (mean age 63 +/- 14 years), 68% (IC95% = [65.2%; 70.7%]) had ED (44% severe). Forty-one percent (41%) did not talk about their ED to the urologist. Twenty percent (20%) reported ejaculatory dysfunction and 13% lack of desire. Among patients with ED, only 25% were treated (12% with IPD5E5, 8% with intracavernous injection and 5% with treatment association). Among patients visiting for the first time an urologist (25%), 52% reported ED and only 8% had previously received treatment for this condition. Among patient followed by urologists (after surgery or for medical treatment), 75% reported ED and 39.3% were treated. CONCLUSIONS: This survey emphasizes the high prevalence of reported, and particularly unreported male sexual dysfunctions, for patients visiting their urologists. Despite declared urologists’ interest for male sexual dysfunction, the discrepancy between the high prevalence of ED and the low rate of patients consulting for this condition probably explains the low rate of patients using treatments. This survey demonstrates the value of a routine evaluation of sexual dysfunctions in urology clinics.