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HYSTERICAL TRAITS ARE NOT FROM THE UTERUS BUT FROM THE TESTIS: A STUDY IN MEN WITH SEXUAL DYSFUNCTION

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Introduction: The relationship between testosterone (T) and psychopathology in subjects with sexual dysfunction has not been completely clarified.

Objectives and aims: To evaluate the association between T levels and different psychopathological symptoms and traits in men seeking treatment for sexual dysfunction.

Methods: A consecutive series of 2,042 heterosexual male patients consulting an outpatient clinic for sexual dysfunction was retrospectively studied. Several hormonal, biochemical, and instrumental parameters were investigated, including testis volume and penile blood flow.

Patients were interviewed, prior to the beginning of any treatment, with the previously validated Structured Interview on Erectile Dysfunction (SIEDY), and ANDROTEST (a structured interview for the screening of hypogonadism in patients with sexual dysfunction).

They also completed the Middlesex Hospital Questionnaire (MHQ) a brief self-reported questionnaire for the screening of the symptoms of mental disorders in non psychiatric setting.

Results: T levels showed a negative correlation with depressive and anxiety symptoms.

Conversely, histrionic/hysterical traits were strongly and positively associated with elevated T. Men with histrionic/hysterical traits had higher androgenization, as suggested by higher total and free T, higher testis volume and a lower ANDROTEST score. They were also characterized by better self-reported sexual functioning and penile blood flow.

Conclusions: In men consulting for sexual dysfunction, histrionic/hysterical traits are associated with higher androgenization and better sexual functioning. Hysteria, previously considered as a typically feminine psychopathological trait, should now be considered as an index of better masculine sexual well-being.