PARADIGMS AND PARTICULARITIES OF ANDROLOGY COMMUNICATION

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Abstract

Andrology is a field of medicine that addresses male specific diseases, but also the physiological aspects of male health. Assessing the profile of a man's intimate activity, especially at the age of over 40, helps to detect many systemic illnesses. Most erectile dysfunction is an early manifestation of cardiovascular, endocrine, psychosomatic pathologies. Because the subject of sexual dysfunction is a very delicate one, men's addressability to the specialist is low, therefore, although the erectile dysfunction has a high prevalence, most men continue to receive no treatment. Problems are caused by information, couple communication, the communicationpatient-healthy male, patient-andrologist doctor, adrologistdoctor- doctorof other specialties. We present the results of an interdisciplinary research conducted according to the methods, with techniques and tools used in sociology, andrology, communication sciences. This is the first such research done in the Republic of Moldova.

Keywords: *andrology, erectile dysfunction, diagnosis, treatment, partner, family, communication, information.*

1. INTRODUCTION

Communication in medicine is a process through which information is exchanged between physician and patient to form a trustworthy model so that they can mutually understand each other and make decisions that will lead to the eradication of the disease. In that communication, the doctor focuses his attention on the patient, creates an environment that protects the dignity of the patient, prefers to confidentiality and is constantly concerned about his state of well being. At the same time, the patient is to openly dialogue and be cooperative with the doctor, to present in detail the symptoms he has. If necessary, a family member or other trusted person can represent him in the discussion with the doctor (PACURAR, n.d.). Patient typology and physician-patient communication techniques are known and published (SINIŢCHI, 2014). Andrology is a field of medicine that has appeared relatively recently since the 1960s and is defined as the science of man, just as gynecology is science about woman. Andrology does not only address male specific diseases, primarily intimate, but also physiological aspects of male health. Unlike other medical sciences, such as dentistry, surgery, etc., where the patient usually addresses because it hurts directly, andrology examines, diagnoses and treats diseases that are not seen and often not felt, but which can affect the state of the individual and even the society with often unpredictable consequences. Communication in andrology therefore has some specific aspects and requires different approaches to classical physician-patient communication. Andrology studies the intimate life of the man, regardless of his age. Sexuality is not just the prerogative of young people. Traditionally, the Romanian people are guided by the Orthodox Christian morality, which preaches the love and love of men, their nearness to the soul. According to Christian morality sexuality is restrained, body love, intimate life are kept under the seals of decency. The contemporary society is transparent and open, the world lives in the era of liberalism, where the morality of consumption and pleasure come first. Prejudices, caused by incomprehensible meanings, feelings of shyness, accompanied by the lack of elementary knowledge in the field of andrology, influence: the state of family psychosomatic health; male / female relationships that are at the foundation of the family; communication in both the couple and the vertical line andrologist-patient, patient-doctor of divrese specialties.

The aim of the study presented in the paper is to analyze the roles and particularities of the andrological communication based on the

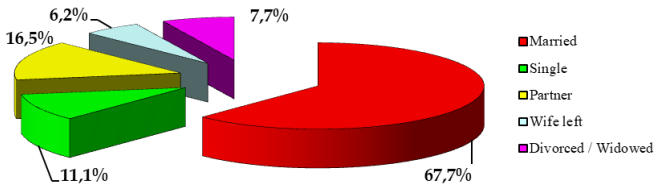
sociological research carried out in the Republic of Moldova regarding the general and sexual health of the man: andrologist doctor - patient, patient - doctor of other specialties, healthy man - potential patient.

2. MATERIALS AND METHODS

Sociological research was conducted in 2016 on a representative sample of 1,186 men aged 18-80. All respondents completed a questionnaire that included general questions, specific questions about the presence of already diagnosed diseases, known risk factors, smoking, alcohol, sedentary, etc., and special questions according to the BSSCMV questionnaires (Brief Sexual Symptom checklist: men version), IIFE (intranational index of erectile function), MSHQ - Male Sexual Health Questionaire (GIULIANO, 2013). The results were interpreted directly as well as correlations between the studied parameters.

3. RESULTS AND DISCUSSIONS

The family status of men in study groups is varied. Most of the men questioned - 804 (67.8%) were married. The phenomenon of population migration in the Republic of Moldova has obvious social connotations, consequently in 73 cases (6.2%) the respondents stated that they are married, but the wives are abroad; single / celibate turned out to be 132 (11.1%); divorced or widowed, 91 (7.7%) men, and 192 (16.5%) had a partner, including 106 (8.9%), had a partner outside of an official relationship. Figure 1 shows the graphical distribution of family status.

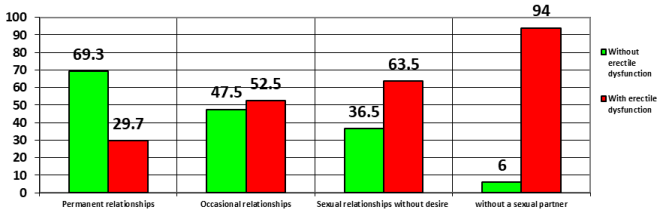


ource: study: The general and sexual health of men, USMF „Nicolae Testemitanu" 2016

Fig. 1. Family status of men in the study group (1186 respondents)

The analysis of the data shows that every third adult male in the Republic of Moldova does not have a permanent sexual partner. The correct assessment of an intimate health of a person requires the presence of a permanent sexual partnership. The stability of the sexual relations among the investigated men in Moldova showed that only half of them (584 persons or 49.2%) had stable intimate relationships during the last months (while completing the investigation), while 225 (19%) only occasional, 282 (23.8%) had intimate relationships less than they wanted, and 95 (8%) had not at all. Analyzing the stability of intimate activity on age groups shows us that by the age of 40, about 60% of men, and 40% only 40% of them showed stability of sexual relations. The causes of the phenomenon, according to the respondents' opinion, turned out to be the absence of a partner in the young people - about 30% of the cases, and the persons over 40 years old, the unwillingness of the partner to have sexual relations - about 21.2% of the situations. It is a figure that probably is not only related tothe health state, as only 13.1% of respondents indicated poor health as a cause of sexual instability, and only 8.4% said that intimate activity is not important for them.

Erectile dysfunction was more common in people who do not have a permanent sexual partner, have occasional or less sexual intercourse (Figure 2). Among men with permanent sex only 30% reported a certain degree of erectile dysfunction, clearly lower compared to 53% among those with occasional sexual intercourse, or 63.5% in those with less sexual intercourse than they want. The presence of erectile dysfunction can be an important psychological factor that contributes to reducing the frequency of sexual intercourse, but at the same time, study data show the importance of sexual relations in preventing erection problems.



Source: study: General and Sexual Health Assessment of Man,, USMF „Nicolae Testemitanu" 2016

Fig. 2. Prevalence of erectile dysfunction depending on the stability of sexual intercourse (1186 respondents)

As confirmation of the previous statements is Table 1, where we present the prevalence of erectile dysfunction depending on the family

status. The highest prevalence is registered in non-permanent partners and those with a wife abroad (74%) or divorced / widowed (69.2%). The presence of marriage is not equivalent to the absence of sexual dysfunction, nearly 50% of married men report the presence of erectile dysfunction. Unmarried men or those with a partner reported the smallest frequency of erectile dysfunction (26% - 28%), probably the frequency is due to the age of the respondents. However, the family status or the fact that the man is single is not a guarantee of the absence of sexual disturbances.

Table 1. Prevalence of erectile dysfunction depending on family status (1186 respondents)

Family Status	Without DE	%	With DE	%	Total
Married	409	50.7	397	49.3	806
Married, wife left	19	26	54	74	73
Divorced / widow	28	30.8	63	69.2	91
Single, bachelor	97	75,5	35	26,5	132
Partner	137	71.4	55	28.6	192

Source: study: General and Sexual Health Assessment of Man, USMF „Nicolae Testemitanu"2016

We analyzed the sexual function and health state in relation to the state of psycho-emotional relationships in the couple.

People who have conflicts in the couple are more likely to have sexual accusations, beginning with diminishing sexual desire and ending with erectile dysfunction or anorgasmia. A scientific study that included 292 women whose partners had erectile dysfunction showed significant deterioration of satisfaction from sexual intercourse. The treatment of erectile dysfunction was followed by a marked improvement in satisfaction, sexual desire, excitement and orgasm (FISHER et al., 2005).

Quarrels or insecurity in the couple may be due to male sexual dysfunction, but at the same time, the erectile dysfunction may be the consequence of partner intolerance. Out of 1186 respondents, about 10% noted problems of interpersonal communication manifested through quarrels, partner intolerance, etc .; about 28% said they were very satisfied, and 48% moderately satisfied with the general relations with the partner. We analyzed the phenomenon of the partner's unwillingness to have sexual relations on male erectile function based on quantitative indicators. The IIFE-5 index in men in couples with communication problems was 19.65 ± 6.2 (IC 95% = 18.48 - 19.98). The average age of men with this phenomenon was 45.6 ± 13 years (IC 95% = 43.7 - 47.5). The 19.65 IIFE index signifies a slightly low erectile function, which can induce the thought of a response from the partner who does not have the necessary satisfaction. But as a result of this explanation, the sexual dysfunction will be more abundant by initiating a vicious circle of sexual disturbances. It is very important that sexual issues are discussed in the couple, the partner being the first to be able to identify some intimate problems that can occur in the man. Addressing male sexual intercourse as secondary, age-specific may have serious health consequences, and the refusal or denial of intimate relationships after a certain age is more likely a flight from realitythan a correct approach to the situation.

Out of 1186 respondents, 573 (48.3%) said they were healthy and did not suffer from any disease. At the same time, 613 respondents (51.7%) reported the presence of some diseases, but only 34.1% were in the family doctor's record or undergoing treatment. The analysis of the questionnaires has shown that men suffering from cardiovascular, endocrine, urological or depressive illness have erectile problems more frequently than healthy men. The results of the research have shown that the probability of having cardiovascular pathologies in men with erectile dysfunction is 3.44 times higher compared to the healthy ones and the probability of developing an erectile dysfunction in a man with endocrine pathology is 13.74 times higher compared to healthy men. At first glance, the data presented reflects a state of affairs and it can only ascertaining. However, according to scientific data, the erectile dysfunction is often an early manifestation of other maladies, especially peripheral coronary and vascular diseases, since the risk factors for erectile dysfunction are similar to those of cardiovascular pathology (BILLUPS, 2010). The study by the Italian researcher Montorsi has shown that the

sexual dysfunction generates acute coronary syndrome, in 67% of cases patients reported erectile dysfunction about three years prior to cardiovascular pathology. The erectile dysfunction is an interdisciplinary problem that requires a complex approach both from a prophylactic point of view and from a diagnostic or treatment perspective. The tendency to prescribe treatment without the prior assessment of the patient is incorrect, and the more incorrect the opinion is that sexual dysfunction is the consequence of age.

The role of communication in establishing the erectile dysfunction can be essential in early detection of more serious problems and allows the timely diagnosis of cardiovascular diseases. Communication in the subject under discussion does not beginwhen addressing the doctor, but much earlier, in the family or with friends. It is important that the role of predictor and the influence of intimate issues on the general health status be as well known in society. By virtue of educational, social or cultural circumstances, the population and health workers have insufficient knowledge, limited about sexuality, and the role of intimate activity, which is not only a pleasure generator, but a medical factor that determines the individual's state of health. The paradox lies in the fact that the topic is considered taboo in scientific or academic circles, being approached in a limited or unilateral way in university studies programs and highly developed in on-line media, often tendentious, unprofessional and incorrect.

Since the subject of sexual dysfunction is delicate, men's addressability to the specialist is very low. In our study, the addressability of men with sexual dysfunction was determined by the appreciation of men who came to medical care, those who followed treatment, and those who intended to address the doctor. We found that only 21% of men talked to their doctor about their sexual problems, including 17% of those with erectile dysfunction, and only 15.2% followed treatment. About 83% of men with erection problems preferred not to address. The situation can be understood for patients with mild forms of erectile dysfunction, which many mistakenly consider transient, but it is severe in that more than 73% of patients with moderate and severe forms were not decided to take such a step. This is a situation with many questions. In the present study, I did not aim to appreciate the results of the treatment. But the simple fact that an impressive number of people suffering from a certain pathology is not treated requires qualitative studies.

A possible cause of the situation, but not the only one, is the lack of information about physicians who might offer a medicalcheck in andrology and where patients can address. On the other hand, it is possible to have a false impudence and the fear of being stigmatized. So to the question if they would like to talk to a doctor about sexual problems, 60% answered - no. It is explicable for 36% of men who have not reported sexual problems but are logical for the rest, including serious forms of erectile dysfunction that do not want at least to discuss. Therefore, every two male with erectile dysfunction prefers to remain with his problems and all the social consequences, but also with the impossibility of detecting diseases associated with erectile dysfunction. On the one hand, the erectile dysfunction is the first sign of cardiac or endocrine disease; on the other hand, these pathologies will not be detected in the context of a reduced addressing of the potential patient. Actions must be taken to inform men about the role predictor of erectile function and the need for early addressing to the specialist for the early detection of other diseases.

The medical worker needs certain communication skills with the andrologic patient, so that the first medical visit should not be the last one. Intimate issues need to be specifically addressed in physician - patient and patient - physician communication. The emphasis is on both verbal and nonverbal communication.

There are studies that prove that up to 80% of the information required to establish the diagnosis is obtained during the communication with the patient. Correspondingly, the results of the treatment depend on the perception of the information obtained and understood by the patient. According to psychological research, nonverbal communication covers about 70% of the message being transmitted and received in a discussion. There are many barriers that limit proper communication. They can be both from the doctor (a certain tone in the discussion, the

expression of the face, the use of words or medical terms, gestures, etc.) and the patient, the desire to hear only certain things, the misunderstanding of phrases, and so on (POPA, 2017). It is therefore very difficult for a first meeting with the patient suffering from andrological problems to build up the necessary degree of doctor-patient completeness, in order for the doctor to obtain relevantinformation for the diagnosis. Unlike other medical sciences, in andrology, written communication is very well developed through specially crafted questionnaires that evaluate all spheres of intimate human activity. These are IIFE, SHIM, etc. questionnaires. which aim to ensure the patient's privacy, being left alone, without being influenced by the physical presence of another person, to analyze and complete various variants of response. Subsequently, during the discussion with the doctor, the questionnaires will be analyzed and interpreted. An important aspect of doctor-patient communication is that of providing educational information about the consequences of the present situation. Communicating information about the illness and its consequences regardless of whether or not it is required it is indispensable in the context of promoting preventive medicine. On the other hand, a reciprocal relationship is created, involving the patient in later decisions and forming responsibility for his own health (PLOTOCEA & ZAMFIROIU, 2017). Unlike other medical specialties, where diagnosis can be established only on the basis of laboratory investigation or imaging data,in andrology the diagnosis, is mostly is determined based on subjective data, determined after the discussion with the patient, his partner or according to self assessement. On the other hand, in order for the treatment outcomes to be more favorable, it is necessary that he should be informed about the influence of disease on his general stateof health, and to raise his confidence in the doctor and the responsibility for their own health to be involved in the selection of treatment or prophylaxis methods (GURMAN, 2017).

At present, direct human communication is becoming more and more deficient, where the place of the interlocutor is taken by the computer or the mobile phone, the easiest form of communication is through the Internet. Although psychologists and sociologists note the negative role of virtual communication, this is a reality, being indispensable for a growing number of people, and with increasing credibility. The medical field is one of the main beneficiaries of the Internet in all its complexity, including communication (AURELIAN & BOGDAN, 2012). In andrology, the advantages of the internet are for disseminating the information, the distance communication with both the patient and the physicians. Restricting direct contact, seen as a disadvantage in other medical fields, in andrology it can bring benefits, the patient feeling free. On-line completion of health check-up questionnaires allows early diagnosis of both sexual problems and a correct orientation towards other diseases. At the same time, excess infallible information can mislead the patient as well as the healthy man. Therefore, it is necessary: to sort out the read information; the use of genuine sources for diagnosis purposes, not for treatment. Another aspect of the use of the internet in andrology is the possibility of direct online consultation where the patient can receive the necessary information at a distance from his doctor. But online communication does not completely replace direct contact, which is necessary at a diagnosis stage. There are debates in the ethical field, but the reality is that regardless of the conclusions of the studies made by specialists, the Internet is already in the use of the Pandora's Box.

4. CONCLUSIONS

Sociological research proves that in Moldova about 6% of men declare themselves unmarried, because their wives are gone abroad, 11% are divorced or widowed. Every third maleadult does not have a sexual partner, every fifth has occasional sexual relations, 24% have intimate relationships less than they want, and only half of the men have stable intimate relationships.

Andrological research establishes that erectile dysfunction is dependent on the family status. The highest prevalence of erectile dysfunction

is in people who do not have a permanent sexual partner, have occasional sexual intercourse or less than they want. Most often the erectile dysfunction in adult men is an early manifestation of cardiovascular disease.

By virtue of the male psychological formation, considering that sexual dysfunctions are delicate subjects, men's addressability to the physician is diminished. In order to cover the informational goal and raise the interest of men towards their own sexual and general health, to extend their life expectancy, it is necessary to elaborate special models where the mechanisms and instruments of andrologic doctor -patient communication are exposed. For this, it would be appropriate to set up multidisciplinary teams, consisting of physicians, communication specialists and information technology, to develop on-line and directly inter-human communication programs to be understood and reach out to the population and the potential patients to be able to detect early and prevent erectile dysfunction and the diseases it precedes. Early detection of a disease, its prevention, promotion and respect for a healthy lifestyle imply not only the actions of medical workers, but also the individual and the collective responsibility.

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