

do not know which of these factors comes up (occurs) first: androgen deficiency, insulin resistance or obesity.

**Aim:** The objective of the study was to show which of these factors comes up first. Also, to find out which syndrome is dominant that's kind of patients: androgen deficiency or insulin resistance, also to study the obese male patients in Georgia in this respect and choose the best treatment method.

**Materials and Methods:** 148 male patients were studied with the age range 16-55 years and BMI 27,0 — 48,0 kg/m<sup>2</sup>. The following analyses were done: anthropometric study, oral glucose tolerance test, common blood test, serum lipid profile, coagulation test, common urine analysis, fasting insulin, free testosterone, PSA, leptin, HOMA-IR index was calculated, ultrasonography of the abdomen and prostate, ECG.

**Results:** In all of the 148 investigated patients abnormal lipid profile and increased level of leptin was observed, 110 patients had impaired glucose tolerance test, 124 patients had decreased level of free testosterone in the range 0,36-5,8 ng/ml, 118 patients had increased HOMA-IR index in the range of 2,7-6,4. The appropriate treatment according to the laboratory and clinical condition was prescribed to all of the patients. In the group with prevalent androgen deficiency we used testosterone undecanoate and the positive result was achieved in ≈ 70% of patients, but in the group with prevalent insulin resistance we used metformin and the goal was achieved in ≈ 50% of patients and in patients with the treatment of both androgen deficiency and insulin resistance the goal was achieved in ≈ 90%.

**Conclusion:** Testosterone has the leading role in the etiology of obesity and insulin resistance. According to the data of our clinic, there is androgen deficiency in 70% of obese male patients in Georgia.

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## ISMH World Congress 2010 Abstract 064

### EFFECTIVE IMMUNOMAX<sup>®</sup> THERAPY TO OBTAIN RELIEF IN PAPILOMA VIRUS INFECTIONS, PROSTATITIS, AND PROSTATE CARCINOMA

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**Background:** Immunomax<sup>®</sup> is a novel immunostimulant manufactured from potato sprouts and consists of acidic peptidoglycans of molecular mass 1,000—40,000 kDa. In order to demonstrate its therapeutic effectiveness and safety, we here present data on the treatment of papilloma virus infections, and two pilot studies on prostatitis and prostate carcinoma treatment.

**Methods:** Immunomax<sup>®</sup> was investigated by *in vitro* murine macrophage activation studies and by efficacy studies in human patients suffering from recurrent anogenital warts caused by papilloma virus, from chronic prostatitis type IIIa as determined by the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI), and from prostate carcinoma.

**Results:** Immunomax<sup>®</sup> stimulated NO production in murine bone marrow derived macrophages. In human patients, Immunomax<sup>®</sup> was effective for treating recurrent anogenital warts caused by papilloma virus. Immunomax<sup>®</sup> therapy also showed, in two pilot studies, a pronounced therapeutic benefit in chronic prostatitis and prostate carcinoma. Patients with chronic prostatitis responded with a significant reduction of leukocytes in excrete urine, and an increase of life quality as determined by NIH-CPSI. In case reports on prostate carcinoma, patients responded well to the treatment with a long lasting reduction of PSA. All patients tolerated Immunomax<sup>®</sup> treatment well without any allergic or undesirable reactions.

**Conclusions:** Immunomax<sup>®</sup> has been shown to be a novel useful therapeutic agent for the therapy of disorders of the urogenital tract.

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## ISMH World Congress 2010 Abstract 065

### NEW INSIGHTS: THE IMPORTANCE OF FATHER'S HEALTH TO THE HEALTH OF CHILDREN

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Maternal health has been an overriding public health focus and is often presumed to be the sole significant determinant of children's health and well-being. Generally, the health status of fathers has been dismissed as of minimal importance to the health of children. However, new evidence strongly suggests that the health status and life experiences of the male parent may impact not only the health of his immediate progeny, but of his descendants for generations to come. It was long believed that the male vector of inheritance impacted the health of children only through the mechanism of genetic mutation. It is now understood that common chemical modifications to DNA and proteins, called epigenetic changes, can alter the way genes are packaged and regulated without actual mutations taking place. Such modifications help explain why babies of firefighters, painters, woodworkers, janitors, and men exposed to solvents and other chemicals in the workplace are more likely to be miscarried, stillborn, or to develop cancer later in life. Fathers who smoke or are exposed to work to polycyclic aromatic hydrocarbons have children at higher risk of developing brain tumors. Leukemia rates are higher among the offspring of veterans of Vietnam and Cambodia. In addition, the age of the male parent has a far greater impact on children's health outcomes than was previously recognized. Males younger than twenty and older than thirty years of age tend to produce abnormal sperm in greater numbers than men in their twenties. Older fathers are more likely to have children with autism, schizophrenia, progeria, Down's syndrome and daughters who develop breast cancer in adulthood. Children of teenage fathers are at higher risk of prematurity, low birth weight, or stillbirth or death shortly afterward. Mental disorders among fathers such as depression commonly impact children's psychosocial development adversely, with fathers being cited more frequently than mothers in issues such as psychological maladjustment, substance abuse, depression, and conduct problems. The presence or absence of a loving father in a child's life explains a great deal of the variance in children's social, physical and mental health outcomes. The replacement of the current restricted paradigm of maternal and child health by a more inclusive model of parental and child health would likely lead to improved children's health outcomes. *Please note:* The following abstract is not derived from a clinical study or experimental design and as such does not lend itself to the format of background statement of the hypothesis / research question, methods, results and conclusion.

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## ISMH World Congress 2010 Abstract 066

### HETERONORMATIVITY HURTS EVERYONE: EXPERIENCES OF YOUNG MEN AND CLINICIANS WITH STI TESTING

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**Background:** Heteronormative assumptions can negatively influence the health of young gay and bisexual men. However, recent sociological analyses have identified how heteronormativity may also negatively impact young straight men (e.g., 'fag discourse' targeted at heterosexual adolescents). In this presentation I provide important insights into how heteronormative discourses may function and be (re)produced within sexual health clinical settings and how they contribute to health outcomes for gay, bisexual and heterosexual young men.

**Methods:** Drawing on in-depth qualitative interviews with 45 men (15-24 years-old) and 25 clinicians in British Columbia, Canada, we examined how heteronormative discourses affect STI testing experiences for a diverse sample of young men.