



Lipodystrophy Caused by Anti Retroviral Drugs

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HIV and AIDS has become pandemic. More than 30 millions are HIV infected, particularly in Sub-Sahara Region. The disease once known for its high mortality rate, but has decreased substantially since the introduction of *Highly Active Anti Retroviral Therapy* (HAART). HAART has changed the status of AIDS to a chronic disease like hypertension and diabetes mellitus. Morbidity and mortality decrease leads to significant quality-of-life increase among people living with HIV and AIDS (PLWHA).

But adverse events emerges from long-term use of ARVs. Lipodystrophy is one of the notorious metabolic complications and altered fat distribution, mostly found among patients treated by combination therapy of nucleoside analogues and protease inhibitors (PIs). The prevalence of lipodystrophy is between 30-50%; but the relationship between PIs and lipodystrophy is not clear yet. It is advised to switch to "non-lipodystrophy-inducing" ARVs.

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Management of Erectile Dysfunction

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Erectile dysfunction (ED) is one of the sexual dysfunctions that disturbs many men and their partners all over the world. The incidence of ED increases with age.

Basically causes of ED are divided into two groups: physical factors and psychogenic factors. There are 4 groups in physical factors: endocrine, neurogenic, arterial, venous, and iatrogenic factors. The psychogenic factors include all psychological factors that can inhibit the mechanism of erection.

The 2nd International Consultation on Erectile and Sexual Dysfunction recommended the use of erection hardness score (EHS) for erectile function assessment as a part of diagnostic evaluation for men with erectile disorder.

According to IIEF-5, score 1 is equivalent to Severe Erectile Dysfunction (IIEF 6-0), score 2 is equivalent to Moderate Erectile Dysfunction (IIEF 11-15), score 3 is equivalent to Mild Erectile Dysfunction (IIEF 16-20), and score 4 is equivalent to normal erectile function (21-25).

The diagnosis of ED is established by sexual history, medical history, clinical examination, laboratory tests, and additional specialistic tests.

The principles of ED management are :

1. Diagnose ED, differentiate with other sexual dysfunctions
2. Find the etiology
3. Treat the etiology
4. Recover the erectile function:
 - Sexual counseling and sex therapy
 - Oral erectogenic: PDE-5 inhibitor
 - Local therapy: intracavernosal injection, transurethral application, vacuum constriction device
 - Surgery

The goal of ED treatment is to achieve optimal erection. A recent retrospective data analysis on 26 randomized controlled trials demonstrated that improved erection hardness correlated with significant improvements in sexual intercourse enjoyment, sexual relationship satisfaction, and confidence in erections for satisfactory sexual activity.

After eleven years in worldwide market and ten years in Indonesia, the role of sildenafil citrate (Viagra®) is still dominant. The following conclusions have been noted:

1. Most ED patients were satisfied with 50 mg Viagra® to achieve optimal erection.
2. Partners of ED patients were also satisfied with the quality of erection after taking Viagra®.
3. Only very few patients have adverse effects : headache, flushing, nasal congestion. No drop out because of adverse effects.
4. Many ED patients recover their erectile function and do not have to take Viagra®, at least for a period of time,

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Solving Mineral and Vitamin Deficiencies are Investments in Human Capital

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The quality of every human life is determined by early nutrition status. Without sufficient intake of micronutrient either through diet, fortification or supplementation, one will suffer tremendous but avoidable, lifelong hardship. The need is great, with up to two billion people suffer from micronutrients deficiency.

Despite many causes of deficiencies and great challenges posed by the sheer number of people, proven and cost effective solution exist. Fund and commitment, supported by partnership, will expand the reach of micronutrient interventions.

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