



FAKULTAS PSIKOLOGI
UNIVERSITAS PANCASILA



SEXtalk
don't let your talk be louder than your...

Sertifikat

Diberikan Kepada

Dr.med. Abraham Simatupang, dr., M.Kes.

Sebagai narasumber dalam webinar
SexTalk: "Sex & Love in Pandemic Era"

Dr. dr. Robert Sirait, SpAn.

Dekan Fakultas Kedokteran
Universitas Kristen Indonesia

Dr. Silverius Y. Soeharso, SE., MM., Psikolog.

Dekan Fakultas Psikologi
Universitas Pancasila



don't let your talk be louder than your...



Intervensi Obat untuk Kesehatan Seksual*

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* Disampaikan dalam Seminar daring “Sex and Love in Pandemic Era”, Selasa 25 Agustus 2020

10 Way X D-App X How To X What's On X Sci-Fi X Lockdown X Why Is X Com X

https://www.stylist.co.uk/life/sexless-relationship-advice-lockdown/410407

STYLIST

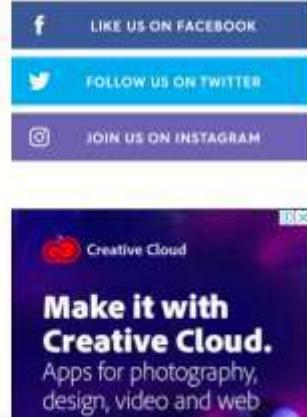
FASHION BEAUTY PEOPLE LIFE CAREERS ENTERTAINMENT STRONG WOMEN

LIFE /

Sexless relationships: "Am I the only one not having sex with my partner in lockdown?"

Posted by Megan Murray • 26 days ago

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https://www.esquire.com/uk/life/sex-relationships/a32006434/sex-life-lockdown-self-isolation/

How To Save Your Sex Life During Lockdown (And Avoid Forced Self-Isolation)

Proximity sounds like a recipe for better sex, but life isn't a Gilly Cooper novel ▶

By Girl On The Net 02/04/2020



WH TRANSFORM
12-WEEK WORKOUT PLAN WITH ALICE LIVEING
DOWNLOAD NOW

"Now, we're together all the time. Initially, our sex life in lockdown was exciting, but now it's slowed to a trickle. We've become slobs involved in our work and chores, constantly angry at the news. You're just too tired or angry by the end of it," she adds, talking about the struggle to keep the spark alive.

(Sara Hussain. SEX & RELATIONSHIPS)

10 Way X Does X D-App X How To X What's On X Sci-Fi X Lockdown X Why Is X Com X

https://www.theguardian.com/lifeandstyle/2020/jun/16/lockdown-has-destroyed-our-sex-drive

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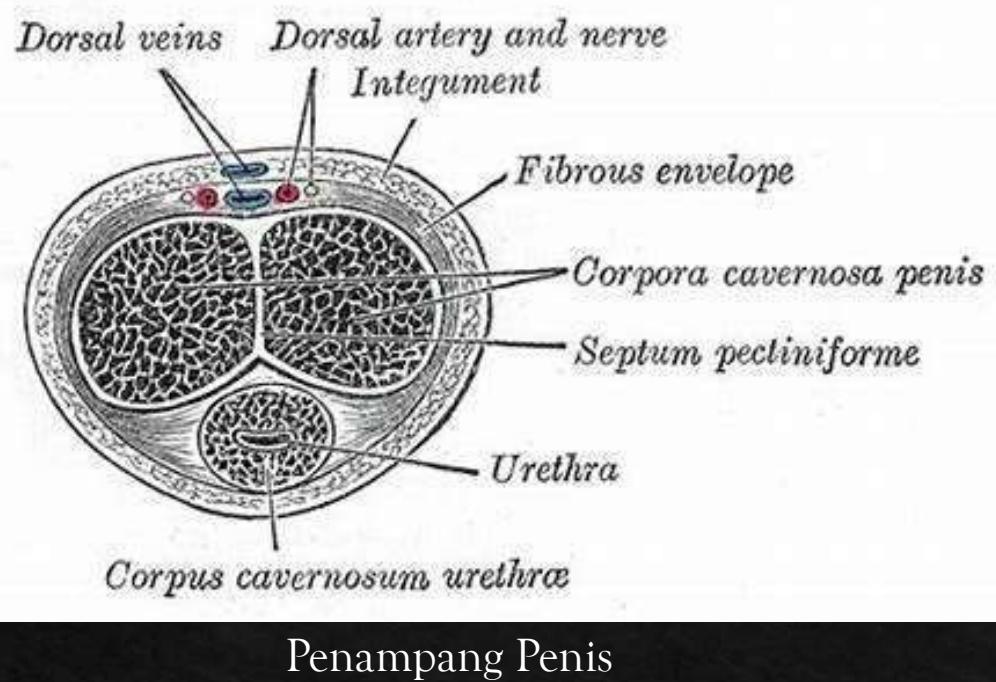
Sexual healing Life and style

Pamela Stephenson Connolly Tue 16 Jun 2020 08.00 BST

Lockdown has destroyed our sex drive
He lost his libido first – and that led to me losing mine. Is our relationship over?

Advertisement

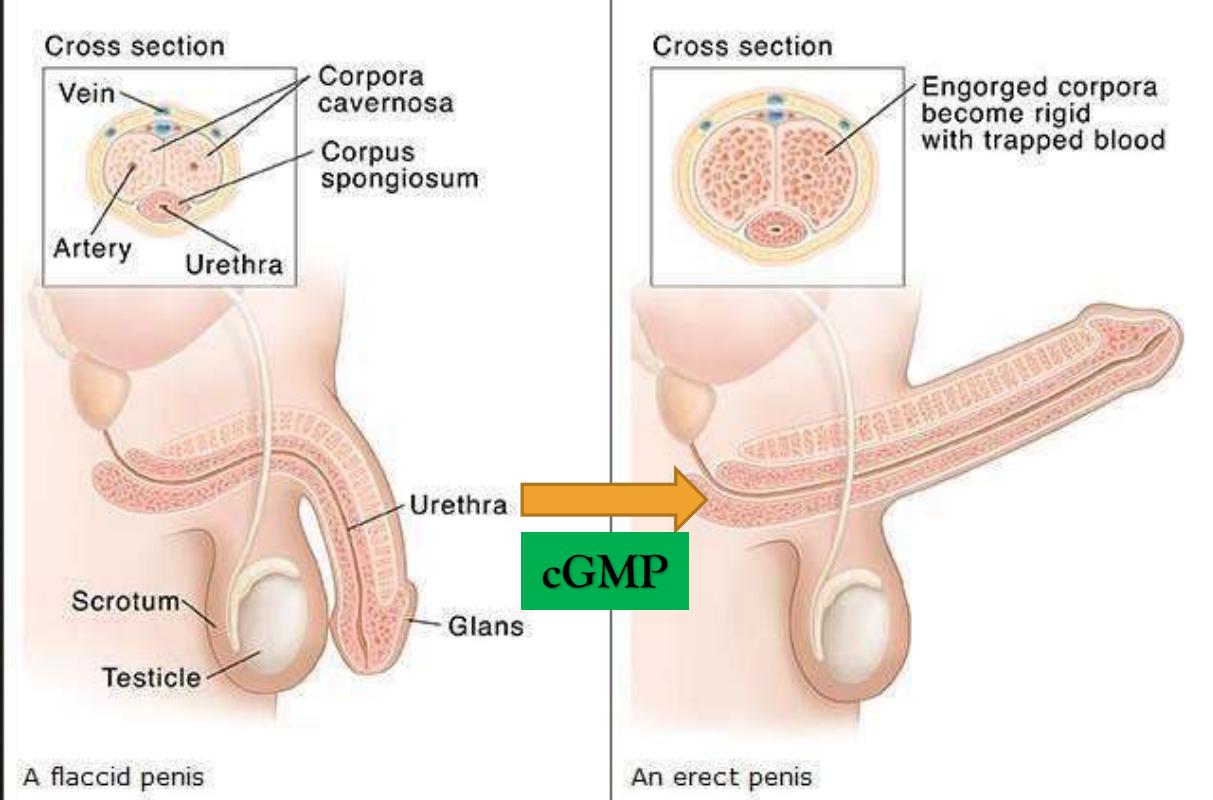




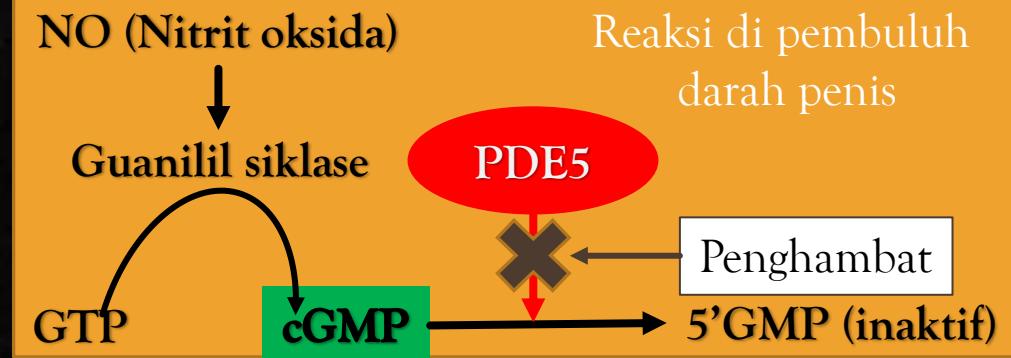
Penampang Penis

| | |
|-------------|-------------------|
| 0-5 months | 3.9 ± 0.8 cm |
| 6-12 month | 4.3 ± 0.8 cm |
| 1-2 years | 4.7 ± 0.8 cm |
| 2-3 year | 5.1 ± 0.9 cm |
| 3-4 years | 5.5 ± 0.9 cm |
| 4-5 years | 5.7 ± 0.9 cm |
| 5-6 years | 6.0 ± 0.9 cm |
| 8-9 years | 6.3 ± 0.9 cm |
| 10-11 years | 6.4 ± 0.9 cm |
| Adult | 13.3 ± 1.3 cm |

Panjang penis sesuai umur



Ereksi Penis



| Sudut | Prosentase populasi |
|---------|---------------------|
| 0-30 | 5 |
| 30-60 | 30 |
| 60-85 | 31 |
| 85-95 | 10 |
| 95-120 | 20 |
| 120-180 | 5 |

Sudut ereksi

Penyebab Disfungsi Ereksi

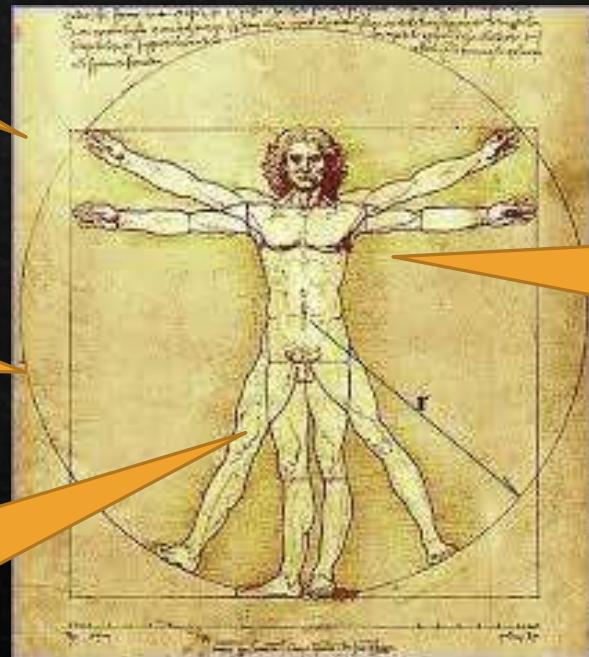
Penyakit Kronis:
Diabetes,
Hipertensi

Obat-obat:
Antidepresan,
Antihipertensi,
Hormon

Kelainan organ
(Peny. Peyronie),
trauma, pasca
operasi

Psikogenik
(Stress,
Depresi, dll)

Gaya hidup:
Merokok, alkohol,
kurang tidur,
sedentary/kurang
gerak, kurang olah-
raga



Instrumen Pemeriksaan DE - Int. Index of Erectile Function (IIEF):
EF score 26-30; mild ED = score 22-25; mild-to-moderate ED = score 17-21;
moderate ED = score 11-16; severe ED = score 6-10 atau 1-10

Obat yang dapat menyebabkan disfungsi seksual

❖ Antidepresan (obat antidepresi)

- Tricyclic antidepressants: amitriptyline (Elavil), doxepin (Sinequan), imipramine (Tofranil), dan nortriptyline (Aventyl, Pamelor)
- Monoamine oxidase inhibitors (MAOIs): phenelzine (Nardil) dan tranylcypromine (Parnate)
- Antipsikosis: thioridazine (Mellaril), thiothixene (Navane), dan haloperidol (Haldol)
- Anti-mania : lithium carbonate (Eskalith, Lithobid)
- Selective serotonin reuptake inhibitors (SSRIs): fluoxetine (Prozac), sertraline (Zoloft), dan paroxetine (Paxil).
- Antidepresan meningkatkan Serotonin di otak: pasien menjadi kalem, tenang, cemas berkurang
- **Fungsi seksual (pada kedua jenis kelamin): menurun (libido menurun, ereksi menurun)**

❖ Obat Anti-hipertensi

- Diuretika (membuat pasien banyak kencing): spironolactone (Aldactone) dan golongan thiazides (Diuril, Naturetin)
- Obat-obat bekerja di pusat: methyldopa (Aldomet) dan reserpine (Serpasil, Raudixin)
- Penghambat α -Adrenergic : prazosin (Minipress) dan terazosin (Hytrin)
- Penghambat β -adrenergic: propranolol (Inderal) dan metoprolol (Lopressor)

❖ Hormon

- Leuprolide (Lupron)
- Goserelin (Zoladex)

Impotensi

Impotensi sendiri adalah ketidakmampuan untuk mendapatkan dan/atau mempertahankan ereksi yang cukup kuat untuk melakukan hubungan seksual.

Beberapa gejala umum yang biasa terjadi pada gangguan ereksi di antaranya:

- ❖ Kesulitan ereksi
- ❖ Kesulitan mempertahankan ereksi selama aktivitas seksual
- ❖ Berkurangnya gairah seksual

Selain gejala tersebut, beberapa kondisi berikut juga berkaitan erat dengan disfungsi ereksi.

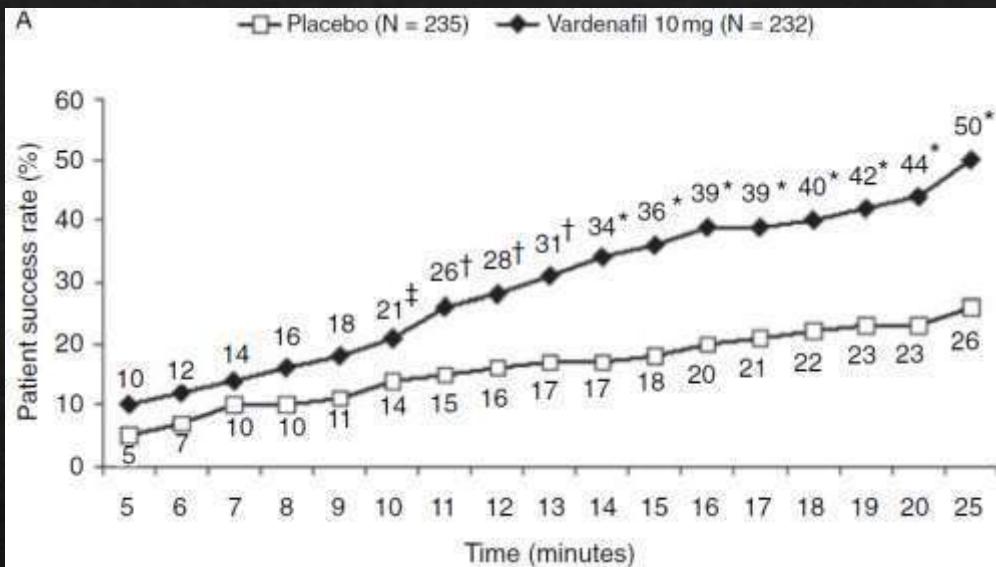
- ❖ Ejakulasi dini
- ❖ Ejakulasi tertunda
- ❖ Anorgasmia atau ketidakmampuan untuk mencapai orgasme



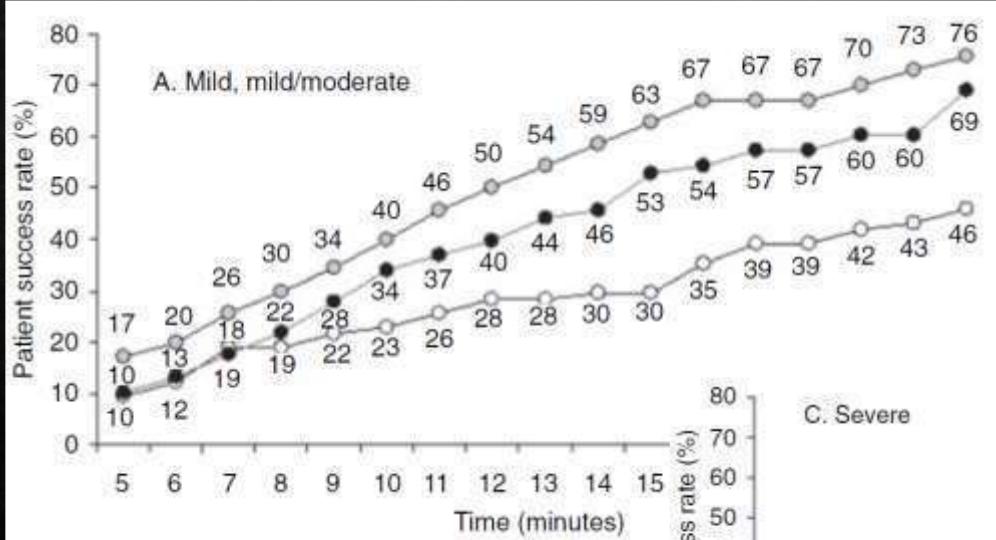
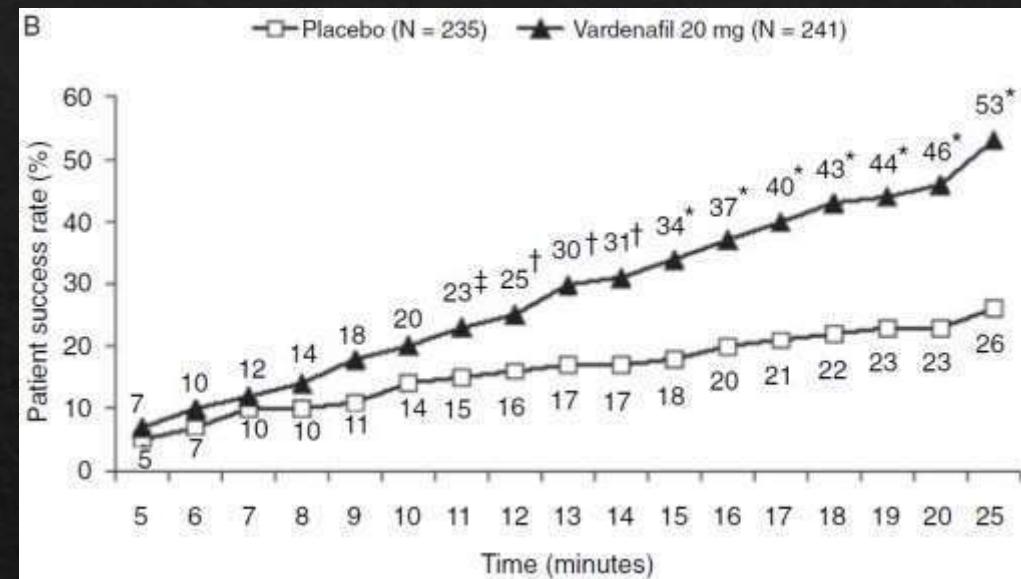
- ❖ PDE5-inhibitor (sildenafil, vardenafil, tadalafil, dll)

Intervensi Obat

| | Sildenafil (Viagra®) | Vardenafil (Levitra®) | Tadalafil (Cialis®) |
|--|---|--|--|
| Dosis awal | 50 mg oral/1 x/hari | 10 mg oral/1 x/hari (1-2 jam sebelum aktivitas seksual) Umur > 65 thn, 5 mg oral | 10 mg oral/1 x/hari (1 jam sebelum aktivitas seksual). Bisa ditingkatkan ke 20 mg. |
| Maintenans | 25-100 mg oral/1 x/hari | 10-20 mg/1 x/hari | |
| Mulai kerja obat | 30 menit | 25 menit | 16-45 menit |
| Durasi Ereksi | 26, 11, 8 menit (1, 8, 12 jam) | >10 menit (dosis 10 mg), >11 menit (dosis 20 mg) | |
| Lama kerja obat | 4 - 12 jam (100 mg) | 8-12 jam | 36 jam |
| Efek samping umum | | Flushing, Mual, Sakit kepala | |
| Efek samping jangka Panjang | Gangguan mata, stroke, ketergantungan psikologis | | |
| Tidak boleh bersamaan dengan obat-obat | ISDN, Isosorbid mononitrate, nitroglycerin (obat Angina pektoris), amlodipine (obat hipertensi) → tekanan darah ↓ Bersamaan obat HIV (Indinavir, Ritonavir, Atazanavir), Ketokonazol → kurangi dosis | | |



Sexual Encounter Profile-3 (SEP-3)



Derajat Disfungsi Ereksi

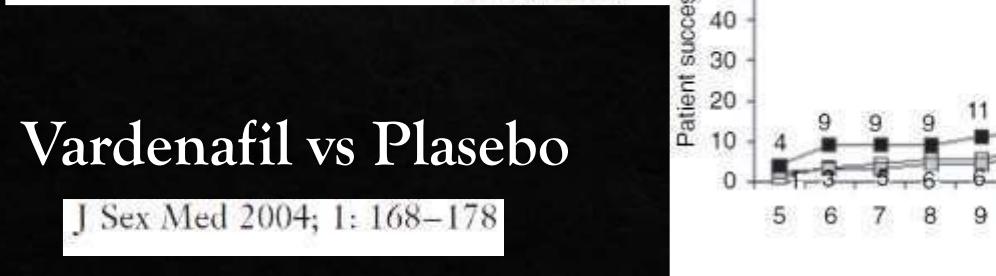
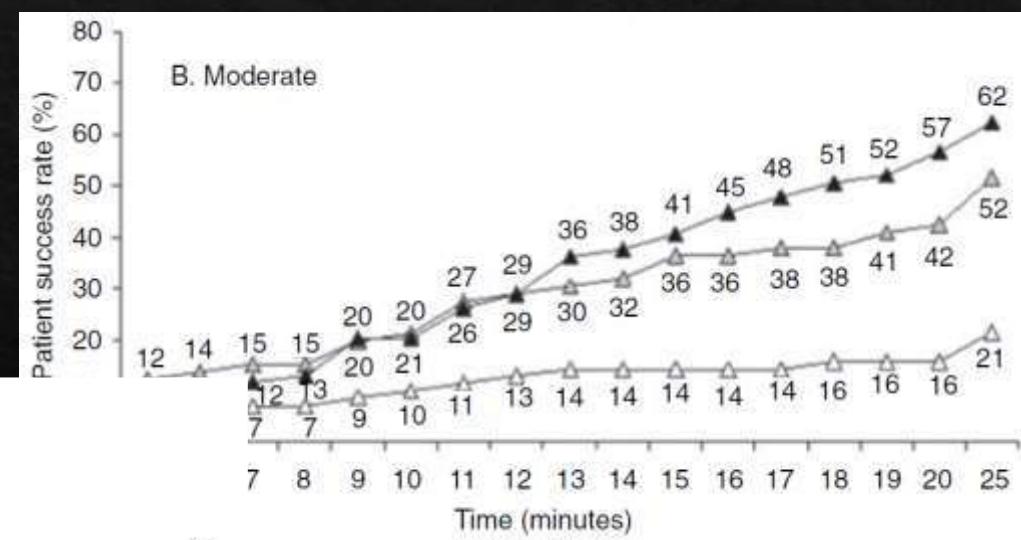


TABLE 2 The IIEF domain and individual question scores

| Domain or question | Baseline mean endpoint score | | Assessment period mean endpoint score | | Mean change from baseline | | P* |
|-----------------------------------|------------------------------|-----------|---------------------------------------|-----------|---------------------------|-----------|-------|
| | Sildenafil | Tadalafil | Sildenafil | Tadalafil | Sildenafil | Tadalafil | |
| IIEF domains: | | | | | | | |
| Erectile function | 14.3 | 14.2 | 23.9 | 24.3 | 9.6 | 10.1 | 0.084 |
| Orgasmic function | 5.8 | 5.8 | 7.8 | 8.0 | 2.0 | 2.2 | 0.034 |
| Sexual desire | 6.7 | 6.7 | 7.2 | 7.4 | 0.5 | 0.7 | 0.028 |
| Intercourse satisfaction | 6.9 | 6.8 | 11.3 | 11.5 | 4.5 | 4.6 | 0.202 |
| Overall satisfaction | 4.4 | 4.4 | 7.6 | 7.8 | 3.2 | 3.4 | 0.036 |
| Individual IIEF questions: | | | | | | | |
| Erection frequency | 3.04 | 3.02 | 4.22 | 4.30 | 1.18 | 1.29 | 0.136 |
| Erection firmness | 2.57 | 2.57 | 4.14 | 4.26 | 1.57 | 1.70 | 0.011 |
| Penetration ability | 2.63 | 2.63 | 4.24 | 4.27 | 1.61 | 1.65 | 0.427 |
| Maintenance frequency | 2.06 | 2.05 | 3.96 | 4.04 | 1.90 | 1.99 | 0.153 |
| Maintenance ability | 2.11 | 2.08 | 3.96 | 3.92 | 1.85 | 1.85 | 0.814 |
| Intercourse frequency | 2.74 | 2.76 | 3.88 | 3.81 | 1.14 | 1.05 | 0.170 |
| Intercourse satisfaction | 2.02 | 1.99 | 3.86 | 3.98 | 1.84 | 1.99 | 0.053 |
| Intercourse enjoyment | 2.09 | 2.06 | 3.54 | 3.65 | 1.46 | 1.59 | 0.019 |
| Ejaculation frequency | 3.05 | 3.03 | 4.04 | 4.14 | 0.99 | 1.11 | 0.063 |
| Orgasm frequency | 2.78 | 2.76 | 3.76 | 3.90 | 0.98 | 1.14 | 0.063 |
| Desire frequency | 3.53 | 3.52 | 3.74 | 3.81 | 0.21 | 0.30 | 0.128 |
| Desire level | 3.11 | 3.13 | 3.43 | 3.55 | 0.32 | 0.42 | 0.017 |
| Overall satisfaction | 2.01 | 1.98 | 3.71 | 3.83 | 1.70 | 1.85 | 0.044 |
| Relationship satisfaction | 2.41 | 2.39 | 3.86 | 3.95 | 1.45 | 1.56 | 0.042 |
| Erection confidence | 1.89 | 1.87 | 3.40 | 3.54 | 1.51 | 1.67 | 0.012 |

n = 304–311; P* change from baseline to endpoint sildenafil compared with tadalafil. No adjustment was made to P-values for multiple comparisons. For both sildenafil and tadalafil, endpoint scores were significantly greater (P < 0.05) than baseline scores for all IIEF domains and individual IIEF questions.

Sildenafil vs Tadalafil

TABLE 3 The SEP diary question responses – mean per patient percentage of 'yes' responses

| SEP diary questions | Mean baseline score | | Assessment period mean post-baseline score | | Mean change from baseline | | P* |
|----------------------------------|---------------------|-----------|--|-----------|---------------------------|-----------|-------|
| | Sildenafil | Tadalafil | Sildenafil | Tadalafil | Sildenafil | Tadalafil | |
| SEP1, some erection | 70.2 | 69.5 | 89.4 | 91.3 | 19.2 | 21.8 | 0.026 |
| SEP2, successful penetration | 46.4 | 45.8 | 82.5 | 84.6 | 36.0 | 38.7 | 0.063 |
| SEP3, successful intercourse | 19.4 | 19.4 | 72.2 | 76.9 | 52.8 | 57.6 | 0.003 |
| SEP4, satisfaction with hardness | 6.6 | 7.0 | 62.9 | 66.3 | 56.3 | 59.3 | 0.096 |
| SEP5, overall satisfaction | 5.4 | 5.7 | 60.0 | 64.6 | 54.6 | 58.8 | 0.021 |

2005 BJU INTERNATIONAL | 96, 1323–1332

n = 306–307; P* change from baseline to post-baseline sildenafil compared with tadalafil. No adjustment was made to P-values for multiple comparisons. For both sildenafil and tadalafil, post-baseline scores were significantly greater (P < 0.05) than baseline scores for all SEP diary questions.

Table 1 Outcome of clinical trials of sildenafil in patients with ED of varying etiologies

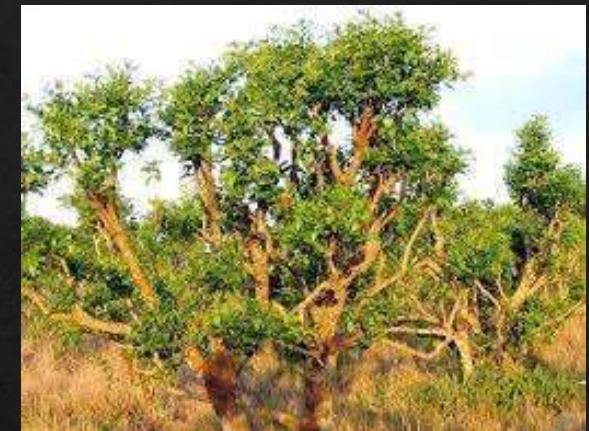
| Reference | Number of patients | Outcome ^a with sildenafil 100 mg |
|-----------|--------------------|---|
| 57 | 532 | Improved erections in 84% (placebo, 25%) |
| 57 | 329 | Improved erections in 74% (placebo, 19%) |
| 58 | 254 | Improved erections in 83% (placebo, 52%) |
| 59 | 315 | Improved erections in 82% (placebo, 24%) |
| 60 | 133 | Improved erections in 83% (placebo, 60%) |
| 61 | 514 | Improved erections in 86% (placebo, 24%) |

Sildenafil vs Placebo

Int.J Impot Res (2007) 19, 281–295

Obat “Herbal”

- ❖ Yohimbine (*Pausinystalia johimbe*), Afrika Barat
- ❖ Sebagai aprodisiak, tonikum dan dipercaya dapat meningkatkan “sexual performance”
- ❖ Digunakan juga untuk meningkatkan pembakaran lemak, menurunkan berat badan
- ❖ Penggunaan harus jangka panjang untuk memberikan efek
- ❖ Dosis DE: 5-10 mg, 3 x sehari, selama 8 minggu
- ❖ Bukti secara uji klinis belum meyakinkan
- ❖ Efek samping: (Sering) sakit kepala, mual, peningkatan ingin kencing; insomnia, cemas, gelisah, iritabilitas; (Jarang) tekanan darah dan nadi naik, palpitas, kepala berat, muntah, anoreksia, gangguan pencernaan,diare, berkeringat, gemetar, reaksi alergi, nervous; (Sangat jarang) hipotensi, tremor, bangkitan asthma, eksantema



❖ *Panax ginseng* (Korean red ginseng, Chinese ginseng)

- Penggunaan secara tradisional: boost the immune system
- Memperbaiki kesehatan jantung, mengobati diabetes, meningkatkan energi, mengurangi stress
- Mengobati impotensi (belum disetujui oleh FDA)
- Tersedia dalam bentuk kapsul, serbuk, teh, dan minuman
- Menurut studi di *International Journal of Impotence Research*: 119 pria dengan DE ringan sd sedang diberi red ginseng 350 milligram (mg) 4 kali sehari lawan placebo selama 8 minggu. Pengukuran di akhir minggu ke-4 dan ke-8.
- Hasil: IIEF berubah 17.17 ± 2.57 ke 18.59 ± 5.99 di group ginseng vs placebo ($P < 0.05$).
PEDT membaik signifikan dari 9.14 ± 4.57 ke 7.97 ± 4.4 dan 7.53 ± 4.26 pada group ginseng setelah minggu ke-4 dan minggu ke-8 dibandingkan placebo ($P < 0.05$).



J Urol 2002, 168: 2070-3

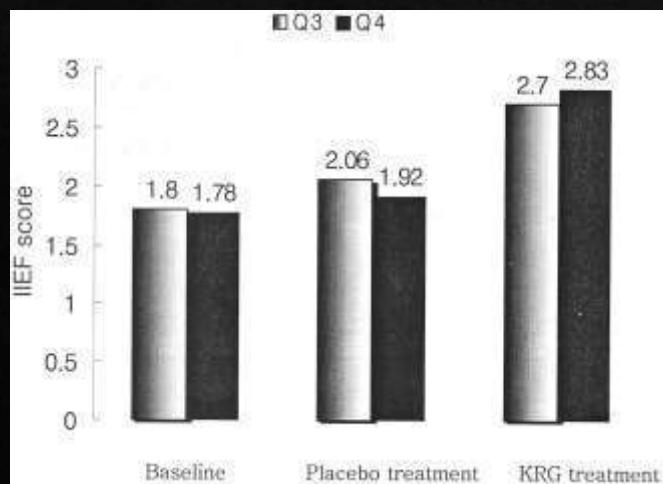


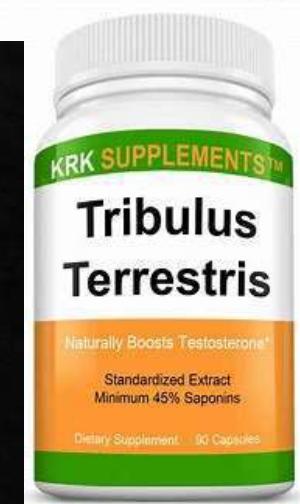
TABLE 2. Mean duplex sonography and RigiScan parameters at baseline, and after 8 weeks of KRG and placebo treatment

| Parameters | Mean Baseline \pm SD | Mean Ginseng \pm SD | Mean Placebo \pm SD | p Value (paired Student's t test) |
|----------------------|------------------------|-----------------------|-----------------------|-----------------------------------|
| <i>Sonography</i> | | | | |
| Velocity (cm./sec.): | | | | |
| End diastolic | 4.15 ± 3.94 | 3.82 ± 3.79 | 4.08 ± 3.38 | 0.708 |
| Peak systolic | 35.39 ± 19.13 | 39.48 ± 22.29 | 37.45 ± 20.01 | 0.534 |
| <i>RigiScan</i> | | | | |
| % Rigidity: | | | | |
| Tip | 34.21 ± 33.11 | 44.51 ± 28.84 | 40.42 ± 30.21 | <0.05 |
| Base | 47.41 ± 35.88 | 59.31 ± 32.08 | 57.48 ± 33.74 | 0.13 |
| Tumescence (cm.): | | | | |
| Tip | 1.62 ± 0.89 | 2.33 ± 1.26 | 2.33 ± 1.37 | 0.65 |
| Base | 2.19 ± 0.99 | 2.95 ± 1.43 | 2.93 ± 1.75 | 0.51 |

- ❖ Maca (*Lepidium meyenii*)
- ❖ Tanaman tumbuh di pegunungan Andes, Peru
- ❖ Penggunaan tradisional: dikonsumsi melalui mulut utk "tired **blood**" (**anemia**), meningkatkan fertilitas, disfungsi seksual, dan kondisi lainnya. Namun tidak didukung bukti ilmiah yang baik.
- ❖ Dipersiapkan dalam bentuk sup, dipanggang, dll.
- ❖ Suatu studi menunjukkan konsumsi Maca selama 12 minggu dapat meningkatkan keinginan seksual pada laki-laki dewasa sehat.
- ❖ Studi lain mengkonsumsi Maca selama 4 bulan meningkatkan jumlah semen dan sperma, namun belum tentu meningkatkan fertilitas (kesuburan).



- ❖ *Tribulus terrestris*
- ❖ Kemungkinan efektif untuk: masalah kurang bisa menikmati aktivitas seksual.
- ❖ Studi menunjukkan Tribulus dapat meningkatkan kepuasan seks pada perempuan dengan disfungsi seksual atau memiliki gairah seks yang rendah.
- ❖ Tribulus diperkirakan meningkatkan gairah seks, rangsangan, sensasi, kemampuan mencapai orgasme, lubrikasi dan rasa nyaman seksual.
- ❖ Tidak memiliki bukti yang kuat untuk mengobati Disfungsi ereksi
- ❖ Efek samping: ibu hamil dan menyusui dianjurkan tidak minum suplemen ini. Tribulus bisa menurunkan kadar gula darah → hati-hati bila bersamaan minum obat anti diabetes!



Obat-obat lainnya

- ❖ DHEA (*dehidroepiandrosteron*): steroid pada pria berkaitan dgn banyak hal termasuk disfungsi erekksi. Kadar menurun seturut pertambahan usia.
- ❖ Bila pada usia muda kadar rendah → kemungkinan DE meningkat
- ❖ Pada usia 50-65 tahun:
 - ❖ Pemberian 50 mg: meningkatkan *well-being*
 - ❖ Pemberian 100 mg: meningkatkan massa dan kekuatan otot

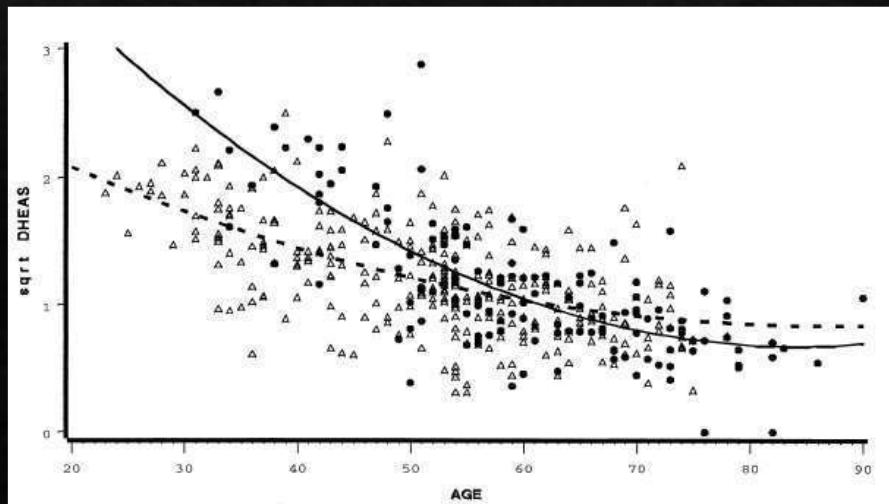


TABLE I. *DHEAS serum concentrations by age category*

| Age Category (yr) | n | Mean \pm SD ($\mu\text{g}/\text{mL}$) | Range ($\mu\text{g}/\text{mL}$) |
|-------------------|-----|---|-----------------------------------|
| Controls | | | |
| <40 | 8 | 4.64 ± 1.83 | 1.75–7.11 |
| 40–49 | 16 | 3.48 ± 1.54 | 0.53–6.23 |
| 50–59 | 41 | 1.61 ± 1.37 | 0.13–8.30 |
| 60–69 | 32 | 0.95 ± 0.56 | 0.21–2.55 |
| ≥70 | 36 | 0.66 ± 0.48 | 0.00–2.51 |
| ED patients | | | |
| <40 | 54 | $2.84^* \pm 1.24$ | 0.38–6.29 |
| 40–49 | 52 | $1.89^* \pm 0.97$ | 0.37–5.23 |
| 50–59 | 118 | 1.42 ± 0.79 | 0.10–4.08 |
| 60–69 | 59 | 1.03 ± 0.61 | 0.20–3.13 |
| ≥70 | 25 | 0.94 ± 0.89 | 0.11–4.39 |

KEY: DHEAS = dehydroepiandrosterone sulfate.

* Significantly different from the control group (one-tailed t test based on the square root of DHEAS; $P < 0.0015$).

Kadar Testosteron pada pria dan perempuan

- ❖ Testosteron
- ❖ Merupakan hormone sex laki-laki dan perempuan
- Kadar testosterone rendah pada pria: hair loss, kekuatan dan massa otot menurun, kulit yg fragile, gairah seks menurun, gangguan mood, problem konsentrasi dan mengingat
- Kadar rendah pada perempuan: gangguan menstruasi, gairah sex rendah, kekeringan vagina, tulang melemah, masalah fertilitas

| Umur | Pria (ng/dL) | Perempuan (ng/dL) |
|-------------------|-------------------|-------------------|
| 0-5 bulan | 75-400 | 20-80 |
| 6 bulan - 9 tahun | Kurang dari 7-20 | Kurang dari 7-20 |
| 10-11 tahun | Kurang dari 7-130 | Kurang dari 7-44 |
| 17-18 tahun | 300-1.200 | 20-75 |
| ≥ 19 tahun | 240-950 | 8-60 |

EURURO-7314; No. of Pages 12, 2017

Meta analisis: 137 artikel, 2298 partisipan, rata2 follow-up of 40.1 minggu, rata2 umur 60.2 ± 6.5 thn.

Menggunakan IIEF erectile function domain (IIEF-EFD).

Hasil:

Fungsi erekksi TTh vs placebo meningkat (perbedaan rata2= 2.31 [1.41;3.22] IIEF-EFD score, $p < 0.0001$). Pasien dgn hipogonad berat (total T < 8 nmol/l) berhasil baik dibandingkan yang sedang, defisiensi total (total T < 12 nmol/l; 1.47 [0.90;2.03] dan 2.95 [1.86;4.03] dengan total T < 12 nmol/l and <8 nmol/l, berturut-turut, $Q = 5.61$, $p = 0.02$).

Take Home Messages

- ❖ Disfungsi Ereksi salah satu masalah utama disfungsi seksual pada pria, menimpa lebih kurang 70% pria
- ❖ Penyebab DE multi faktor (psikogenik, obat2an, kelainan organ, penyakit metabolik kronik, gaya hidup)
- ❖ Pengobatan DE harus komprehensif dan simultan menyentuh faktor-faktor penyebabnya
→ perlu pemeriksaan dan pengobatan secara menyeluruh oleh tenaga profesional
- ❖ Terapi obat secara obat konvensional terutama golongan penghambat PDE5 (sildenafil, vardenafil, tadalafil, dll); Patuhi aturan dosis & pemakaian!
- ❖ Terapi secara tradisional (herbal) a.l. yohimbine, panax ginseng, ginko biloba, dll masih perlu pembuktian yang lebih signifikan. Saat ini banyak masih berupa suplemen
- ❖ Perhatian: tidak semua sediaan herbal murni, seringkali dicampur dengan obat konvensional!

