

Q & A

Experts reply to questions that arise in family practice about sexual, family and marital issues.

Effects of cocaine on the menstrual cycle

Q Is there any evidence to suggest that cocaine use affects a woman's menstrual cycle?

A While there are no scientific studies that indicate cocaine use affects a woman's menstrual cycle, there is some clinical evidence. It appears that in some cases of abuse, the appetite is so depressed that the patient loses enough weight (body fat) for menstruation to cease or become erratic. The mechanism for this is thought to be similar to that causing menstrual irregularities in female athletes, dancers, and those suffering from anorexia nervosa. There is also some evidence that this will occur from the general debilitation caused by drug abuse, and fat loss is not necessary. It should be noted that menstrual irregularities are rarely associated with occasional use, but only with chronic cocaine abuse.

It appears that this effect is well known in the drug culture. In fact, in the recent film *Scarface*, the inability of the title character's wife to conceive is blamed on her cocaine abuse. Nevertheless, it does not seem to be a common side effect of cocaine use.

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Self-injection method to produce erection

Q I have heard of a self-injection method that allows impotent men to achieve erection. Could you describe the technique?

A The intracavernous injection of a vasoactive, smooth-muscle-relaxing substance in conjunction with an alpha-blocker produces a very large transient increase in penile blood flow, which permits the impotent patient to attain full erection and intercourse in a large number of instances. This technique has been used successfully in patients whose impotence was associated with diabetes mellitus, vascular disease, Peyronie's disease, postradical prostatectomy, and removal of a prosthetic penile implant.

Patients are first evaluated in the office for their impotence. Prior to this visit they are asked to ensure that their sexual partner can be reached within one half hour after the treatment. A trial dose of papaverine HCl and phentolamine mesylate is injected by the physician. The patient

is observed briefly, then sent home to attempt coitus. If successful, he is then offered a program of self-injection, which allows coitus about twice weekly.

To date, 72 to 90 impotent men have been able to achieve satisfactory to excellent coitus on the trial dose and 33 are now injecting themselves. The injection is nearly painless. Complications have been mainly of two kinds: transient paresthesias, and difficulty reaching orgasm and ejaculation. One patient experienced prolonged erection, which was treated with aspiration of the corpora. Priapism and misuse and abuse by patients are ever-present possibilities, and care of these patients needs to be restricted to physicians experienced in the management of priapism.

The name of the game is restoration of penile blood flow, be it by intracavernous pharmacologic means or by penile revascularization. It has been my experience that patients, particularly in the eastern US, have not embraced penile implant with great enthusiasm.

Bibliography

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