

# Large Waist Circumference Linked With ED

BY BETSY BATES  
Los Angeles Bureau

ANAHEIM, CALIF. — A tape measure may not only help predict whether a patient has metabolic syndrome; it also may be one of the most useful tools to predict the presence of hypertension, dyslipidemia, coronary artery disease, erectile dysfunction, a large prostate, a high prostate-specific antigen level, and ejaculatory dysfunction.

In a study of 88 men aged 50-75 years with moderate to severe lower urinary tract symptoms, waist circumference was powerfully correlated with numerous components of male pelvic health as well as with metabolic syndrome and male pelvic health, making it a “home run in terms of prediction,” said Dr. Steven Kaplan, who is professor of urology at Cornell University, New York.

“The results are simply remarkable,” said Dr. Kaplan at the annual meeting of the American Urological Association, where he presented his study during a podium session and at a press briefing. “The results even surprised us.”

Men with moderate to severe lower urinary tract symptoms (International Prostate Symptom Scores of 8 or greater) but no prior treatment were divided into three groups based on their waist sizes: 30-36 inches; 36-40 inches; or greater than 40 inches. Their waists were measured at the level of the uppermost border of the iliac crest.

Waist measurement was highly correlated with every parameter included in the study, including prostate volume, prostate-specific antigen (PSA), prostate symptom score, erectile dysfunction, ejaculatory dysfunction, and incidence of hypertension, coronary artery disease, and diabetes mellitus.

For example, the mean prostate volumes in cubic centimeters, as measured by rectal ultrasound, were 28.53, 31.67, and 36.78, respectively, for the

three categories of waist circumference.

Incidence of diabetes was 11.2%, 22.3%, and 34.5%, respectively.

Percentages of patients with hypertension were 12.6%, 24.7%, and 37.8%.

Erectile dysfunction was seen in 34.6%, 49.5%, and 78.6%, respectively, of men in the three waist-circumference groups.

Dr. Kaplan said waist circumference may be a more accurate predictor of metabolic problems than body mass index (BMI), because it takes into account very muscular individuals, such as professional baseball player Barry Bonds.

“He’s got a high BMI, however he got it,” Dr. Kaplan mused. “But certainly he doesn’t have a problem with a big gut.”

Physicians may want to begin thinking about belly fat as “almost a separate organ ... a new gland, if you will,” he said.

High aromatase levels within visceral fat may interfere not only with metabolism, but also with testosterone homeostasis.

“Theoretically, by altering that metabolism, perhaps you fuel prostate growth,” Dr. Kaplan said during the press briefing.

A second study presented by Dr. Kaplan at the meeting found a high correlation between obesity and prostate volume (*P* less than .0001) in the 9,000-subject Reduction by Dutasteride of Prostate Cancer Events (REDUCE) trial. The same study found high correlations between prostate volume and glucose, insulin resistance, high HDL cholesterol, total cholesterol, and hypertension.

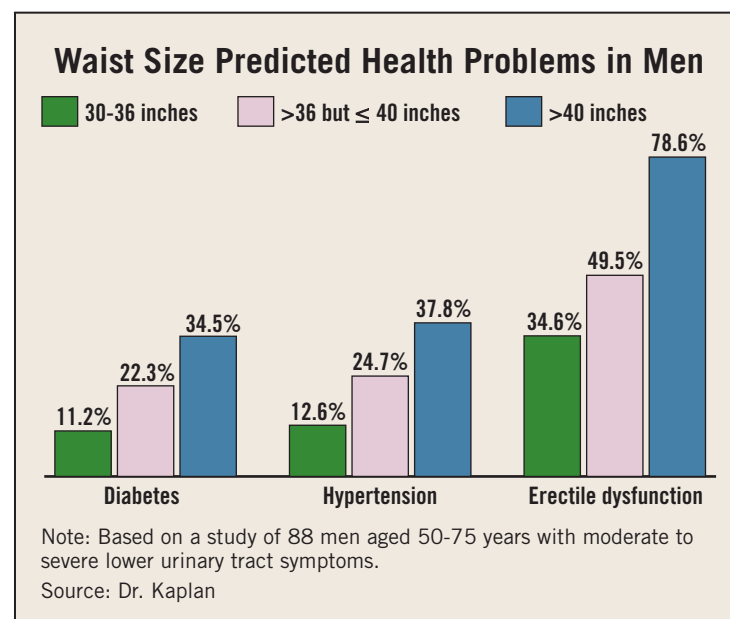
Physicians may need to pay heed to increasing evidence from these and other studies that male pelvic health and metabolic syndrome are highly linked, according to Dr. Kaplan.

“Perhaps [one] component of the metabolic syndrome should be male pelvic dysfunction,” which includes voiding dysfunction, erectile dysfunction, and ejaculatory dysfunction, Dr. Kaplan said. ■



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A large waist measurement was highly correlated with a high PSA level and with erectile dysfunction in an 88-patient study.



## Severe Psoriasis Associated With Higher Risk of Diabetes

BY SHERRY BOSCHERT  
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LOS ANGELES — Two studies on psoriasis presented at the annual meeting of the Society for Investigative Dermatology show an association between the disease and increased mortality, as well as an increased risk for hypertension, heart disease, and diabetes.

In the first study, severe psoriasis was an independent predictor of death and increased patients' mortality risk by 50%, compared with normal control patients' risk, in a cohort study of more than 713,000 patients.

No increased risk for death was seen in patients with mild psoriasis, however, compared with controls, Shanu Kohli Kurd said at the meeting. Ms. Kurd and her associates derived the 50% greater mortality risk for severe psoriasis after adjusting for the effects of age and gender.

Patients with severe psoriasis should receive comprehensive health assessments to try to reduce their risk of death, suggested Ms. Kurd, a clinical research fellow in dermatology at the University of Pennsylvania, Philadelphia, and her associates. Multiple comorbidities that have been associated with psoriasis may in-

crease mortality, but even after adjusting for the effects of major comorbidities, the risk of death was 40% higher in patients with severe psoriasis, compared with controls.

Severe psoriasis was defined as disease requiring systemic therapy; mild psoriasis did not require such therapy. Data drawn from the General Practice Research Database, compiled in the United Kingdom from 1987 to 2002, accounted for 3,951 patients with severe psoriasis, 133,568 patients with mild psoriasis, and up to 5 control patients for each psoriasis patient, seen in the same practices in the same time periods.

The overall incidence of death was 12 patients per 1,000 patient-years in each of three other groups: the mild psoriasis group, the 560,358 controls for the mild psoriasis group, and the 15,075 controls for the severe psoriasis group. In patients with severe psoriasis, however, overall incidence of death was 21 patients per 1,000 patient-years, Ms. Kurd reported.

The relative risk of death was greatest for younger patients with severe psoriasis, and was not affected by gender. At age 35 years, patients with severe psoriasis were 2.5 times more likely to die, compared with control patients. By age 95 years, se-

vere psoriasis incurred only a 10% increased relative risk of death. The increased relative risk of death persisted in analyses that excluded patients with comorbid psoriatic arthritis or rheumatologic disease.

The median age of death for patients with severe psoriasis was 74 years in males and 75 years in females, compared with 77 years in males and 81 years in females in the control group.

The study was funded in part by Centocor Inc., which markets infliximab.

The second study found increased rates of hypertension, heart disease, and diabetes in patients with psoriasis, compared with the general population, according to Dr. Wayne P. Gulliver.

Dr. Gulliver and his associate at a medical research organization in St. John's, Nfld., analyzed data from the province of Newfoundland and Labrador, where the population has a high prevalence of psoriasis linked to two genetic markers for psoriasis (HLA-Cw6 and tumor necrosis factor- $\alpha$ 238).

Surveys of 100 patients with mild to moderate psoriasis and 100 patients with severe psoriasis—all older than age 50 years—found hypertension in 25% of the mild to moderate group and 21% of the

severe psoriasis group, compared with 14% of the general population aged 30-64 years.

Heart disease had been diagnosed in 14% of the mild to moderate group, 10% of the severe psoriasis group, and 4% of the general population. Diabetes was present in 10% of the mild to moderate group, 12% of the severe psoriasis group, and 4% of the general population.

Records on 169 separate patients with psoriasis who had died showed that they lived 10 years fewer, on average, compared with the average life span in Canada. Cardiovascular or genitourinary disease was more likely to be the immediate cause of death in the psoriasis group, compared with death statistics in Newfoundland and Labrador.

In the psoriasis deaths, 44% were caused by cardiovascular disease, compared with 36% in the general population. Genitourinary disease was the cause of 3% of deaths in the psoriasis group and none in the general population.

The study's findings should “lead to early diagnosis and improved outcomes for the patients,” Dr. Gulliver suggested.

The study was funded in part by Merck Serono S.A., which markets efalizumab in Europe. ■