

Impotence May Predict Peripheral Arterial Disease

BY HEIDI SPLETE
Senior Writer

RIO GRANDE, PUERTO RICO — Erectile dysfunction seems strongly associated with an elevated risk of peripheral arterial disease even after controlling for other risk factors, according to study results involving 175 men aged older than 50 years.

The findings suggest primary care physicians should consider routinely using erectile dysfunction identification tools, such as the Sexual Health Inventory for Men (SHIM) questionnaire, to better identify those at risk for peripheral artery disease (PAD), Dr. J. Travers Edwards Jr. said at the annual meeting of the North American Primary Care Research Group.

"PAD is often missed until severe symp-

toms present in a family practice office," said Dr. Edwards, a family physician in Newport News, Va. There seems to be a common pathway to erectile dysfunction (ED) and cardiovascular disease. Previous studies have shown a relationship between ED and angina, and it's been suggested that men who have ED should be screened annually for coronary artery disease, he said.

Dr. Edwards and his colleagues evaluated men who presented to a regional medical practice and met criteria for ED

based on the SHIM. They used the ankle brachial index to diagnose PAD.

The men had presented for an unrelated medical problem. They also had at least one of four additional PAD risk factors: hyperlipidemia, diabetes, hypertension, or tobacco use. Hyperlipidemia was the most common (81%) and hypertension the least common (14%). About a third had diabetes, and about a third were smokers.

About 40% of men had moderate or severe ED. Nine met the criteria for PAD and

six of these also met the criteria for severe ED. The association between severe ED and PAD remained significant after controlling for hyperlipidemia, hypertension, diabetes, and tobacco use.

Hyperlipidemia was significantly associated with severe ED. Smoking seemed to be strongly associated with PAD, and dyslipidemia and diabetes were equally associated with ED. Hypertension had no apparent effect on PAD, said Dr. Edwards, who said he had no financial conflicts to disclose. ■

Hospitalizations For Heart Failure Surge by 230%

NEW ORLEANS — The annual number of Americans aged 65 or older hospitalized for heart failure jumped more than 230% between 1980 and 2006.

"Heart failure has reached epidemic levels. The prevention and treatment of heart failure have become an urgent public health need with national implications," Dr. Longjian Liu declared in presenting his analysis of 27 years' worth of National Hospital Discharge Surveys.

And the peak of the epidemic has yet to come. As steep as the rise in heart failure cases has been since 1980, the rate of increase will become even more pronounced in the near future, Dr. Liu said at the annual scientific sessions of the American Heart Association.

This trend is due to a combination of factors, including the explosive growth in the prevalences of diabetes, obesity, and chronic kidney disease; improved survival after myocardial infarction; and the graying of America.

In Dr. Liu's study of the 1980-2006 U.S. experience, which included more than 2.2 million hospitalized patients over age 65 years, individuals aged 75-84 had an adjusted 2.3-fold greater rate of hospitalization for heart failure than those aged 65-69. Those aged 85 and up had a 4.1-fold greater rate than the 65- to 69-year-olds, and these oldest of the elderly constitute the fastest-growing segment of the U.S. population, said Dr. Liu of the Drexel University School of Public Health, Philadelphia.

For men aged 65 and older, the rate of hospitalization for heart failure rose from 16.6 hospitalizations per 1,000 in 1980 to 22.9 in 2006. Among women, the rate was 13.9 per 1,000 in 1980 and 19.6 in 2006. The age-adjusted rate of hospitalization for heart failure rose by an average of 1.2% annually in men and 1.55% in women. The relative risk of being hospitalized for heart failure among seniors alive during the last 5 years of the study period was 37% greater than for those living in 1980-1984.

—Bruce Jancin



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