

ED Predicts Coronary Disease in European Studies

French and Dutch researchers report that men with ED are at higher risk for cardiovascular events.

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PARIS — Erectile dysfunction may be an independent risk factor for heart disease, according to investigators from two studies who gave poster presentations at the annual meeting of the European Association of Urology.

Dr. Francis Dubosq reported that myocardial scintigraphy revealed coronary artery disease in 9 (29%) of 31 men who sought treatment for erectile dysfunction (ED) from urologists at Hôpital Foch in Suresnes, France. The investigators excluded patients with known coronary artery disease or two or more cardiovascular risk factors from the population referred to cardiology for screening.

Dr. Arthur Bohnen reported that ED was an independent risk factor for acute myocardial infarction and stroke in a longitudinal, population-based study that followed 1,248 men for an average of 6.5 years in Krimpen, Netherlands.

His group found that older men with severe ED were 2.5 times more likely to have a cardiovascular event than men with no ED; the odds were 1.5 times higher for those with moderate ED. Both investigators said the results from the ongoing studies were preliminary. Although they stopped short of drawing definitive conclusions, each saw immediate implications for physicians.

Dr. Dubosq, a urologist at Hôpital Foch, said physicians should view men with ED as being at high risk for coronary artery disease. "You have to be very careful because these patients are going to be candidates for artery involvements," he said, emphasizing that the patients screened had no symptoms of coronary artery disease.

Dr. Bohnen, a general practitioner at Erasmus Medical Center, Rotterdam,



Netherlands, said physicians should consider ED when estimating a patient's cardiovascular risk. "They should ask a question about ED and not only ask about smoking," he said. "It shows here [ED] is an independent risk factor, independent of the other risk factors."

The French study looked at a younger population, aged 45-70 years, chosen from 153 men seeking treatment for ED. The 20% sample selected for cardiology screening had a median age of 58 years.

Scores on the International Index of Erectile Dysfunction showed that 2 of the men had severe ED, 10 had moderate ED, and 19 had mild ED.

DR. DUBOSQ

Blood tests showed no evidence of diabetes, dyslipidemia, or androgen deficiency, and Doppler ultrasound did not detect peripheral artery disease in any of the subjects screened for heart disease in the French study. Using Laurier scores, described as "an estimation adapted to [the] European population of the 10-year risk

for 'hard' CAD," the investigators found that the median score was significantly different from "the ideal index of people the same age without CAD risk factors": 6.84 for the ED population vs. 5.32.

The Dutch study enrolled men aged 50-78 years at baseline without regard to whether they presented with ED.

Patients with a radical prostatectomy, prostate or bladder cancer, or neurogenic disease were excluded.

Of 1,248 men enrolled, 856 had no ED, 284 had moderate ED, and 108 had severe ED based on responses to the International Continence Society male sex questionnaire. During the follow-up period, 4.6% of the men had cardiovascular events. Within the population of men who had a cardiovascular event, 20% had severe ED and 31% had moderate ED.

The investigators defined cardiovascular disease as "acute myocardial infarction, stroke, or sudden death determined by an expert panel based on general practitioner data and hospital discharge letters."

Risk associated with ED was independent of cardiovascular risk factors such as cholesterol, blood pressure, body mass index, Framingham risk scores, family history, and smoking status. ■

Quality of Physician Interaction Aids Compliance With ED Drugs

PARIS — How a physician responds when a male patient brings up erectile dysfunction can determine whether the patient will stay on medical treatment, investigators reported at the annual congress of the European Association of Urology.

In an eight-country study of nearly 3,000 men with erectile dysfunction, those who were dissatisfied or extremely dissatisfied with their physician-patient interactions were about half as likely to use a phosphodiesterase-5 (PDE-5) inhibitor more than once, compared with men who were extremely satisfied with their doctors' responses. Men who felt neutral about the discussion were most apt to stop treatment (odds ratio 0.20 for continued use).

Patients also were less likely to stay on a PDE-5 inhibitor in three other circumstances: if they felt the doctor was not positive (OR 0.24), if they discussed the problem only once (OR 0.33), or if the doctor recommended something else instead of prescribing treatment (OR 0.53).

"Clearly the perception that you [the physician] are taking me [the patient] seriously, that you are interested in this problem, will make an impact on my continuing with therapy," coinvestigator Michael Sand, R.N., said in an interview after Dr. Raymond C. Rosen reported on the multinational Men's Attitudes to Life Events and Sexuality (MALES) phase II study.

"I am sure part of this is because men are uncomfortable to begin with," Mr. Sand said. "The other key is men are recognizing that

their physicians know more about this problem than they do, so they are looking for some signal from what they consider a knowledgeable source that this is a good idea."

Mr. Sand, a sexologist, is based in Germany with the Bayer Corporation, maker of vardenafil (Levitra). Dr. Rosen is a psychologist at Robert Wood Johnson Medical School in Piscataway, N.J. Their coauthors were based in Canada and the United Kingdom. The MALES study recruited 2,912 men, aged 20-75 years, who self-reported erectile dysfunction. This analysis was based on follow-up questions that were posed to 1,907 men who reported discussing erectile dysfunction with their physicians.

Patients were most likely to continue therapy if the doctor prescribed a PDE-5 inhibitor (OR 4.67), but referral to another physician also favored staying on a drug (OR 1.75). All of the differences were statistically significant.

The same investigators also reported on interviews with 293 female partners of men in the MALES study. They reported that men were more likely to seek treatment if their female partners were concerned about the impact of erectile dysfunction on their sex lives, if they believed that it was caused by a medical condition, and if they believed that the condition could be treated medically.

"If she believes this is a medical problem, [that] it is related to an organic disease, that it is not going away, he is more likely to seek therapy," Mr. Sand said. "She plays a big role in his seeking treatment." ■

Vascular Indications Eyed for Erectile Dysfunction Drugs

PARIS — New indications for phosphodiesterase-5 inhibitors will likely go beyond as-needed treatment of erectile dysfunction to regular care and treatments for a range of vascular disorders, Dr. Peter Hedlund said at the annual congress of the European Association of Urology.

Promising uses include treatment of pulmonary hypertension, digital ischemia, lower urinary tract symptoms in benign prostatic hyperplasia, and female sexual response, according to Dr. Hedlund of the department of clinical and experimental pharmacology at Lund University Hospital in Sweden.

For erectile dysfunction patients, he cited studies showing better outcomes when tadalafil and sildenafil citrate are taken daily as opposed to as needed. Prophylactic treatment with phosphodiesterase-5 (PDE-5) inhibitors may also improve erectile function after nerve-sparing procedures, Dr. Hedlund added. He emphasized that larger randomized controlled trials are necessary before definitive statements can be made about postprostatectomy patients.

"Endothelial dysfunction is probably the common denominator between erectile dysfunction and vascular disease," Dr. Hedlund said. He noted that endothelial dysfunction is linked to vascular disease and risk factors for vascular disease, such as hypercholesterolemia, diabetes, and hypertension. ■

All three PDE-5 inhibitors—tadalafil (Cialis), vardenafil (Levitra), and sildenafil (Viagra)—caused pulmonary vasorelaxation in a small study, he noted, but sildenafil was the only one to improve arterial oxygenation. It is the only PDE-5 inhibitor approved for treatment of pulmonary hypertension in the United States and in Europe.

In another presentation at the congress, Dr. Piero Montorsi cited growing evidence that erectile dysfunction is a vascular disorder. Dr. Montorsi of the Institute of Cardiology at the University of Milan spoke at a symposium sponsored by Lilly ICOS LLC, maker of tadalafil. Outlining the "reconditioning endothelium concept," he suggested that PDE-5 inhibitors may be effective in treating erectile dysfunction because they improve endothelial function.

"The goal of chronic therapy should be to achieve a sustained improvement of both erectile function and systemic vascular function through an improvement of endothelial function," Dr. Montorsi said, adding, "Beneficial effect of concomitant treatment of risk factors is a crucial step and should always be a part of the ED treatment strategy."

Among possible new indications for PDE-5 inhibitors, Dr. Montorsi included coronary artery disease and peripheral arterial disease along with many of the potential uses cited by Dr. Hedlund. ■