

ED, Rheumatoid Arthritis Could Be Linked

[Jill Stein](#)

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Barry Sheane, MB, BCh, BAO

PHILADELPHIA—Erectile dysfunction (ED) is more common in patients with rheumatic disease—especially rheumatoid arthritis (RA)—than in the general population, according to new findings by an Irish research team.

RA is a known risk factor for accelerated atherosclerosis, and cardiovascular disease (CVD) in RA accounts for most of the excess mortality associated with this chronic inflammatory condition, he added. In addition, RA patients are twice as likely to experience silent myocardial infarctions and sudden cardiac death as with the general population. While ED has been shown to be correlated with vascular disease, little is known about such an association in chronic inflammatory conditions.

“Based on our data, we're saying that rheumatoid arthritis—a known risk factor for cardiovascular disease—could be a possible risk factor for erectile dysfunction,” said Barry Sheane, MB, BCh, BAO, Rheumatology Research Registrar at St. James's Hospital in Dublin. “And at the same time, erectile dysfunction is an early warning sign of underlying cardiovascular disease that may not have been diagnosed yet.”

He reported study findings here at the 2009 American College of Rheumatology Annual Scientific Meeting.

Dr. Sheane and colleagues interviewed consecutive male patients at rheumatology outpatient clinics. The interviews aimed to identify risk factors for CVD, a prior history of CVD events, and risks of ED, including pelvic trauma/surgery, benign prostatic hyperplasia, central neurological and spinal cord pathology, hypogonadism, alcohol consumption, depression, and environmental stress. Patients also underwent routine medical assessment.

“Erectile dysfunction is a recognized harbinger of subsequent cardiovascular events, including stroke, and myocardial infarction,” Dr. Sheane pointed out. “Its presence warrants screening and therapeutic intervention for the traditional risk factors associated with cardiovascular disease.”

The study included 57 patients (mean age 59.5 years) with rheumatic disease, of whom 33 had RA. The rest had either psoriatic arthritis, ankylosing spondylitis, osteoarthritis, connective tissue disease, gout, or undifferentiated inflammatory arthritis.

Of the 57 patients, 39 (68%) had ED. Fifty-one patients (90%) aged 65 years and older with rheumatic disease had ED, which is higher than the 15% to 25% rate seen in the general population of similar age. Twenty-six patients (78%) with RA had ED compared with 11 (54%) of patients with other rheumatic illnesses.

Of the 18 patients with known CVD and any form of arthritis, ED was present in 17 (98%). In contrast, among patients without established CVD, ED was present in 15 RA patients (71%) compared with 8 (42%) non-RA patients.

In those with RA, the researchers observed no association between ED and known ED risk factors such as methotrexate use, smoking, or dyslipidemia.

“The message to my rheumatology colleagues is that we should be asking our patients questions about erectile dysfunction as part of a holistic approach, and this may help us identify patients who have an added risk of developing cardiovascular disease,” Dr. Sheane said. “For urologists, the message is that in those with erectile dysfunction RA may be a risk factor and close attention should be paid to modifiable risk factors of CVD”.

Finally, he emphasized that the data are observational and thus need to be confirmed in a study that compares age-matched RA patients and controls without a prior CVD history.

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