

Erectile dysfunction and cardiac disease strongly linked

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ATLANTA—Identifying patients with erectile dysfunction (ED) offers an opportunity for reducing their risk of cardiovascular events, said Graham Jackson, MD, at the 59th annual scientific session of the American College of Cardiology.

“ED is a cardiovascular equivalent,” said Dr. Jackson, a cardiologist at London Bridge Hospital in the United Kingdom. “We appear to have a time window of two to five years to reduce the risk.”

The association between ED and cardiovascular disease (CVD) is well known, but the strength of this association may be surprising. The risk of a cardiovascular event over a period of up to 15 years is more than double in men who have ED compared with those who do not, and this risk increases to more than seven-fold in men with ED who are younger than 40 years, he said. “Young men in their 30s who have ED have clearly a highly significant increased incidence of events,” Dr. Jackson said.

He added: “Men with hypertension are more likely to have ED, and men with ED are more likely to be hypertensive, and many with hypertension don't know it.” The prevalence of ED in men with hypertension is 67% and if the man also has diabetes, it is 77%. In one study (*J Urol.* 2005;174:244-248), 41% of men with ED had hypertension that had not been detected.

Confirmation that ED increases the risk of CVD in diabetics comes from Ma et al (*J Am Coll Cardiol.* 2008;51:2404-2405), who found in a prospective study of 2,306 men with diabetes that the incidence of CVD was increased by 60% in men with ED compared to those without ED when followed for four years. “Only microalbuminuria was a stronger risk factor for cardiovascular disease in this study,” Dr. Jackson said.

Lessons from clinical trials

The Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT), a study comparing different regimes for control of BP, was stopped early (after 3.3 years) when a combination of a calcium channel blocker and ACE inhibitor proved significantly superior to a combination of atenolol and a thiazide diuretic on end points such as stroke, cardiovascular events, and cardiovascular mortality.

In the Collaborative Atorvastatin Diabetes Study (CARDS), a trial conducted in patients with type 2 diabetes, atorvastatin proved superior to placebo in reducing the risk of cardiovascular events. “Within this group, there will be a significant number of men with ED,” said Dr. Jackson, who noted that the difference in risk between the two groups was so profound that the trial was terminated early, after 3.9 years.

Together with ASCOT, the finding from CARDS suggests that a window of less than five years exists to prevent cardiovascular events in men with ED who have yet to manifest symptoms of heart disease.

“We accept that ED is a warning sign of cardiovascular disease,” Dr. Jackson said. “A man with ED and no cardiac symptoms is a cardiac (or vascular) patient until proved otherwise.”

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