

Results The presence of metabolic syndrome was significantly greater among men with erectile dysfunction than that among men without ED (39.18% vs 18.71%, $p < 0.01$). The CRP levels were significantly higher among men with ED than that among men without ED (0.18 ± 0.033 mg/dl vs 0.04 ± 0.012 mg/dl, $p < 0.01$). Patients with erectile dysfunction also had high FCRS (13.9 ± 1.4 vs 8.8 ± 2.3 , $p < 0.01$). CRP and FCRS did not correlate with the severity of erectile dysfunction. The severity of erectile dysfunction was directly associated with metabolic syndrome.

Conclusion Men with erectile dysfunction presented higher cardiovascular risk according to the presence of metabolic syndrome, FCRS and CRP.

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CARDIOVASCULAR RISK AMONG MEN WITH AND WITHOUT ERECTILE DYSFUNCTION: CASE-CONTROL STUDY

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Objective There is growing evidence of a link between erectile dysfunction (ED), metabolic syndrome (MS) and cardiovascular disease (CVD). The study was to evaluate cardiovascular risk through the Framingham cardiac risk score (FCRS) criteria, C-reactive protein (CRP) assays and presence of metabolic syndrome (MS) in men with and without erectile dysfunction diagnosed in andrological clinic.

Design and setting A retrospective case-control study was conducted. The patients were selected from a healthcare program at the Third Affiliated Hospital of Sun Yat-Sen University between January and December 2009.

Methods Three hundred and forty two men, with a mean age of 50.3 ± 3.9 years (range, 31–65 years), were retrospectively selected, and they were divided into two groups: men with ED ($n=171$) as diagnosed by international index of erectile function score and men without erectile dysfunction ($n=171$). Differences of MS prevalence, CRP and FCRS were analysed and the two groups were compared.