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THE LINK BETWEEN ERECTILE DYSFUNCTION AND CARDIOVASCULAR DISEASE IN SOUTHERN CHINA PATIENTS WITH METABOLIC SYNDROME

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Introduction The overall prevalence of erectile dysfunction (ED) is high in men of aged >40 years and increases greatly in the elderly. In particular, severity and prevalence both increase with aging. ED is associated with deleterious changes in the overall vasculature and is recognised as an indicator of higher risk for future cardiovascular events. In men aged <60 years and in men with diabetes or hypertension, ED can be a critical warning sign for existing or impending cardiovascular disease (CVD). Endothelial dysfunction, vascular smooth muscle changes and increased fibrosis are indicated as major players in both ED and CVD. ED is associated with smoking, physical inactivity, dyslipidemia, obesity, diabetes, hypertension and so on. Obesity is now regarded as one of the most important risk factors for some diseases such as coronary artery disease (CAD), hypertension, diabetes and ED. The metabolic syndrome (MetS) consists of a myriad of abnormalities, including central obesity, glucose intolerance, dyslipidemia, and hypertension. Body mass index (BMI) is widely used to describe the risk factors for MetS as an important parameter of obesity. This study is designed to evaluate the link between ED and CVD in southern China patients with MetS.

Objectives To assess the link between ED and CVD in the patients with MetS.

Methods

Results The prevalence of CVD in normal, overweight and obesity patients were reported by 6.48% (7/108), 20.31% (13/64), and 44.74% (17/38), respectively. The subjects with high BMI (BMI ≥ 24 kg/m²) showed a significant increased risk for CVD compared with those with normal BMI (p<0.001). IIEF-5 scores in high BMI group were found significantly lower than the control group (p<0.01). There were no statistically significant differences in IIEF-5 scores between overweight and normal BMI groups (p=0.12).

Conclusions Men with MetS, especially obesity, have more prevalence of CVD and ED. These findings suggest that they have some common risk factors for both pathogenetic conditions which link between CVD and ED. MetS patients presenting with ED should be considered at high risk for CVD events.