Prevalence of Erectile Dysfunction In Patients Presenting For Coronary Angiography And/Or Intervention For Suspected Coronary ARtery Disease: A Subanalysis Of The PIPS Registry

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Background

- Prevalence of erectile dysfunction in patients with suspected coronary disease undergoing coronary angiography and intervention has not been thoroughly investigated.

Methods

- The PIPS registry is a prospective single center study in 800 patients to determine the prevalence of undiagnosed peripheral arterial disease in a high cardiovascular risk population presenting for coronary angiography and or intervention.

Study design

800 pts in PIPS registry

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267 male patients completed the International Index of Erectile Function Questionnaire (IIEF-15)

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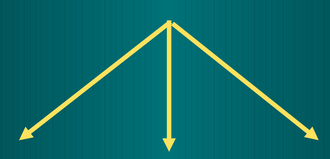
Groups based on pts. Responses:



Gr. 1 normal erectile function | Gr. 2 erectile dysfunction | Gr. 3 absence of sexual activity

Results

	Normal erectile function Gr. 1 (n=71)	Erectile dysfunction Gr. 2 (n=71)	Sexual inactivity Gr. 3 (n=125)	Overall p-value	(1) vs. (2)	(1) vs. (3)	(2) vs. (3)
Age	62.42 ± 7.49	61.77 ± 7.72	68.23 ± 8.93	<0.01	0.64	<0.01	<0.01
Diabetes mellitus	18 (25.4)	27 (38.6)	58 (46.4)	0.01	0.09	<0.01	0.29
Multi-vessel coronary disease	45 (63.4)	49 (69.0)	109 (87.2)	<0.01	0.47	<0.01	<0.01
Prior myocardial infarction	20 (28.2)	22 (31.0)	56 (45.2)	0.02	0.71	0.01	0.05
Prior CABG	11 (15.5)	15 (21.1)	41 (32.8)	0.01	0.38	<0.01	0.08
Intermittent claudication	1 (1.4)	9 (12.9)	20 (16.3)	<0.01	<0.01	<0.01	0.52
Neuropathy	10 (14.1)	26 (36.6)	32 (25.8)	<0.01	<0.01	0.05	0.11
Other heart medications	2 (2.9)	10 (14.5)	25 (20.7)	<0.01	0.01	<0.01	0.29

Conclusions

- In this study, the majority of patients (73%) with suspected CAD had erectile dysfunction or sexual inactivity.
- These pts were older, had higher prevalence of diabetes, extensive coronary disease and were more often diagnosed with intermittent claudication and neuropathy.
- Cardiologists should play a larger role in identifying these patients and initiating an appropriate management program in conjunction with other relevant specialists.