

# Link established between erectile dysfunction and calcified coronary arteries

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In the largest study to date evaluating erectile dysfunction (ED) and coronary artery calcification, researchers at Mount Sinai School of Medicine have determined that men with ED are at a significantly increased risk of high coronary artery calcification scores (CACs), a known predictor of future cardiovascular events. The research was presented this week at the American Urological Association (AUA) meeting in San Francisco.

The study, titled "Erectile Dysfunction is an Independent Risk Factor for the Presence of High Risk Coronary Artery Calcification," evaluated 1,119 men enrolled in the World Trade Center Medical Monitoring and Treatment Program, 327 of which had ED. The researchers learned that after adjusting for comorbidities men with ED had a 54 percent greater likelihood of having a high-risk CACS than men without ED. The increased risk was similar to that of patients with a history of hypertension and smoking.

"Our data further solidify the concept that ED is a harbinger-indicator of current and future cardiovascular disease," said Natan Bar-Chama, MD, Director of Male Reproductive Medicine and Surgery and associate professor of urology at Mount Sinai School of Medicine. "These data show an indisputable connection between ED and [atherosclerosis](#)."

The mean age of the men in the study was 50.5 years. All patients were evaluated with a cardiac [CT scan](#) to determine CACS. [Erectile dysfunction](#) was assessed using a validated questionnaire and defined as

a Sexual Health Inventory for Men (SHIM) score of less than 22. After adjusting for risk factors like diabetes, smoking, and body-mass index, Dr. Bar-Chama's team determined that ED was independently associated with a 54 percent increased risk of CACS.

"The finding certainly raises the question as to what diagnostic tests we should perform in the newly diagnosed ED patient in order to assess cardiovascular risk," he added. "For example, should we be recommending that CACS scores be obtained in all these patients? Also, should we routinely be measuring serum inflammatory markers, conducting assessment of endothelial function or cardiac stress testing? Guidelines are urgently needed to stratify cardiovascular risk in the newly diagnosed ED patient in light of the significant and clear association between ED and cardiovascular disease."

Provided by The Mount Sinai Hospital

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