tivariate logistic regression analysis were performed to assess the effect of classic risk factors and ED severity on CAD; calculating odds ratio (OR) and 95% confidence interval (CI). Adjustments were made for potential confounding factors including age, obesity, hypertension, diabetes, dyslipidemia and smoking.

**Results:** The mean age and prevalence of ED in CAD positive and negative groups were 60.3±6 vs. 45.3±5 and 88.5% vs. 64.2%, P<0.05 respectively. A statistically significant difference was found for all risk factors (except total cholesterol and LDL levels) and also ED prevalence between studied groups. Adjusted OR for age, diabetes, hypertension, hypercholesterolemia, and smoking demonstrated a significant confounding effect. We also found a significant association between severe ED and CAD (OR: 2.22, 95% CI: 1.11-6.03; P<0.05). Furthermore, the findings demonstrated that patients suffering from ED for a longer period of time were at the greater risk of subclinical CAD.

**Conclusions:** This study suggests that ED could be considered as a surrogate marker which can predict the occurrence of CAD. Moreover, severe ED could be mentioned as an independent risk factor in addition to the established ones. However, further cohort studies are warranted to test this hypothesis.

**MP-11.09**

**Application of Androgel During Androgen Deficiency in Aging Male**


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**Introduction and Objective:** It should be considered that deficiency of testosterone and metabolic disorders may occur in men of any age. Our treatment is to achieve content blood plasma of testosterone, by means of application testosterone gel in men of various ages.

**Materials and Methods:** We have conducted studies over 52 patients between 45-56 with clinical and laboratorial implications of androgen deficiency in aging male (from 2.0 up to 2.2, nmol/l). Heavy somatic pathology has not been observed in all patients. Androgel 5g was prescribed for all patients (in recalculation 50mg T per day). Androgel estimation efficiency has been conducted through all case records of 52 patients. Appreciable effect has been observed in 32 men (61, 5%), moderate in 12 men (23%), minor in 4 patients (7, 7%), improvement has not been noted in 4 patients (7, 7%). Thus, efficiency of Androgel has been observed in 48 patients (92%). However, it should be emphasized that increase of general testosterone level was in all patients. All 52 case records were chosen for efficiency of evaluation degree. Primarily, the change of testosterone level was estimated after applying the product. Upon 30 days of studies patients were divided into groups “successful” and “failed”, and were used such criteria as compliance of averaged serum concentration of T and minimal serum concentration of hormone to normal standard (from 12 up to 35nmol/l).

**Results:** Successful result has been indicated in 42 (81%) patients, failure in 10 (19%) of patients, we have to point out that in four of them levels of T were higher than standard diapason. On 3th day (the 7th day after cancellation), normal diapason has been maintained in 12 patients (23%). At rank analysis of “International Indices of Erectile Function” before the start of the study total index in average was equal to 59.5 (min.48, max.65). Consequently, average total score of erectile function increased almost up to 6 points that it is considered as significant, taking into consideration question formulation by rank.

**Conclusions:** We would like to emphasize that products of short-term effect for treatment patients with androgen deficiency in aging male have to be more preferable in comparison with the long lasting depot-products.

**MP-11.10**

**Effect of Omega-3 Polyunsaturated Fatty Acid Supplementation on Semen Profile and Enzymatic Anti-Oxidant Capacity of Seminal Plasma in Infertile Men with Idiopathic Oligoasthenoteratospermia: A Double Blind, Placebo-Controlled, Randomized Study**

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**Introduction and Objective:** The study considered two major aims: (a) to measure the changes in semen parameters, omega-3 fatty acids (FA) compositions and antioxidant activity (b) to determine if the administration of omega-3 FA affect semen quality in infertile men with idiopathic oligoasthenoteratospermia (OAT). We have conducted studies over 52 patients between 45-56 with clinical and laboratorial implications of androgen deficiency in aging male. Heavy somatic pathology has not been observed in all patients. Androgel 5g was prescribed for all patients (in recalculation 50mg T per day). Androgel estimation efficiency has been conducted through all case records of 52 patients. Appreciable effect has been observed in 32 men (61, 5%), moderate in 12 men (23%), minor in 4 patients (7, 7%), improvement has not been noted in 4 patients (7, 7%). Thus, efficiency of Androgel has been observed in 48 patients (92%). However, it should be emphasized that increase of general testosterone level was in all patients. All 52 case records were chosen for efficiency of evaluation degree. Primarily, the change of testosterone level was estimated after applying the product. Upon 30 days of studies patients were divided into groups “successful” and “failed”, and were used such criteria as compliance of averaged serum concentration of T and minimal serum concentration of hormone to normal standard (from 12 up to 35nmol/l).

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**Conclusions:** We would like to emphasize that products of short-term effect for treatment patients with androgen deficiency in aging male have to be more preferable in comparison with the long lasting depot-products.