Abstract ID: #0101

BARRIERS TO KNOWLEDGE, AWARENESS AND DIAGNOSIS OF ERECTILE DYSFUNCTION AND LOW TESTOSTERONE IN MEN: SURVEY OF 1019 MEN AND 222 GENERAL PRACTITIONERS IN THE UK

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Background: Many men have undiagnosed testosterone deficiency syndrome (TDS), a condition characterized by low sex drive, erectile dysfunction (ED), depression and weight gain. Symptoms of TDS may indicate underlying conditions including diabetes and heart disease. The syndrome is associated with an increased risk of heart disease and early death [1–6]. Surveys of men's and physician's perceptions and understanding of TDS were performed in the UK to explore awareness of TDS, its presentation and health burden.

Materials & Methods: In May 2011, two quantitative surveys were commissioned to explore understanding of men's and physician's perceptions and understanding of TDS. The on-line survey was conducted in the UK by a specialist on-line healthcare research company. All men were aged over 30 years. All physicians were general practitioners (GPs). The GP-survey sought information on whether ED and TDS are regularly encountered in practice, awareness of existing guidance/guidelines on ED and TDS treatment. The parallel survey of men investigated attitudes to and understanding of TDS in the context of sexual health.

Results: 1019 men and 222 physicians representing samples from all regions in the UK were recruited. Three-quarters of men had never heard of TDS and one-third considered the symptoms to be a normal feature of ageing. Only 40% of men would be comfortable discussing sexual problems with their GP compared with comfort rates >60% for other "embarrassing" health problems. 15% told researchers they would never go to the doctor about sex drive issues. Men were aware of treatments for ED but unaware that most ED therapies would not impact ED symptoms if TDS was the underlying cause. While 85% of GPs acknowledged that TDS is not a "lifestyle" condition but a medical condition, 90% were unaware of current management guidelines and two-thirds did not appreciate the link between TDS and premature death.

Conclusion: TDS is under-recognized by men and by GPs and often considered a normal sign of ageing rather than a clinical condition impacting on sexual health, and patient morbidity and mortality.

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ERECTILE DYSFUNCTION IN ADULT MEN – THE FIRST SIGN OF A SYSTEMIC DISEASE?

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Background: Erectile dysfunction (ED) is a common manifestation in the framework of systemic diseases. The aim of our study was the identification and assessment of ED cases in men aged over 40 years, which were diagnosed for the first time with ED by an andrologist, and who had not previously been diagnosed with other pathologies.

Materials & Methods: 169 patients who were diagnosed for the first time with ED were examined between 2008 and 2010. For establishment of an ED diagnosis, we used IIEF, AMS, NIH-CPSI, IPSS, and other questionnaires. Laboratory examinations included: blood tests – total cholesterol, HDLch, LDLch, triglycerides, glucose, hormonal determinations (testosterone, prolactin); optional tests – CBC (complete blood count), transaminases, viral hepatitis markers, calcium, prostate smear). Instrumental examinations included: abdominal and prostate ultrasound examination, selective ECG and Echo, Doppler ultrasound of penile arteries, BMD measurement.

Results: IIEF questionnaire analysis showed a severe degree of ED in 24% (41) of patients, moderate severity in 54% (92) and minor in 22% (36) of patients. High body mass index (BMI) was detected in 103 men (61%) and increased blood pressure in 45 (27%). High levels of cholesterol (total cholesterol, HDL, LDL) were determined in 38 (22%) men, and high glucose in 29 (17%) cases. Androgen deficiency was detected in 67 men (39%). Chronic prostatitis was diagnosed in 32 (19%) patients and benign prostatic hyperplasia in 48 (28%) patients. There were 3 (1.8%) cases of prostate adenocarcinoma. The presence of osteopenia and/or osteoporosis was reported in 13 (7%) patients. Impaired liver function and/or viral hepatitis was detected in 23 (14%) patients. Other diseases were diagnosed in 14 (8%) cases. Only 19 (11%) men were diagnosed as healthy with normal tests values.

Conclusion: Data showed that in adult patients in 89% of cases ED is detected on the background of pathological changes or concomitant diseases which the patient often does not know about. ED can be the first symptom of some syndromes or diseases such as hypertension, ischemic heart disease, diabetes mellitus, late secondary hypogonadism, prostate adenoma, metabolic syndrome, and other diseases.

Therefore the treatment of patients with ED should not be only symptomatic, but pathogenetic and multidisciplinary involving other doctor specialists.

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EFFICACY AND SAFETY OF DAILY USE OF UDENAFIL IN PATIENTS WITH ERECTILE DYSFUNCTION

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Background: One of the factors in the preservation of erectile function (EF) is the so-called "spontaneous" erection. The pathogenetic basis of erectile dysfunction (ED) is endothelial dysfunction (EnF). In the presence of ED, erectile function changes, particularly if endothelial dysfunction is present and/or progressing constantly. Thus, seeking momentary effect of therapy "on demand" does not provide a long-term positive impact.

Materials & Methods: 76 patients, after an assessment of compliance with the criteria of inclusion/exclusion were randomized into two groups: Group 1 (41 men) took udenafil 25 mg every day at 7–8 am; Group 2 (35 men) took udenafil 100 mg on demand, no more than once every 2 days. Treatment continued for 3 months. ED was assessed by the IIEF EF scale. EnF (the index proposed by Mazo E.B. & Hamidov S.I.) is calculated from: $(D1–D2)D2$ (where D1 is the average diameter of both cavernosal arteries before the creation of an erection; D2, after erection). Measurements were performed at 1, 2, and 3 months after starting treatment, and 1 and 3 months after stopping treatment.

Results: At the end of treatment, the difference from baseline IIEF EF score was 7.22 in Group 1 and 4.94 in Group 2 ($P < 0.001$). One month after completion of treatment there were significant differences between the groups in IIEF EF score (22.1 vs.19.4; $P = 0.029$). The assessment of EnF dynamics at the initial level was more positive in the Group 1 ($P < 0.05$). One month after treatment in Group 1 there were no differences ($70.54 \rightarrow 67.67$; $P > 0.1$), while in Group 2 the score had decreased ($64.28 \rightarrow 58.53$; $P < 0.001$) but did not differ from baseline. Three months after discontinuation of the drug in Group 1 the endothelial dysfunction index was 1.5 times higher. IIEF EF score revealed similar dynamics (20.28 vs. 16.40, $P < 0.005$), with no difference from baseline in Group 2. There were no serious adverse events in both groups.

Conclusion: The clinical effect of daily use of udenafil 25 mg was more pronounced and prolonged.