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ED and CVD in primary care: Are we missing screening and intervention opportunities?

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Erectile dysfunction (ED) and ischaemic heart disease (IHD) tend to share similar risk factors, such as obesity, diabetes, smoking, hypertension, dyslipidemia and metabolic syndrome. Additionally, the extent of cardiovascular disease has been shown to have a connection with the prevalence of ED. Early intervention to modify these risk factors may reduce the risk of future vascular events. The aim of this study was to evaluate the prevalence of ED and its relationship with coronary artery disease in a patient population between the ages of 35-75 who received a prescription for erectile dysfunction. We tested the hypothesis that ED prevalence is related to coronary artery disease, resulting in a cardiac event, such as stroke, myocardial infarction, or documented ischemic heart disease. The end goal was to determine the connection between erectile dysfunction and cardiovascular disease and implement those changes into our primary prevention cardiovascular risk program. This study is a retrospective descriptive study analysing the electronic medical record (EMR) from year 2007 to 2017. A search was done to identify any patients prescribed Sildenafil, Tadalfil or Vardenafil in the last 10 years. Further analysis of EMR consisted of the following information at diagnosis and prescription of ED: smoking history, alcohol abuse, BMI to determine if patients were overweight or obese, Framingham risk score at the beginning of the study and at the end of the ten years was included, Blood Pressure (BP), total cholesterol and HDL, evidence of established CVD and a diagnosis of diabetes. The average Framingham at the beginning of the 10 year study was 17% and at the end of the 10 years was 25% which showed a progression of disease and risk of an 8% increase in 10 years. We determined that ED is a cardiovascular disease rather than a sexual dysfunction. Hypertension, diabetes and a HDL<1 are all directly correlated with erectile dysfunction, which leaves us with a change in perspective. It's time we start to look at ED as a cardiovascular risk factor. There was a statistical significance (p value<0.05) in patients with a diagnosis of a hypertension, an HDL<1 and in type II diabetics and having established CVD/CAD/IHD. We have recommended that all patients that have documented ED be screened for CVD.

Biography

Rehana B Ahmed is a General Practitioner from Edmonton, and is currently working in Ireland. She recently qualified with registration of MICGP in Ireland. She has a strong interest in primary prevention and her main interest in general practice is modifying risk factors rather than treating disease.

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