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Association and prevalence of post-stroke erectile dysfunction with cardiovascular risk factors and co-morbidities

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Objectives: The aim of this study was to establish a correlation between prevalence and severity of erectile dysfunction (ED) and cardiovascular (CV) co-morbidities and ongoing medication and other risk factors associated with post-stroke ED.

Materials and methods: For 153 patients (57.04±6.54 years) with ischemic stroke, we evaluated the pre- and post-stroke prevalence of ED using the five-item International Index of Erectile Function questionnaire (IIEF5).

Erectile Function questionnaire (IIEF5). Within 5 days of admission we determined the stroke site location and severity using the National Institute of Health Stroke Scale (NIHSS). The pre- and post-stroke data obtained were compared with those of 30 control non-stroke patients (52.27±8.35). Additional cardiovascular co-morbidities, medication and risk factors were asset and analyzed.

Results: The IIEF5 scores were much lower [median 17 interquartile range (IQR) 10–20] post stroke than pre-stroke (median 22 IQR 12–23) and lower than in control group (median 22.5 IQR 21–24).

From the analysis of comorbidities and risk factors for stroke of post-stroke group and the control group, we infer that diabetes (p=0.003), hypercholesterolemia (p<0.001), and hypertension (p<0.001) were more common in patients with stroke than those in the control group. (Table 1).

From the statistical analysis of data on medication use by patients, results that more patients have used ACE inhibitors, calcium antagonists, beta blocking agents, diuretics, statins, oral agents, antiplatelet and oral anticoagulants after the stoke than before, and in terms of consumption of drugs before stroke compared with the control group, differences were not significant

Conclusions: The prevalence and severity of ED increase after stroke due to disruption of autonomous central structures. The depression, functional impairment, CV co-morbidities and medication used after stroke may contribute to ED.

| | Lot 1 post-stoke patients | Lot 2 pre-stroke patients | Lot 3 control group | P values [1 vs 3] | P values [2 vs 3] | P values [1 vs 2] |
|---------------------------|---------------------------|---------------------------|---------------------|----------------------|----------------------|----------------------|
| No. of Patients | 153 | 153 | 30 | | | |
| Age, mean ± SD | 57.04±6.54 | 57.04±6.54 | 52.27±8.35 | | | |
| Pacient with ED, N (%) | 127 (83%) | 76 (49.67%) | 9 (30%) | < 0.001 | 0.048 | < 0.001 |
| Severity of ED, N (%) | (00,0) | (, . , | - (,-) | | | |
| Mild | 74 (48.37%) | 29 (18.95%) | 7 (23.33%) | 0.015 | 0.581 | < 0.001 |
| Mild to moderate | 1 (0.01%) | 11 (7.19%) | 1 (3.33%) | 0.302* | 0.694* | 0.127* |
| Moderate | 28 (18.30%) | 21 (13.73%) | 1 (3.33%) | 0.052* | 0.134* | < 0.001* |
| Severe | 24 (15.69%) | 15 (9.80%) | 0 | 0.016* | 0.136* | <0.001* |
| IIEF5 (Erectile function) | 21 (10.0070) | 10 (0.0070) | ŭ | 0.010 | 000 | |
| Mean ± SD | 15.53±5.89 | 17.83±6.18 | 21.83±3.31 | < 0.001 | < 0.001 | < 0.001 |
| Median (Q1-Q3) | 17 (10–20) | 22 (12–23) | 22.5 (21–24) | | | |
| Hamilton Score | (=+/ | (:) | () | | | |
| Normal | 91 (59.4%) | 144 (94.1%) | 23 (76.6%) | | | |
| Mild depression | 40 (26.1%) | 1 (0.6%) | 5 (16.6%) | | | |
| Moderate depression | 11 (7.1%) | 0 (0.0%) | 1 (3.3%) | | | |
| Severe depression | 9 (5.8%) | 6 (3.9%) | 1 (3.3%) | | | |
| Very severe depression | 2 (1.3%) | 2 (1.3%) | 0 (0.0%) | | | |
| Comorbidities | 2 (1.070) | 2 (1.070) | 0 (0.070) | | | |
| Diabetes mellitus | 59 (38.5%) | | 3 (10.0%) | 0.003* | | |
| Hypercholesterolemia | 104 (67.9%) | | 6 (20.0%) | < 0.001 | | |
| Hypertension | 121 (79.0%) | | 8 (26.6%) | < 0.001 | | |
| Obesity | 36 (23.5%) | | 6 (20.0%) | 0.674 | | |
| Smoking | 53 (34.6%) | | 5 (16.6%) | 0.056* | | |
| Atrial fibrillation | 22 (14.3%) | | 2 (6.6%) | 0.377* | | |
| Carotid artery stenosis | 18 (11.7%) | | 1 (3.3%) | 0.321* | | |
| Coronary hearth disease | 26 (16.9%) | | 1 (3.3%) | 0.086* | | |
| Medication | 20 (10.070) | | . (0.070) | 0.000 | | |
| ACE inhibitors | 72 (47.0%) | 32 (20.9%) | 2 (6.6%) | < 0.001* | 0.075* | < 0.001 |
| Calcium Antagonists | 49 (32.0%) | 17 (11.1%) | 4 (13.3%) | 0.047* | 0.755* | < 0.001 |
| Beta-Blokers | 65 (42.4%) | 36 (23.5%) | 3 (10.0%) | 0.001* | 0.142* | < 0.001 |
| Diuretics | 43 (28.1%) | 14 (9.1%) | 3 (10.0%) | 0.039* | > 0.999* | < 0.001 |
| Statins | 99 (64.7%) | 25 (16.3%) | 4 (13.3%) | <0.001* | 0.791* | < 0.001 |
| Oral antidiabetics | 39 (25.4%) | 25 (16.3%) | 1 (10.0%) | 0.007* | 0.731 | 0.442 |
| Insulin | 20 (13.0%) | 15 (9.8%) | 0 (0.0%) | 0.048* | 0.136* | 0.369 |
| Antiplatelet drugs | 131 (85.6%) | 14 (9.1%) | 2 (6.6%) | <0.001* | > 0.130 | < 0.001 |
| Oral anticoagulants | 22 (14.3%) | 8 (5.2%) | 0 (0.0%) | 0.028* | 0.357* | 0.007 |
| Antidepressants | 28 (18.3%) | 12 (7.84%) | 2 (6.6%) | 0.026 | > 0.999* | 0.007 |