Introduction & Objectives: To assess whether erectile function [as defined with the IIEF-erectile function domain score (IIEF-ED)] is associated with health-significant comorbidities scored with the Charlson Comorbidity Index (CCI).

Materials & Methods: Clinical and ultrasonic variables of the last 100 consecutive patients who underwent penile duplex Doppler ultrasound performed for erectile dysfunction (ED) at a single Institution by 3 expert technicians (ie, each performing ≥50 evaluations per year) were considered. Patients were comprehensively assessed with a detailed medical and sexual history, including data on duration of ED and number of factors of MS. As a proxy of general health status, we scored health-significant comorbidities with the CCI. Descriptive statistics and either logistic or linear regression models tested the association between clinical and ultrasonographic variables and CCI. CCI was included in the model both as continuous and categorized variable (namely, 0 vs. ≥1).

Results: Complete data were available for 99 (99%) men. Mean (SD) age: 45.9 (±13.2) yr; range: 23–75; BMI: 26.7 (±6.9); CCI: 0.6 (±1.08); range: 0–5; CCI≥1: 35/99 (35.4%). Mean ED duration was 3.7 (±4.7) yr (range: 1–15 yr). Mean IIEF-ED was 12.9 (±9.3); according to IIEF-ED, patients had no ED, mild ED, mild-to-moderate ED, severe ED and ED severity in 9 (9.1%), 20 (20.2%), 8 (9.1%), 15 (14.8%) and (9.1%), respectively. Regression analysis showed that CCI linearly increased with ageing (Beta 0.33; p=0.01) and linearly decreased with IIEF-ED (Beta -0.25; p=0.01). Acceleration time parameters were also inversely associated with CCI (all Beta -0.31; all p≤0.05). No clear linear association emerged between BMI, PSV and RI and CCI. At logistic regression analysis age (OR=1.05; p=0.004) and IIEF-EF (OR=0.95; p=0.04) were significantly associated with categorized CCI after adjustment for all other variables.

Conclusions: Severity of ED, as objectively interpreted with IIEF-ED, emerged as a significant proxy of general male health status.

Introduction & Objectives: Oxidative stress promotes endothelial dysfunction which is the common denominator between erectile dysfunction and the cardiovascular patients. Interleukin-18, a pro-atherogenic cytokine, activates pro-apoptotic signalling pathway in endothelial cells. Increased endothelial apoptotic cell death has been demonstrated in patients with erectile dysfunction. Objectives: To demonstrate a link between oxidative stress in corpus cavernosum and the rate of erectile dysfunction and to evaluate a difference in inflammation between corpus cavernosum and peripheral blood

Materials & Methods: After local ethical committee and patients' agreement, the study was conducted in patients on going for a non andrologic urological surgery. 91 men were included characterized by classical cardiovacular risk factors (age, hypertension, diabetes, obesity) and sexual dysfunction (ED). The analysis in backward stepwise regression showed a significant association emerged between BMI, PSV and RI and CCI. At logistic regression analysis age (OR=1.05; p=0.004) and IIEF-EF (OR=0.95; p=0.04) were significantly associated with categorized CCI after adjustment for all other variables.

Introduction & Objectives: Testosterone deficiency syndrome (TDS) were randomized into intramuscular injection of either placebo or testosterone Undecanoate 1000 mg (Nebido®) over 12 months on the AMS scores for Malaysian men with low serum testosterone.

Materials & Methods: One hundred and twenty men, aged 40 and above, with testosterone deficiency syndrome (TDS) were randomized into intramuscular injection of either placebo or testosterone Undecanoate 1000 mg. TDS is defined as the total serum testosterone of less than 11 nmol/L on 2 separate occasions and a baseline AMS score of 27 or more. Injections were given at week 0, week 6 and then every 3 months with a total of 5 injections over 12 months. All participants completed the self-administered AMS questionnaire at week 0, week 30 and week 48. Repeated measure ANOVA test was used to analyse the effect of testosterone undecanoate on the AMS scores.

Results: A total of 56 participants in the treatment arm and 58 in the placebo arm completed the study. The baseline demographic characteristics were similar in both groups. The mean age was 53.4 (+7.4) years in the treatment arm and 53.0 (+8.2) years in the placebo arm. At 48 weeks, administration of testosterone undecanoate significantly increased the mean serum testosterone levels from 8.9 nmol/L to 23.8 nmol/L compared to placebo, from 9.1 nmol/L to 11.2 nmol/L (F=62.001; p<0.001). The improvement in the total AMS score was significantly more in the treatment arm compared to the placebo arm (F: 4.576; p=0.017) over the 48-week period. The change in the total AMS score was -12.6% change in placebo group and -21.9% in the Nebido® group. Similarly, over the 48 weeks period, the psychological and somatosexual domain scores of the AMS decreased significantly more in the Nebido® arm compared to the placebo arm (a decrease of 2.8 compared to 1.2, p = 0.03; and a decrease of 3.2 compared to 1.8, p = 0.016 respectively). However, there was no significant difference in the change of the sexual subscale scores for both the treatment and placebo groups.

Conclusions: Long acting testosterone is effective in improving the total AMS scale, psychological and somatosexual subscale scores in men with TDS.