

Prevalence of Erectile Dysfunction Varies by Race

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ORLANDO — Racial differences in prevalence of erectile dysfunction in a large study were independent of traditional risk factors, including age, medical comorbidity, current tobacco use, and obesity.

Increased cardiovascular disease and diabetes risk in some racial groups prompted the study. Using Kaiser Permanente data, researchers for the California Men's Health Study assessed 81,426 men who self-reported African American, Hispanic, Asian/Pacific Islander, white, or other/multiple ethnicity and compared prevalence rates of erectile dysfunction (ED). Men of ethnic minorities were oversampled and represented 35% of the cohort.

Dr. James F. Smith and his associates found elevated ED prevalence in all other groups, compared with the white group. In a multivariate model, race data were adjusted for age, medical comorbidity, obesity, tobacco use, education, and income. Compared with a reference group of white men (odds ratio, 1.0), Asian/Pacific Islander men had a slight, nonsignificant increase in ED prevalence (OR, 1.06). However, African American (OR, 1.09), other/multiple ethnicity (OR, 1.16), and Hispanic men (OR, 1.19) had significantly higher prevalence rates.

"Small prevalence differences may have significant public health implications," said Dr. Smith, an andrology fellow in the department of urology, University of California, San Francisco.

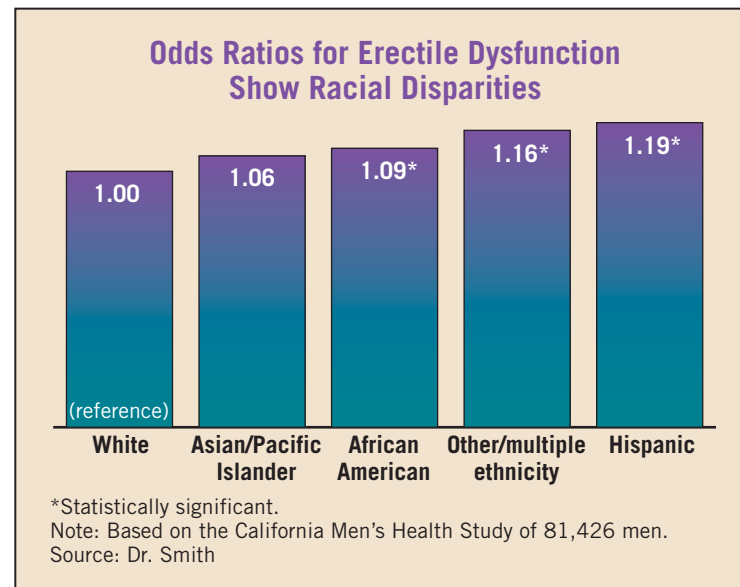
There was an inverse linear relationship between ED and higher income. For example, risk of ED was almost 50% higher for those who earned \$20,000 or less versus men who earned \$100,000 or more.

"We need to tell our patients to stop smoking, to lose weight, and to make a lot of money," Dr. Smith said at the annual meeting of the American Urological Association. The study was funded by the California Cancer Research Program.

The researchers also confirmed clear associations between ED and traditional risk factors including older age, tobacco use, increased body mass index, cardiovascular disease, and diabetes. Men with diabetes were more likely to have ED (OR, 2.4), as were those with cardiovascular disease (OR, 1.7) or who currently used tobacco (OR, 1.4).

"There were clear associations between age and ED," Dr. Smith said. For every 10-

year increase in age, there was a 2.2 OR increase in risk of ED. Overall, ED prevalence rose from 13% of men aged 45-49 years, to 24% for men aged 50-59 years, to 44% for men aged 60-69 years. Similar increases with age were seen in all racial groups.



Assess Sexual Health in Men With Lower Urinary Tract Symptoms

ORLANDO — Assess sexual health in men with lower urinary tract symptoms because these symptoms negatively affect the frequency and enjoyment of sexual activity, according to an international, Internet-based survey with nearly 13,000 respondents.

Although lower urinary tract symptoms (LUTS) are a known risk factor for erectile dysfunction (ED), the impact of individual symptoms on men's sexual health had not been reported, Karen Coyne, Ph.D., said.

She and her colleagues launched the EpiLUTS study, a cross-sectional, population-representative survey conducted in three countries, to assess the impact of LUTS in men on sexual health. A total of 9,416 U.S. men and 3,517 U.K. men responded, for an overall response rate of 59%. Data from Sweden were still pending when Dr. Coyne presented findings at the annual meeting of the American Urological Association.

Men were asked how frequently they had experienced LUTS over the previous 4 weeks and to rate symptoms on a 5-point Likert scale. They also reported how much each symptom bothered them. The survey included the International Index of Erectile Function (IIEF) questionnaire and an additional question about premature ejaculation.

Respondents were older than 40 years (mean age, 56). In the U.S. sample, 76% were white, 11% black, 9% Hispanic, and 4% "other." About three-quarters in both countries were married.

Terminal dribble, nocturia two or more times per night, and postmicturition incontinence were the most common LUTS reported in the survey. Dr. Coyne is a consultant/adviser for Pfizer Inc., which funded the study.

The survey also asked about sexual health. A

total of 71% of U.S. respondents and 68% of U.K. respondents reported they were currently sexually active. Within this group, the majority reported sexual activity a few times a week (33%) or a few times a month (46%).

A total of 17% opted out of the sexual health questions. "We did not ask why they wanted to opt out of the survey. But we looked at the demographics, and they were slightly older," suggesting that a reluctance to reveal sexual function may have been a factor, said Dr. Coyne, a researcher for United Biosource Corp.

The leading reasons that 29% of the U.S. men reported they were not currently sexually active included no partner (38%), their own health reasons (20%), and no desire (20%).

An overall 10% of respondents reported "somewhat to quite" decreased sexual activity because of their LUTS. In addition, 11% reported that their LUTS caused "somewhat to quite decreased" sexual enjoyment. Leaking during sex, bladder cancer, prostate cancer, and bladder pain were significantly correlated with decreased sexual enjoyment, according to a logistic regression.

A total of 25% of U.S. men and 24% of U.K. men reported some mild to severe ED, reflected by a score of 21 or less on the IIEF. Older age, hypertension, diabetes, and depression were significant predictors of ED, as expected. In addition, urgency with no fear of leaking, weak stream, splitting or spraying of stream, leaking for no reason, and leaking during sexual activity also were significantly associated with ED.

A total of 18% of men reported experiencing premature ejaculation at least half the time. Younger age, hypertension, prostatitis, nocturia, incomplete emptying, terminal dribble, splitting or spraying of stream, bladder pain, and pain during sex were significant predictors of premature ejaculation.

Cancer in 1 in 5 Young Men With Elevated PSA Levels

ORLANDO — Prostate cancer was detected in almost 20% of men 45 years or younger with elevated levels of prostate-specific antigen in an Austrian study, and a substantial number of the prostate cancers in this group were significant.

Prostate cancer is rare in men younger than 45 years, with few cases reported in the literature. Therefore, little is known about the clinical and pathological features in this population.

To find out more, Dr. Wolfgang Horninger and his associates assessed 263 men aged 45 or younger enrolled in a PSA screening program in Tyrol, Austria. The men had a prostate-specific antigen (PSA) level of more than 1.25 ng/mL in combination with a free PSA of less than 18% (to increase specificity). The Tyrol Prostate-Specific Antigen Screening Project has screened more than 33,000 men of all ages to date, Dr. Horninger said. Details of the program were previously described (J. Urol. 2001;165:1143-5).

The 263 men consented to 10 systematic and 5 targeted core biopsies of their prostate. Cancer was detected in 52 men (19.8%), Dr. Horninger reported at the annual meeting of the American Urological Association. Dr. Horninger is managing medical director of the department of urology, University of Innsbruck (Austria).

Of the 48 men who opted for surgery, 31 had Gleason scores of 6 or less, whereas 17 had more advanced disease with Gleason scores of 7 or more.

In addition, 44 of the 48 men who underwent surgery had a negative digital rectal examination. The four patients with a positive result had a large variation in PSA levels: 9.7 ng/mL, 15.7 ng/mL, 17.0 ng/mL, and 40.5 ng/mL. The mean total PSA was 4.3 ng/mL and the mean free PSA was 13%.

The surgeries were either classic open retropubic prostatectomy or radical prostatectomy using the da Vinci robotic system. The mean age in the surgery patients was 43 years.

Pathology indicated 42 men had negative surgical margins. "Of the six who had a positive surgical margin, or 12.5%, all had a negative digital rectal exam and unsuspecting intraoperative palpitation," Dr. Horninger said.

"The prostate cancer detection rate in young men with elevated PSA levels is as high as nearly 20%," he said. "There was a substantial percentage of significant prostate cancers, even in these young patients."

A meeting attendee asked what percentage of the total Tyrol candidate population is willing to participate in screening. Dr. Horninger estimated that 82%-83% accept the prostate cancer screening when offered.

Another attendee suggested that the 20% detection rate was partly the result of selection bias. "I agree this is a selected group of patients," Dr. Horninger said. "What I presented here is an observation of what you can see if you screen over a long period of time."