TADALAFIL AND ENDOTHELIAL FUNCTION

The late Graham Jackson was famous for his work on endothelial dysfunction and erectile dysfunction. This study aimed to detect endothelial dysfunction in patients with erectile dysfunction who were free from cardiovascular disease or atherosclerotic risk factors, and to evaluate the acute effects of tadalafil (Cialis) on endothelial dysfunction and cardiac function. The study included 30 men with erectile dysfunction and 20 healthy comparators, with mean ages of 48.7 and 48.3 years.

Tadalafil treatment reduced pulse pressure ($p=0.0179$), and systolic and diastolic blood pressure ($p=0.001$ and $p=0.054$ respectively), and increased aortic distensibility and strain ($p=0.001$ and $p=0.003$ respectively) in the group with erectile dysfunction. The drug also increased large and small artery elasticity indices.

The researchers also demonstrated the presence of systemic vascular disease and compromised left ventricular diastolic function in the group of men with erectile dysfunction.

There is increasing evidence to support the cardiovascular safety and benefits of phosphodiesterase 5 inhibitors (PDE5Is). Research published in Heart demonstrated that PDE5I use in type 2 diabetes was associated with a reduction in all-cause and overall mortality in those with a history of acute myocardial infarction.1 This study demonstrates the mechanisms by which this class of drugs may benefit patients with erectile dysfunction. It also reinforces the fact that patients with erectile dysfunction are vascular patients until proved otherwise. What is needed is a long-term control trial of PDE5Is in patients with increased cardiovascular risk and/or diabetes.


EATING PATTERNS AND HEALTH

This is an excellent 20-page review including 133 references. It was prepared because our modern lifestyle has led to eating patterns that have become increasingly varied.

Traditional breakfast, lunch and dinner meals are difficult to distinguish because skipping meals and snacking has become more prevalent. This paper provides the evidence for the various effects of these dietary changes on cardio-metabolic health markers, namely obesity, lipid profile, insulin resistance and blood pressure.

The data suggest that irregular modern eating patterns appear less favourable for achieving a healthy cardio-metabolic profile. Taking care to eat with mindful attention to the timing and frequency of eating occasions can lead to a healthy life and cardio-metabolic benefits.

1. Mike Kirby
GP and Visiting Professor to the University of Hertfordshire and The Prostate Centre, London, picks some interesting recent papers and highlights the ‘take-home message’

TRENDS IN UROLOGY & MEN’S HEALTH
can have positive effects on risk factors for heart disease and diabetes.

It is important to promote consistent overnight fasting periods. The advice should be to link eating episodes to influence the subsequent energy intake. For example, placing snacks strategically before meals that might be associated with overeating.

There is good evidence to include intermittent fasting as an option to lower calorie intake and to reduce body weight. The other approach is to use added eating episodes to introduce a wider variety of healthful food options (fruit, vegetables and salad) and to displace the less healthful foods. As an adjunct to this, use planned meals and snacks timed throughout the day to help manage hunger and achieve portion control.

These are simple messages that can be easily delivered in a non-judgmental way during a routine consultation, as part of general lifestyle advice, but should include a reminder that daily exercise is also a key component.

CV RISK, STATINS AND POSTOPERATIVE COMPLICATIONS


This study performed a retrospective analysis of data from the Veterans Affairs Surgical Quality Improvement Program (VASQIP) database. 180,478 patients were identified from 104 hospitals, who had non-cardiac surgery in seven surgical subspecialties between 2005 and 2010. Most patients were men (96%), with a mean age of 64 years. At the time of their admission, 38% were taking statins and 32% received a statin on the day of, or the day after, their surgery.

48,243 patients who received early perioperative statins were matched with an equal number of those who did not but had similar characteristics.

The outcome was that 20-day all-cause mortality occurred in 2.2% of the cohort and was significantly lower in patients who had received perioperative statin versus those who had not (relative risk 0.82). The number needed to treat to prevent one death was 244. The number needed to treat to prevent one complication was 67. The greatest reduction in risk was for cardiac complications, with a relative risk of 0.73.

TAKE-HOME MESSAGE

In primary care, and during preoperative assessments in secondary care, these data would suggest that it is important to evaluate cardiovascular risk using QRISK or the JBS3 risk calculator, to make sure that all those patients with more than 10% 10-year risk of a cardiac event are taking a statin perioperatively.

This is a database study, so needs to be formally confirmed by a randomised trial, but I believe it points us in the right direction.