Materials & Methods: A retrospective database review between January 2005 and September 2009 in a single institution yielded 1,264 testosterone, follicle-stimulating hormone (FSH) and prolactin levels were reviewed, and the prevalence of hormonal abnormalities was recorded.

Results: 871 out of 1,264 (68.9%) men with ED had endocrine screening tests done. 183 out of 871 (21%) men had low testosterone. Out of the 270 men who were 50 years old or younger, 44 (16.3%) had low testosterone (<0.9 mmol/L). 130 out of 601 men (23.5%) who were older than 50 years had low testosterone levels. 5 out of 819 (0.6%) had low FSH levels (<0.8 IU/L). 14 out of 316 (4.4%) had hyperprolactinaemia (>350 mU/L). Only 1 out of the 14 men with hyperprolactinaemia had a prolactin level of more than 1,000 mU/L (0.2%), and he had low testosterone only. 2 out of 250 men (0.8%) had low FSH levels (<1.5 IU/L).

Conclusions: Our 21% prevalence rate of low testosterone in ED patients is consistent with other larger series. The yield for FSH, FSH and prolactin screening was low. Screening for testosterone abnormalities can be performed in ED patients, and additional hormonal tests for FSH, FSH, and prolactin can be optional in view of their low prevalence of abnormalities in ED patients.

11

RELATIONSHIP BETWEEN METABOLIC SYNDROME AND ERECTILE DYSFUNCTION
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Objective: Ten years passed after the oral erectile disorder treatment had been put on the market in Japan. There is something to be examined in recent findings concerning erectile disorder. Erectile dysfunction (ED) is a marker of ischemic heart disease. It has been widely accepted that both ED and the ischemic heart disease are due to atherosclerosis causing arteriosclerosis. In recent years, lifestyle-related diseases and the metabolic syndrome have come into the spotlight with the relationship between metabolic syndrome and ED being paid much attention. Therefore, in this study, we evaluated the relationship between metabolic syndrome and ED according to the metabolic syndrome diagnostic criteria of metabolic syndrome.

Materials & Methods: Until March, 2009, we evaluated IIEF-5, height, weight, and blood pressure in the erectile function. We excluded the patients who underwent pelvic surgery and those having spinal cord injury. They received a blood test, which included free-testosterone and other hormones, before 11 o'clock in the morning.

Results: The IIEF score in the high BMI group was significantly lower compared to the normal BMI group. IIEF score in the group with glucose tolerance abnormalities was also significantly lower than that of the normal glucose tolerance group. There was no correlation between IIEF score and abdominal circumference, blood pressure, and lipid profile.

Conclusion: The IIEF score in the high BMI (over 30) and the abnormal glucose tolerance groups were significantly lower compared to the normal group.

12

ASSOCIATION BETWEEN ERECTILE DYSFUNCTION, HYPOGONADISM AND METABOLIC SYNDROME: RESULTS FROM THE SUBANG MEN'S HEALTH STUDY

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Objective: The etiology of erectile dysfunction (ED) is often multifactorial, implicating psychological, neurological, hormonal, and vascular causes. This study examines the association between ED, hypogonadism, and metabolic syndrome (MS) in Malaysian men in an urban setting.

Materials & Methods: 1,046 men aged 40 years and above from Subang Jaya were randomly selected using an electoral roll list. The men were interviewed by trained doctors using structured questionnaires which included: socio-demographic data, self-reported medical problems (hypertension, diabetes mellitus, heart disease, cholesterol problem, erection difficulty, prostate problem) and lifestyle (smoking, alcohol consumption). Self-administered IIEF-5 questionnaire and the following physical examination and biochemical test were also performed: height, weight, hip and waist circumference, blood pressure, full lipid profile and fasting blood glucose (FBG). Blood samples were collected between 8:00 am and 11:00 am.

Results: The response rate was 62.8% and the mean age of men was 55.8 ± 8.4 (41-93) years. The ethnic distribution was: Chinese, 48.9%; Malay, 34.5%; Indian, 14.8%. The prevalence of moderate to severe ED (IIEF-5) was 21.8%, while 19.1% of men had hypogonadism (<11 nmol/L). 31.6% of men were diagnosed with metabolic syndrome (International Diabetes Federation Asian Criteria). Indian and Malay men were significantly more likely to suffer from ED (p < 0.004), hypogonadism (p < 0.001) and MS (p < 0.001). ED was shown to be significantly associated with metabolic syndrome, increased waist circumference (>90 cm), elevated blood pressure (BP >130/85), elevated fasting blood glucose (FBG) (>5.6 mmol/L), low HDL (<1.0 mmol/L) and coronary heart disease (self-reported). Multivariate logistic regression analysis for the above variables showed that elevated BP (p = 0.011; OR: 1.7; 95% CI: 1.1-2.6), elevated FBG (p = 0.002; OR: 1.9; 95% CI: 1.3-2.9), low HDL (p = 0.004; OR: 2.1; 95% CI: 1.3-3.3) and heart disease (p < 0.001; OR: 2.6; 95% CI: 1.6-4.2) were significant independent predictors of ED. The presence of two or more MS components was found to be significantly associated with ED severity (p < 0.001) and hypogonadism (p < 0.001) independent of MS status.

Conclusion: Metabolic syndrome, together with hypogonadism, is highly associated with ED severity. In particular, three metabolic syndrome components, namely, elevated blood pressure, elevated fasting glucose and low HDL, were independent predictors of ED.

13

PHARMACOKINETICS OF THE SINGLE ADMINISTRATION OF UDENAFIL AND TADALAFIL IN THE PATIENTS WITH BENIGN HYPERPLASIA PROSTATE

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Objective: Although several studies of phosphodiesterase type 5 inhibitors (PDE5Is) showed statistically significant improvements in various measures of sexual function and urinary symptoms recently, the exact mechanism and effect of PDE5Is on the prostate are still not clear. The objective of the present study was to evaluate the pharmacokinetics of the single administration of PDE5Is (udenafil and tadalafil) on the prostate tissue and plasma in the patients with BPH.

Materials and Methods: Total of 20 BPH patients, complaining of ED but also with moderate to severe LUTS, who underwent TURP...