

## Erectile Dysfunction and Coronary Disease

Consensus from IJCP.org by Dr G Jackson

3y gap between ED and coronary symptoms

The 70% or more plaques causing angina are not as dangerous as the 30% ones not causing symptoms and not showing on an exercise test. They suddenly burst causing ACS

ED patients do Testosterone Lipids Glucose and BP

Refer high risk scores to Cardio

Rx

BP use Sartan not thiazide or B Blocker first as Sartan least likely to cause ED

PD5 can use if Nitrate or Nicorandil stopped and replaced with CCB

If PD5 not working check Testo also check FSH/LH [testis] and SHBG and Prolactin [pituitary] and PSA [every 6/12 if rises past 4 refer Uro]. Give Testosterone if Testo under 8. Over 12 is normal.

## Lipid Lowering 2011

Non HDL= Total Chol – HDL

Trigly not significant, ignore

HDL raise with Diet wt loss exercise not smoking possibly Niacin. Levels over 1.6 don't give greater protection

Primary Prevention very imprecise Use Simva 40 as NNT huge effect minimal

Secondary Prevention Risk definite even lowering a low lipid is beneficial

Increase intensity of treatment in CAD/DM if low HDL HBP CIGS RENAL

DISEASE

Post ACS Aspirin Clopidogrel Statin ACE B Blocker is to modify the under 70% plaques the over 70% s are stented

NICE is wrong don't use 80 mg Simva because it causes much more muscle toxicity than high dose atorvastatin . Do LFT [ALT] and CK after first 3/12. Up to 3x normal ALT and 10x normal CK is ok.

So Primary Simva 40

Secondary DM/CVD Simva 40 to 5,3 than on to Atorva if not getting to 5,3

ACS Atorva 80

Ezetimibe not proven to affect outcomes. Even though lowers lipids could fail through not stabilising plaques as statin does MRI shows no reduction in plaque size as occurs with statin so instead use Rosuva 5mg x2 a week if can't tolerate statin

Omacor no benefit shown but benefit in HF

Fibrate DM only along with stain if low HDL and high Trygly

Niacin raised HDL and lowers LDL could be used + fibrate+ statin in the rare very high Trigly [this high Trigly can cause acute pancreatitis]

## Smoking and CAD

Biggest single risk factor

New techniques Intravascular ultrasound and Optical Coherence Tomography can from inside artery look at plaque composition

Stenting can after putting in the thin wire can put a sucker to suck out the acute clot before placing the stent

Stent thrombosis very likely to be fatal esp the drug eluting stents

NRT May use several types at once

Varenicline most effective. Better with counselling as well

Zyban works but insomnia a problem