Erectile dysfunction is common, affecting almost 40% of men over 40 years of age.\(^1\)
Erectile dysfunction is common in the CVD patient and share common risk factors with cardiovascular disease (CVD) including age, hypercholesterolaemia, hypertension, insulin resistance and diabetes, smoking, obesity, metabolic syndrome, sedentary lifestyle, and depression.\(^1\)

A new meta-analysis shows that men with high cholesterol and erectile dysfunction, who take a short course of statin therapy have improvements in both measures.\(^2\)

In this meta-analysis; the investigators searched for randomized controlled trials that examined the effect of statin therapy on erectile function. They identified 11 such trials in which men completed the International Inventory of Erectile Function survey. The trials had an average of 53 patients per study, for a total of 647 patients. Men had an average age of 57.8 years and received statins for about 3.8 months.\(^2\)

During this time, average LDL-C levels dropped significantly from 138 to 91 mg/dL in the treated men but were virtually unchanged in control groups. In men who took statins, erectile-function scores increased by 3.4 points, from 14.0 to 17.4 points.\(^2\)

Some authors have called statins a double-edged sword. On one hand, they improve endothelial function, which may improve blood flow to the penis; but on the other hand, they lower the level of cholesterol, a precursor of testosterone. However, these 11 studies showed that the beneficial effect of statins on erectile dysfunction predominates.\(^2,3\)

**In conclusion,** a meta-analysis indicates that statins may improve erectile dysfunction compared with placebo. However, it has been reported that statin therapy may reduce levels of testosterone and aggravate symptoms of erectile dysfunction. Therefore, larger, well-designed randomized controlled trials are needed to investigate the double-edged role of statins in the treatment of erectile dysfunction.

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2/4/2014
References: