RESPONSE TO SILDENAFIL CITRATE THERAPY FOLLOWING NERVE SPARING RADICAL PROSTATECTOMY: IMPACT OF RISK FACTORS
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Systemic diseases like hypertension (HTN), diabetes (DM) and hyperlipidemias are important risk factors for erectile dysfunction in normal population, however their effect on response to treatment after RP has not been reported in the literature. We evaluated the relation between various systemic risk factors and treatment response to sildenafil. We identified 69 patients, who underwent bilateral nerve-sparing radical prostatectomy from 2001-2003. All patients received sildenafil citrate 50-mg dose initially, later increased to 100 mg if no response was observed. 31 (44.9%) responded to oral sildenafil (Group 1) and 38 (55.1%) did not respond to sildenafil (Group 2). Variables analyzed include diabetes mellitus (DM), hypertension (HTN), hyperlipidemias, smoking and alcohol. Binary logistic regression was used to calculate the significance between the variables and treatment outcome. Results: In Group 1 (responders); 11/31 (35.5%) patients had one or more risk factors and 20/31 (64.5%) did not have any risk factors. The specific risk factors in Group 1 included: 3/31 from DM, 3/31 from HTN, 1/31 hyperlipidemias, 2/31 smokers and 3/31 were alcoholics. In Group 2 (non-responders), 25/38 (65.8%) had either one or more risk factors and 13/38 (34.2%) did not have any risk factors. The specific risk factors in Group 2 included: 11/38 from DM, 14/38 from HTN, 3/38 from hyperlipidemias, 5/38 were chronic smokers and 6/38 were alcoholics. Comparing Group 1 to Group 2, there was a difference in the incidence of risk factors with DM and HTN (P<0.05). No significant association was found between the two groups in the other risk factors (hyperlipidemia, smoking, and alcohol). The presence of risk factors - hypertension and diabetes - significantly reduces the response rate to sildenafil.