GLOSSARY

SEXUAL HEALTH
INVENTORY FOR MEN

A five-item questionnaire to detect the presence and severity of erectile dysfunction, based on the International Index of Erectile Dysfunction

patients with a prostate volume less than 30 ml, but larger, prospective studies are needed to confirm this.

Marie Lofthouse

Original article Aho TF *et al.* (2005) Holmium laser bladder neck incision versus holmium enucleation of the prostate as outpatient procedures for prostates less than 40 g: a randomized trial. *J Urol* 174: 210–214

Improving treatment of erectile dysfunction in cardiac patients

Erectile dysfunction (ED) is a common problem in cardiac patients. Phosphodiesterase type 5 (PDE5) inhibitors are an effective treatment, but contraindicated with oral nitrates because the combination can cause vasodilatation and hypotension. Oral nitrates provide little incremental benefit if other anti-ischemic therapy is given, however, so Jackson *et al.* investigated whether nitrates could safely be discontinued in cardiac patients with ED, to allow treatment with PDE5 inhibitors.

Of 425 men assessed, 55 had clinically stable cardiac disease, no clinically significant cardiac-effect limits, and were using sublingual nitrates less than once a month. These patients discontinued oral nitrates in the presence of β -blockers or calcium antagonists. Three patients recommenced nitrate use because of slight increases in breathlessness, and 49 started PDE5 inhibitor therapy (three men declined such treatment). All patients completed the SEXUAL HEALTH INVENTORY FOR MEN questionnaire at baseline, and those who completed follow-up repeated the survey at 3 months. ED was defined as a score less than 21.

Follow-up has been completed in 26 patients, with satisfactory sexual intercourse reported by 22 (85%), and SHIM scores improving from 7.9 (SD 5.15) to 21.8 (SD 4.3). No adverse cardiac events or worsening of exercise ability have been reported in any of the 55 patients after up to 6 months of follow-up.

The authors conclude that, subject to adequate alternative anti-ischemic treatment and monitoring, nitrates can be safely discontinued in stable cardiac patients with no significant cardiac-effect limits, to enable PDE5 inhibitor therapy for ED. They advise a clinical review 5 days after the cessation of oral therapy and use of a clear patient protocol,

however, since this trial was not carried out in a clinical setting.

Rebecca Ireland

Original article Jackson G *et al.* (2005) Successful withdrawal of oral long-acting nitrates to facilitate phosphodiesterase type 5 inhibitor use in stable coronary disease patients with erectile dysfunction. *J Sex Med* 2: 513–516

Impact of prostate cancer status on employment

Screening for prostate cancer is now recommended in men younger than 65 years of age. The number of men diagnosed with prostate cancer while still in full-time employment is, therefore, expected to increase. Bradley *et al.* examined the impact that diagnosis and treatment of prostate cancer can have on a patient's ability to work.

Men who had been diagnosed with prostate cancer between June 2001 and May 2002 were identified from Metropolitan Detroit Cancer Surveillance System records. A total of 267 eligible patients who were in employment 3 months before their diagnosis participated in the study. Patients were asked about their employment status 3 months before, and 6 and 12 months after diagnosis. Results were compared with two population-based control groups of men without prostate cancer.

The results showed that patients diagnosed with prostate cancer were 10 percentage points less likely to be in employment 6 months after diagnosis, compared with men in the control groups. Among the different treatment options, surgical intervention was most strongly associated with reduced employment. By 12 months after diagnosis, however, the likelihood of employment was not statistically significantly different from control subjects, although up to a third of prostate cancer patients reported that they were unable to perform specific tasks; in particular, those requiring physical effort.

The authors conclude that prostate cancer treatment can affect a patient's ability to work, and that the impact of cancer on employment should be considered when patients and physicians make treatment-related decisions.

Marie Lofthouse

Original article Bradley CJ *et al.* (2005) Employment outcomes of men treated for prostate cancer. *J Natl Cancer Inst* 97: 958–965