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Subject: Hagberg et al. (2016). Risk of erectile dysfunction associated with use of

Posted by [vmPFC](#) on Wed, 19 Oct 2016 17:51:54 GMT

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Link: <http://www.bmj.com/content/bmj/354/bmj.i4823.full.pdf>

Abstract

Objective:

benign prostatic hyperplasia or alopecia.

Design:

Cohort studies with nested case-control analyses.

Setting:

UK Clinical Practice Research Datalink.

Population:

Two populations of men free of risk factors for erectile dysfunction and other sexual dysfunction or its treatment: men aged 40 or more with benign prostatic hyperplasia who received a prescription

18-59 with alopecia.

Exposures:

were finasteride 1 mg or no treatment.

Main outcome measures:

Cases were men with a diagnosis of erectile dysfunction or treatment (procedure or prescription for a phosphodiesterase type 5 inhibitor) during follow-up. We calculated incidence rates and adjusted incidence rate ratios with 95% confidence intervals. We also conducted nested case-control analyses to control for major confounders, and calculated adjusted odds ratios with 95% confidence intervals.

Results:

In the population with benign prostatic hyperplasia (n=71 849), the risk of erectile dysfunction was

remained null regardless of number of prescriptions or timing of use. The risk of erectile dysfunction increased with longer duration of benign prostatic hyperplasia, regardless of exposure. For the alopecia population (n=12 346), the risk of erectile dysfunction was not increased for users of finasteride 1 mg compared with unexposed men with alopecia (1.03, 0.73 to 1.44; 0.95, 0.64 to 1.41).

Conclusion:

dysfunction, regardless of indication for use. Risk of erectile dysfunction increased with longer duration of benign prostatic hyperplasia.

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