Author`s Reply

To the Editor,

First of all, we would like to thank the authors of the letter for contributing valuable comments to our article "Nebivolol compared with metoprolol for erectile function in males undergoing coronary artery bypass graft" published in the February issue of the Anatol J Cardiol 2016; 16: 131-6. (1). Erectile dysfunction is defined as the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual performance (2). Massachusetts Male Aging Study reported an overall prevalence of 52% ED in men aged 40–70 years (3). The prevalence of ED increases with age. Wagle et al. (4) reported that ED in the ≥70 year age group was 77% and 61% in the 40 to 69 years. Until recently, ED has been accepted as psychology-based and to be a 75% organic-based disease (5). Organic-based ED may be vasculogenic, neurogenic, anatomical, and hormonal (2).

We agree with the comment that some laboratory tests should be performed as mentioned by the authors of the letter. According to the European Association of Urology Guidelines on male sexual dysfunction routine laboratory tests, glucose-lipid profile and total testosterone are required to identify and treat any reversible risk factors and modifiable lifestyle factors. Additional hormonal tests such as the estimation of prolactin and luteinizing hormone levels should be performed if low testosterone levels are detected (2). In our study we searched the lipid profile of the patients and no difference was observed between the groups. Hb and glucose levels of all patients were recorded but not compared between the groups and were not mentioned in the study. Testosterone levels were not evaluated.

The authors of the letter have proposed the exclusion of patients over the age of 70 years. In our study, mean age of the patients were 60.6±10.6 and 58.8±11.6, respectively, and there were no statistically significant differences between the two groups (p=0.61). Thus, we believe that the exclusion of patients over the age of 70 years is not essential.

The authors of the letter have questioned about the adjustment of the beta-blocker doses. Unfortunately, we did not adjust beta-blocker doses according to the blood pressure and heart rates. We used the routine doses of 5 mg/day oral nebivolol and 50 mg/day metoprolol succinate.

These valid issues noticed by the authors of the letter could be mentioned as our study limitations. We hope that our study can be a modest model for new comprehensive ones.

We thank the authors of the letter again for their great contribution to our work.

Mustafa Karalar, Mustafa Aldemir
Department of Cardiovascular Surgery, Faculty of Medicine, Afyon Kocatepe University, Afyonkarahisar-*Turkey*

References

1. Aldemir M, Keleş İ, Karalar M, Tecer E, Adalı F, Pektaş MB, et al. Nebivolol compared with metoprolol for erectile function in males undergoing coronary artery bypass graft. Anatol J Cardiol 2016; 16: 131-6.
2. Hatzimouratidis K, Amar E, Eardley I, Giuliano F, Hatzichristou D, Montorsi F, et al; European Association of Urology. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Eur Urol 2010; 57: 804-14.
3. Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, MsKinlay JB. Impotence and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. J Urol 1994; 151: 54-61.
4. Wagle KC, Carrejo MH, Tan RS. The implications of increasing age on erectile dysfunction. Am J Mens Health 2012; 6: 273-9.
5. Nehra A, Barret DM, Morelan RB. Pharmacotherapeutic advances in the treatment of erectile dysfunction. Mayo Clin Proc 1999; 74: 709-21.

Address for Correspondence: Dr. Mustafa Aldemir
Afyon Kocatepe Üniversitesi Tıp Fakültesi
Ali Çetinkaya Kampüsü, Afyonkarahisar - İzmir Karayolu 8.km
PK: 03200, Afyonkarahisar-*Türkiye*
Phone: +90 272 246 33 01 Fax: +90 272 228 14 17
E-mail: draldemir@yahoo.com