
Jefferson Cardiology Association Happenings

Hope Beyond Viagra

Viagra and similar competing products have provided opportunity for aging men to recapture erectile function and enhance their quality of life. Yet many men will not respond to these agents and are confronted with mechanical alternatives that may be intimidating. Now interventional cardiologists may offer hope to these men.

The December 25 issue of the *Journal of the American College of Cardiology* describes a study involving 30 patients. Specifically a drug eluting stent, similar to those used in coronary arteries, was placed in the internal pudendal artery that supplies the penis. Technically, the procedure was successful in restoring blood flow in all patients treated. At 6 months, there was a 59% improvement in erectile function with improved blood flow.

This is the first published study in humans. There are limitations to this technique. There is a technical learning curve. Some patients had too severe or diffuse arterial disease to benefit from this procedure. Some patients had very little arterial disease and would not benefit.

Worldwide, more than 150 million men have erectile dysfunction. Also, 52% of men between 40-70 report some degree of erectile dysfunction. Up to 50% of men have less than optimal response to medications such as Viagra. As previously mentioned, penile injection therapy, vacuum pump therapy, and penile implants have limited acceptance. If this technique even becomes approved for general use, then many men may benefit and have enhanced quality of life.

A New Cholesterol Target

Recent articles that demonstrated that many primary care physicians and even some cardiologists are not familiar with or cannot calculate non-HDL cholesterol. This entity includes all cholesterol in all other cholesterol entities including LDL, VLDL, IDL and Lipoprotein A. This is easily calculated by subtracting HDL from total cholesterol.

This measure is of significance as it appears to have more importance in predicting cardiovascular events that LDL cholesterol has received the bulk of attention for the past several decades. Risks for recurrent events remains high in coronary patients despite optimal LDL reduction. In one study, 22% of patients achieving an LDL cholesterol of 67 had a recurrent cardiac event within two years. Pooled results from 67 studies showed non HDL to be the best predictor of coronary events and strokes when compared to other cholesterol measurements.

The treatment goal for coronary patients is to reduce non-HDL cholesterol to 30 points above LDL cholesterol target. This can be reached with statin therapy and also can be benefitted by fibrates, niacin, cholesterol absorptive agents, and fish oil products. More research is needed to show the benefits of the combined therapy correlating with improved non HDL and improved outcomes.

Therapy and Stroke Risks with Atrial Fibrillation

In recent years, there has been controversy about the role of maintaining normal rhythm in atrial fibrillation compared to using medications to treat heart rate. Several years ago, a landmark study, the AFFIRM study, demonstrated no difference in outcomes when comparing patients given rhythm medications to

maintain normal rhythm compared with patients given medications to control heart rate with atrial fibrillation as long as patients had adequate blood thinner treatment. A new study, published in the December 4 issue of *Circulation*, reevaluates the risk of stroke with the two therapies. Those patients given rhythm medications were found to have fewer strokes than those whose atrial fibrillation was treated by controlling heart rate.

Both groups had effective blood thinning therapy. This study may provide additional information for physicians to consider before choosing the best treatment for a patient with atrial fibrillation.

Staff News

We would like to wish a very Happy Birthday to Dr. Maxim Bocharov, Nancy Carlin, and Chrissy Falk! Hope you all enjoy your special day!

Stir-Fried Shrimp with Garlic and Chile Sauce

½ cup fat-free, less-sodium chicken broth	2 teaspoons cornstarch
1 teaspoon sugar	¼ teaspoon white pepper
2 teaspoons Shoaxing (Chinese rice wine) or dry sherry	1 tablespoon canola oil
2 teaspoons low-sodium soy sauce	2 tablespoons minced garlic
1 ½ pounds large shrimp, peeled and deveined	½ cup green onion slices
1 ½ teaspoons minced peeled fresh ginger	½ teaspoon dark sesame oil
1 jalapeno pepper, seeded and finely chopped	Cilantro sprigs (optional)

1. Combine chicken broth, cornstarch, sugar, Shoaxing or dry sherry, soy sauce, and white pepper in a small bowl, stirring with a whisk.
2. Heat a wok or large skillet over high heat. Add canola oil to pan. Add shrimp to pan; stir fry 1 minute or until shrimp begin to turn pink. Add garlic, ginger, and jalapeno, stir fry 1 minute. Stir in broth mixture; cook 1 minute or until shrimp are done and sauce is thickened, stirring constantly. Remove from heat; stir in onions and sesame oil. Garnish with cilantro sprigs if desired. Yield: 8 servings (1/2 cup servings).

Nutritional Facts: Calories 120; Fat 3.5g (sat 0.5g, mono 1.4g, poly 1.2g); Protein 17.7g; Carbs 3.4g; Fiber 0.3g; Cholesterol 129mg; Iron 2.2mg; Sodium 200mg; Calcium 53mg.

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