**Prediction of Coronary Heart Disease by Erectile Dysfunction in Men Referred for Nuclear Stress Testing**

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**Background** Recent evidence suggests a strong link between erectile dysfunction (ED) and atherosclerotic vascular disease. Stress myocardial perfusion single-photon emission computed tomography (MPS) is a widely used noninvasive imaging modality that allows diagnosis of coronary heart disease and stratification of cardiovascular risk. We sought to determine the relationship between ED and coronary heart disease in men referred for MPS.

**Methods** A total of 221 men referred for MPS were prospectively screened for ED with a validated questionnaire. Patient characteristics, MPS findings, and exercise results were correlated with ED.

**Results** Erectile dysfunction was present in 54.8% of the patients. Patients with ED exhibited more severe coronary heart disease (MPS summed stress score >8) (43.0% vs 17.0%; *P* < .001) and left ventricular dysfunction (left ventricular ejection fraction <50%) (24.0% vs 11.0%; *P* = .01) than those without ED. Erectile dysfunction was associated with a shorter exercise time (8.0 vs 10.1 minutes; *P* < .001) and lower Duke treadmill score (4.4 vs 8.4; *P* < .001). Multivariate analysis showed ED to be an independent predictor of severe coronary heart disease (odds ratio, 2.50; 95% confidence interval, 1.24-5.04; *P* = .01) and high-risk MPS findings (summed stress score >8, transient ischemic dilation, or left ventricular ejection fraction <35%) (odds ratio, 2.86; 95% confidence interval, 1.43-5.74; *P* = .003).

**Conclusions** Erectile dysfunction is common in men referred for MPS, is associated with markers of adverse cardiovascular prognosis, and is an independent predictor of severe coronary heart disease and high-risk MPS findings. These results suggest that questioning about sexual function may be a useful tool for stratifying risk in individuals with suspected coronary heart disease.

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