

# Erectile dysfunction and statins: a randomised controlled trial (RCT)

<b>Submission date</b> 12/08/2008	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
<b>Registration date</b> 26/09/2008	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 12/06/2015	<b>Condition category</b> Urological and Genital Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://www.nres.npsa.nhs.uk/researchsummaries/?entryid29=20579&q=0%c2%ac08%2fH0301%2f74%c2%ac>

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

RHF0001

## Study information

### Scientific Title

Erectile dysfunction: a randomised controlled trial of lipid lowering with simvastatin (EDS trial)

### Acronym

EDS trial

### **Study objectives**

Primary hypothesis:

In men with untreated erectile dysfunction (ED) but no other cardiovascular risk factors, not currently receiving lipid lowering treatment, treatment with simvastatin improves erectile function.

Secondary hypotheses:

1. The improvement in erectile function leads to an improvement in sexual health related quality of life
2. The improvement in erectile function is related to a reduction in low-density lipoprotein (LDL) cholesterol and improvement in endothelial function
3. Treatment of ED with simvastatin is cost effective

On 05/07/2011 the overall trial end date was changed from 30/11/2009 to 30/09/2011.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Essex 1 Research Ethics Committee, 06/08/2008, ref: 08/H0301/74

### **Study design**

Randomised double-blind placebo-controlled parallel-group multicentre trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Erectile dysfunction caused by vascular impairment

### **Interventions**

Simvastatin one 40 mg tablet orally daily at bedtime for 6 months or matched placebo one tablet orally daily at bedtime.

### **Intervention Type**

Drug

### **Phase**

Not Applicable

### **Drug/device/biological/vaccine name(s)**

Simvastatin

### **Primary outcome(s)**

Erectile dysfunction measured by the 5 item version of the International Index of Erectile Function (IIEF-5)

All primary and secondary outcomes will be assessed at baseline and 6 months.

### **Key secondary outcome(s)**

1. Erectile function as measured by the Sexual Encounter Profile diaries
  2. Quality of life (QOL), assessed by the Male Erectile Dysfunction specific questionnaire (MED-QOL) and euroqol EQ-5D
  3. Total LDL, HDL cholesterol in fasting blood samples
  4. Use of health services and cost of statins
  5. Endothelial function measured by pulse wave analysis in a 10% sub-sample
- All primary and secondary outcomes will be assessed at baseline and 6 months.

### **Completion date**

30/09/2011

## **Eligibility**

### **Key inclusion criteria**

1. Men aged 40 years and over
2. In a stable heterosexual relationship for at least 6 months
3. No clinically overt cardiovascular risk factors other than raised cholesterol
4. Not currently on lipid or erectile dysfunction therapy
5. Untreated erectile dysfunction defined as score <22 on the International Index of Erectile Function 5 item questionnaire

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Sex**

Male

### **Key exclusion criteria**

1. Diabetes, past history of myocardial infarction, hospitalised angina or stroke
2. Hypertension - systolic blood pressure  $\geq 170$  mmHg, diastolic  $\geq 100$  mmHg
3. Ratio total:high-density lipoproteins (HDL) cholesterol  $\geq 6$
4. Total cardiovascular risk  $\geq 20\%$  over next 10 years
5. Current lipid lowering therapy
6. Erectile dysfunction therapy in the last 3 months
7. Hypogonadism
8. Chronic liver disease or abnormal liver function
9. Severe renal disease or evidence of impaired renal function
10. Inflammatory muscle disease or evidence of muscle problems

11. Concomitant administration of contra-indicated drugs: itraconazole, ketoconazole, HIV protease inhibitors, erythromycin, telithromycin and nefazodone
12. Concomitant administration of other drugs associated with increased risk of myopathy /rhabdomyolysis: ciclosporin, danazol and fusidic acid
13. Galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption

**Date of first enrolment**

01/10/2008

**Date of final enrolment**

28/07/2011

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

University of Hertfordshire

Hatfield

United Kingdom

AL10 9AB

## Sponsor information

**Organisation**

University of Hertfordshire (UK)

**ROR**

<https://ror.org/0267vjk41>

## Funder(s)

**Funder type**

Government

**Funder Name**

National Institute for Health Research (NIHR), Research for Patient Benefit (RfPB) (UK) (ref: PB-PG-0107-11391)

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/02/2013		Yes	No
<a href="#">Results article</a>	results	05/03/2014		Yes	No
<a href="#">Protocol article</a>	protocol	01/12/2011		Yes	No