

B-03-07

Abstract citation ID: qdae041.036

(353) HYPERPROLACTINEMIA AND MALE SEXUAL FUNCTION: FOCUS ON ERECTILE DYSFUNCTION AND SEXUAL DESIRE

*Dr. Giovanni Corona¹, Prof. Giulia Rastrelli²,
Dr. Nicola Bianchi¹, Dr. Clotilde Sparano²,
Dr. Alessandra Sforza¹, Prof. Linda Vignozzi²,
Prof. Mario Maggi²*

¹Maggiore Hospital, Endocrinology, Bologna, Italy

²University of Florence, Experimental and Clinical Biomedical Sciences, Florence, Italy

Objectives: The present study aims to meta-analyze the available studies on the relationship between male sexual function and elevated prolactin (PRL) levels (HPRL).

Methods: An extensive search was conducted using Medline, Embase, and Cochrane up to August 31st 2022.

Published articles reporting the prevalence of HPRL in men with erectile dysfunction (ED) or reduced sexual desire (RSD) and/or the effect of treatment of HPRL on sexual complaints and studies reporting the prevalence of ED or RSD in men with HPRL were collected.

Results: 25 papers were included in the analysis. Of these, 11 investigated the prevalence of HPRL in patients with sexual dysfunction, whereas 15 and 14 investigated the rate of ED and RSD in subjects with HPRL, respectively. The effects of medical or surgical treatment on sexual function in HPRL patients were investigated in 13 studies. Among 10,980 patients, HPRL was detected in 2% of subjects with ED. The prevalence dropped to 0.9[0.6;1.5]% when severe HPRL (PRL>35 ng/ml) was considered. The rate of ED and RSD was investigated in 628 and 616 patients with HPRL and the prevalence was 57[44-69]% and 49[32-66]%, respectively. Higher PRL and lower testosterone at baseline, as well as year of study publication correlated independently with the ED rate (B=0.450; p<0.000, -0.158; p<0.001 and -0.237; p<0.0001, respectively). When compared to the baseline, ED was six-fold less frequent after treatment for HPRL, irrespectively of the treatment. When sexual desire was considered, any treatment of the condition resulted in a increased probability of not reporting the symptom at follow-up (OR=59.7 [13.2;269.5]; p<0.0001).

Conclusions: Normalization of PRL levels is able to improve libido. The role of HPRL in ED remains inconclusive. Either HPRL or reduced T levels were independently associated with ED rate. The normalization of PRL levels only partially restored ED whereas sexual desire was greatly improved.

Conflicts of Interest: The authors declare no conflict of interest.