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Author`s Reply

To the Editor,

We read the letter about our article entitled "Deterioration of heart rate recovery index in patients with erectile dysfunction" published in the April issue of Anatolian Journal of Cardiology 2016; 16: 264-9 (1). The authors evaluated only the HRR1 parameter and stated "It would be too generous to claim that patients with erectile dysfunction (ED) have impairment in autonomic nervous system (ANS)."

First, we analyzed all heart rate recovery (HRR) indices (HRR1, HRR2, HRR3, and HRR5) and not only HRR1 to determine the ANS dysfunction in ED patients. In our study, we found significant differences in all parameters between control and patient groups. Although the author's comment about HRR1 is acceptable, other HRR indices, especially HRR2, had an abnormal range in ED patients, whereas it had a normal range in the healthy group. Furthermore, we found that HRR1 and HRR3 were independent risk factors for ED in linear multivariate regression analysis.

When all these results are evaluated together, the significant differences in HRR indices between the two groups are thought to be associated with both low exercise capacity and ANS dysfunction in ED patients.

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Heart rate recovery, cardiac rehabilitation, and erectile dysfunction in males with ischemic heart disease

To the Editor,

I have read the article entitled "Heart rate recovery, cardiac rehabilitation, and erectile dysfunction in males with ischemic heart disease" by Kałka et al. (1) with great interest, which was recently published in Anatolian Journal of Cardiology 2016; 16: 256-63. The investigators reported that in patients with ischemic heart disease (IHD) and erectile dysfunction (ED) subjected to cardiac rehabilitation, enhancement of autonomic balance assessed using heart rate recovery (HRR) plays a significant role in the mechanism of improvement in erection quality (1). Authors have reported that there was no significant difference with regard to beta-blocker therapy (1).

Beta-blockers are one of the most commonly used and cornerstone therapy in the treatment of ischemic heart disease (2). Nebivolol is a third-generation beta-blocker, and has a vasodilating effect that is attributed to the generation of endothelial nitric oxide, in addition to β1-adrenoceptor selectivity (3).

It is well known that beta-blocker therapy effect might be different with regard to ED depending on sort of it in patients with IHD (4). Aldemir et al. (4) have reported that although ED in males undergoing CABG surgery decreases when metoprolol is used, nebivolol had a protective effect on the sexual activity of men undergoing coronary artery bypass surgery with cardiopulmonary bypass. In addition, Brixius et al. (5) have reported beneficial effects of nebivolol on the erectile function in hypertensive men.

I would like to emphasize one important point to clarify in this article. Kind of beta-blocker therapy is very important to evaluate ED in patients with IHD (3–5). Therefore, authors should mention kind of beta-blocker therapy used in this study group.

In conclusion, ED is more common in men with IHD. Nebivolol, a third-generation beta-blocker, seems to have beneficial effects on ED compared with metoprolol (3–5). Kind of beta-blocker therapy might affect ED in patients with IHD.