



<b>Title</b>	<b>Effects of treatment of acromegaly with Sandostatin® LAR® on lipolytic enzymes and cholesteryl ester transfer protein activities</b>
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## G-E-1

### Effects of Treatment of Acromegaly with Sandostatin® Lar® on Lipolytic Enzymes and Cholesteryl Ester Transfer Protein Activities

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Growth hormone (GH) has multiple effects on lipoprotein metabolism. We have previously shown that patients with acromegaly have reduced lipolytic enzymes activity and cholesteryl ester transfer protein (CETP) activity is increased. In this study we have evaluated the effects of treatment with Sandostatin® LAR® on lipolytic enzymes, lipid transfer protein, and plasma lipoprotein subfractions in 14 patients with active acromegaly. Sandostatin® LAR®, a long acting somatostatin analogue, was given every 4 weeks by intramuscular injection for 6 months and in all subjects, IGF-1 levels within their respective age-specific normal range were achieved. There was a significant increase in lipoprotein lipase (LPL) activity after 3 months of treatment (3.64 micromol FFA released/ml/h  $\pm$  1.58 vs 5.10 micromol FFA released/ml/h  $\pm$  2.13,  $p < 0.01$ ). This was associated with a reduction in plasma triglyceride ( $p < 0.01$ ) and in small dense LDL ( $p < 0.05$ ). Both HDL<sub>2</sub> ( $p < 0.01$ ) and HDL<sub>3</sub> subfractions ( $p < 0.05$ ) increased and the improvement in plasma lipids persisted until the end of the study. Hepatic lipase and CETP activities remained similar to pre-treatment level. In conclusion, Sandostatin® LAR® is effective in the treatment of acromegaly and is associated with favorable changes in lipoprotein metabolism.

## G-E-2

### Prevalence of Erectile Disorder among Chinese Men with Type 2 Diabetes Mellitus

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**Background:** Erectile dysfunction is a recognised complication of diabetes mellitus. The prevalences of this disorder reported in studies among Caucasian populations are highly variable. The variation is due to inconsistent diagnostic criteria, definition and sampling methods used. There is so far no study in the Chinese diabetic patients on the prevalence of erectile dysfunction.

**Patients and Method:** We studied 265 Chinese male type 2 diabetic patients (Age 15-25: 1.0%; 26-35: 5.0%; 36-45: 12.0%; 46-55: 21%; 56-65: 33.0%;  $\geq 66$ : 27.0%) recruited consecutively from the University Diabetes Specialist Clinic over a 6-month period. A semi-structured interview using a structured questionnaire developed on the basis of operationally defined criteria from the DSM (Diagnosis and Statistical Manual) IV for diagnosing erectile dysfunction was conducted. Patients were also asked to rate their usual erection in the past six months with a diagram to illustrate the different degrees of erection. The questionnaire specifically included questions to address the issue of distress and interpersonal difficulties. A modified general health questionnaire was used to screen for any presence of mental illnesses.

**Results:** Although 53% of the study cohort reported being affected by erectile dysfunction, only 9% and 16.8% of them felt distressed and had interpersonal difficulties respectively. When more objective criteria of erectile dysfunction, defined as those who failed to have erection and those having an erection less than 90 degrees in the past 6 months, were applied, only 24.4% of the patients were affected. In conclusion, we reported the prevalence of erectile dysfunction among Chinese type 2 diabetic patients.

**Conclusion:** More objective assessment using a modified version of DSM IV, an established diagnostic criteria for Caucasian populations, is recommended among Chinese patients to distinguish between functional impairment and actual erectile problem per se.