

Cardiovascular status and ED management

Low risk	<ul style="list-style-type: none"> • Controlled hypertension • Asymptomatic ≤ 3 risk factors for CAD - excluding age and gender • Mild valvular disease • Minimal/mild stable angina • Post successful revascularisation • CHF (NYHA I) 	<ul style="list-style-type: none"> • Manage within the primary care setting • Review treatment options with patient and his partner (where possible)
Intermediate risk	<ul style="list-style-type: none"> • Recent MI or CVA (i.e., within last 6 weeks) • Asymptomatic but >3 risk factors for CAD – excluding age and gender • LVD/CHF (NYHA II) • Murmur of unknown cause • Moderate stable angina • Heart transplant • Recurrent TIAs 	<ul style="list-style-type: none"> • Specialised evaluation recommended (eg exercise test for angina, echocardiogram for murmur) • Patient to be placed in high or low risk category, depending upon outcome of testing
High risk	<ul style="list-style-type: none"> • Severe or unstable or refractory angina • Uncontrolled hypertension (sBP>180 mmHg) • CHF (NYHA III, IV) • Recent MI or CVA (ie within last 14 days) • High risk arrhythmias • Hypertrophic cardiomyopathy • Moderate/severe valve disease 	<ul style="list-style-type: none"> • Refer for specialised cardiac evaluation and management • Treatment for ED to be deferred until cardiac condition established and/or specialist evaluation completed

CAD, coronary artery disease; MI, myocardial infarction; CVA, cerebral vascular accident;

CHF, congestive heart failure, LVD, left ventricular dysfunction; SBP, systolic blood pressure; ED, erectile dysfunction; TIA, Transient Ischaemic Attack; NYHA, New York Heart Association