

Phosphodiesterase Type-5 Inhibitors and the Reemerging HIV Epidemic

To the Editor: The Commentary by Dr Jaffe and colleagues¹ addressed the reemerging human immunodeficiency virus (HIV) epidemic among men who have sex with men in the United States. The authors describe substance abuse, particularly methamphetamines and alcohol, as one of the factors that contribute to unsafe sexual behaviors. Important substances of abuse that were not mentioned in the Commentary are phosphodiesterase type-5 inhibitors: sildenafil, vardenafil, and tadalafil. Phosphodiesterase type-5 inhibitors are indicated for the treatment of impotence but can enhance erectile function in the absence of clinical impotence and are often used in combination with other recreational drugs.²

In multiple surveys of US men who have sex with men, current or recent sildenafil use (with and without concomitant illicit drug use) was reported by 6% to 31% of respondents and was associated with increased rates of high-risk behaviors (eg, unprotected anal intercourse, HIV serodiscordant partners, and methamphetamine use) and diagnosis of sexually transmitted infections, including early syphilis and HIV.³ More recent data have corroborated those findings.⁴ Discussion of phosphodiesterase type-5 inhibitor abuse in the context of the US HIV epidemic is warranted because at the point of prescribing a phosphodiesterase type-5 inhibitor, clinicians can initiate risk reduction interventions, including sexually transmitted infection and HIV screening.⁵ In addition, we believe that federal agencies should carefully monitor the use and marketing of phosphodiesterase type-5 inhibitors and work together to limit the effects of these drugs on the reemerging HIV epidemic and other sexually transmitted infections.⁵

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Financial Disclosures: None reported.

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This letter was shown to Dr Jaffe, who declined to reply on behalf of the authors. —Ed.

CORRECTION

Incorrect Number: In the Original Contribution entitled "Postmenopausal Hormone Therapy and Risk of Cardiovascular Disease by Age and Years Since Menopause" published in the April 4, 2007, issue of *JAMA* (2007;297[13]:1465-1477), a number was incorrectly reported in the abstract and in Table 3. On page 1465, the first sentence in the Results section of the abstract should be "In the combined trials, there were 396 cases of CHD and 327 cases of stroke in the hormone therapy group vs 370 cases of CHD and 239 cases of stroke in the placebo group." In Table 3, first line of the table, "CHDS," in second column under "Placebo," the values should be changed from "379 (0.44)" to "370 (0.44)."