Department of

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1. Introduction and Objectives

- There is increasing evidence supporting relationships between diet, hypogonadism, erectile dysfunction (ED) and lower urinary tract symptoms (LUTS).
- We sought to assess the dietary patterns of patients presenting to a men's health clinic and to look for any correlations between dietary habits and signs and symptoms of hypogonadism and ED.

2. Materials and Methods

- From August 2018 to June 2019, men who presented to our men's health clinic were enrolled.
- Clinical demographics were collected and patients completed an expansive dietary survey and several questionnaires (ADAM, IIEF-5, STOP-BANG, PHQ-9 and GAD-7).
- Total testosterone (TT), free testosterone (FT) and estradiol (E) were collected.
- Men were included if they answered all the questionnaires and were excluded if they received testosterone replacement therapy.
- 297 / 445 (67%) were included.

3. Results – Demographic Information						
	Organic Diet	Processed Food	Intermittent Fasting			
Ν	297	272	268			
Yes	30 (10%)	220 (81%)	31 (12%)			
No	267 (90%)	52 (19%)	237 (88%)			

Adherence to an Organic Diet is Protective against Hypogonadism and Erectile Dysfunction

Table 1. Clinicodemographic Characteristics Stratified by Organic Diet (univariate analysis)

Age, years BMI, kg/m²

SHIM 🕇

Hypogonada

Table 2. Linear Regression of Factors Predicting a Higher SHIM score (multivariate analysis)

Model

(constant) Organic diet Age, years (c BMI, kg/m² (

This is the first reported study showing that adherence to an organic diet may potentially be protective against ED.

3. Results – Univariate and Multivariate Analysis

	Non-Organic Diet (N=267)			Organic Diet (N=30)			
	Ν	Mean	SD	N	Mean	SD	p
	221	52.4	17.6	30	53.0	15.6	0.859
2	221	27.7	5.2	30	27.5	4.3	0.840
	221	16.3	8.0	30	19.1	5.9	0.030
dal (no, %)	231	38	16.5	30	1	3.3	0.057

	Unstandardized		Standardized			95% CI	
	B	Coefficients Std. Error	Coefficients Beta	t	Sig.	Lower	Upper
	28.8	2.8		10.4	0.000	23.3	34.3
t (0 [ref] vs 1)	2.8	1.4	0.1	2.0	0.045 ★	0.06	5.6
cont.)	-0.2	0.02	-0.3	-5.8	0.000	-0.2	-0.1
(cont.)	-0.2	0.1	-0.1	-1.8	0.079	-0.3	0.02

4. Conclusions

• Larger prospective interventional studies are needed to validate these results.



