

Experts call for urgent action to tackle strong links between impotence and heart disease

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International experts are calling for all men experiencing impotence to undergo thorough medical assessments, after an extensive review showed that a significant proportion of men with erectile dysfunction (ED) exhibit early signs of coronary artery disease (CAD).

A paper published in the June issue of IJCP, the [International Journal of Clinical Practice](#), shows that men with ED will often develop coronary symptoms within two to three years of [impotence](#) and actually experience a [cardiovascular event](#), such as a [heart attack](#), within three to five years.

The authors stress that it is vital that clinicians stabilise cardiovascular function and control any symptoms before even considering initiating any ED therapy.

Dr Graham Jackson, a London-based cardiologist and Chair of the Sexual Advice Association, teamed up with 11 experts from all over the UK, Italy, Greece and the USA to analyse the findings of more than a hundred studies on the links between ED and CAD.

They concluded that:

- ED in otherwise healthy men and those with [type 2 diabetes](#) may be associated with early subclinical signs of CAD, including reduced blood flow and calcification of the arteries.
- Men with ED generally exhibit more severe CAD and dysfunction in the [left ventricle](#) of the heart than those without ED and the severity of the ED may also be correlated with the severity of the CAD.
- In around two-thirds of men, CAD is preceded by ED. The association in younger men aged between 40 and 69 is much clearer than in men over 70.
- ED is associated with an increase in all-cause mortality, primarily through its association with CAD.

A number of studies have sought to quantify the increased risk.

- One study found that men aged between 30 and 39 with moderate to severe ED have a 14 per cent higher risk of

developing CAD within ten years than men without CAD (4.9 per cent and 4.3 per cent respectively). This figure rose to 27 per cent in men aged 60 to 69 (21.1 per cent and 16.6 per cent respectively).

- Other studies suggest that the increased risk can range from 30 to 60 per cent, compared with a 40 per cent increase for a man with a family history of heart attacks and a 10 per cent increase for a 20mg/dl rise in serum cholesterol concentration.

The authors suggest that the link between the two conditions could be due to atherosclerosis, a systemic condition where plaque builds up inside the arteries, leading to restricted blood flow.

"It has been suggested that because the arteries supplying the penis are smaller than those supplying the heart, they will be affected by reduced blood flow - a major cause of ED - before the symptoms of CAD develop" explains Dr Jackson.

"This theory may underpin the findings that men with ED seldom report overt symptoms of CAD, but those with CAD often report pre-existing ED symptoms."

The paper goes on to discuss prevention strategies and how patients should be assessed, tested, managed and followed up. Special guidance is also provided on dealing with patients with diabetes.

"The evidence supporting the relationship between ED and cardiovascular disease has continued to increase over recent years and yet recognition of the association remains limited among healthcare professionals and the general public" concludes Dr Jackson.

"Clinicians who specialise in managing ED support the evidence that ED

is a critical predictor of cardiovascular disease and that men with ED therefore face an increased risk."

The authors, who have extensive experience of cardiovascular and sexual medicine, hope that the evidence and consensus detailed in their IJCP paper will encourage greater international interest and research on the association between ED and CAD.

"Recognising the relationship between ED and CAD will improve and save lives" says Dr Jackson. "That is why wider awareness of the links is essential."

More information: Erectile dysfunction and coronary artery disease prediction: evidence-based guidance and consensus. Jackson et al. IJCP. 64.7, 848-857. (June 2010). [DOI: 10.1111/j.1742-1241.2010.02410.x](https://doi.org/10.1111/j.1742-1241.2010.02410.x)

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