

# Early detectable vascular disease linked to erectile dysfunction

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Men who have asymptomatic subclinical vascular disease are more likely to develop erectile dysfunction than men who don't have early stage vascular disease, according to research presented at the American Heart Association's Scientific Sessions 2014.

"Erectile function can be a window into men's cardiovascular and overall health," said David I. Feldman, B.S., lead author and research assistant at the Ciccarone Center for the Prevention of Heart Disease at Johns Hopkins in Baltimore, Maryland. "Erectile dysfunction and cardiovascular disease commonly coexist."

Researchers studied 1,862 men without existing heart disease and assessed the relationship between early atherosclerotic plaque development and arterial stiffness and dysfunction with their subsequent self-reporting of erectile dysfunction.

"We looked at which measurement of early vascular disease was the best predictor for erectile dysfunction," Feldman said. "We also looked at whether those men with multiple abnormalities, such as increased plaque in addition to arterial stiffness and dysfunction, were more likely to also suffer from erectile dysfunction."

Researchers found:

- Men with [coronary artery](#) calcium scores greater than 100 Agatston units were 43 percent more likely to later self-report

erectile dysfunction compared to otherwise identical men with normal calcium scores. (The Agatston Score is a measure of the amount of calcified plaque in the coronary arteries.)

- Men who subsequently had erectile dysfunction were at least two times more likely to have coronary artery calcium scores greater than 100 Agatston units at the start of the more than nine-year study.
- While coronary artery calcium had the strongest association to erectile dysfunction, other measures of early vascular disease, including carotid intima-media thickness (cIMT), were notably worse among men with erectile dysfunction compared to those without. cIMT measures plaque build-up in your carotid arteries that supply blood to the head, neck, and brain.
- After considering age, race, sex and traditional risk factors—such as diabetes, smoking, high cholesterol and obesity—men with abnormalities of both atherosclerosis as well [arterial stiffness](#) and dysfunction were 53 percent more likely to later self-report erectile dysfunction.

To improve long-term erectile function and reduce the risk for worsening cardiovascular health, at-risk men should eat a heart-healthy diet, engage in physical activity and avoid smoking, Feldman said.

"Current guidelines recommend exercise stress testing and an ankle-brachial index test for risk assessment in patients with erectile dysfunction," he said. "Our results suggest a more powerful indicator is direct measurement of coronary plaque through the use of a coronary artery calcium test."

More research is needed before physicians routinely use [coronary artery calcium](#) tests over other noninvasive methods to assess men's sexual health, Feldman said. And more work needs to be done on how best to prevent erectile dysfunction in those men with confirmed asymptomatic

vascular disease.

Researchers excluded men on impotence drugs and couldn't ensure that all [men](#) were free of [erectile dysfunction](#) at the study's baseline examination.

Provided by American Heart Association

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