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Erectile dysfunction and its detection in the health care setting: 10 years on

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Key words: Erectile dysfunction, cardiovascular disease, general practitioners, health care professionals, detection.

Key message: Erectile dysfunction is considered an early indicator of cardiovascular disease. Jackson highlighted the important role that General Practitioners and other health care professionals have in detecting [erectile dysfunction](#) and potentially preventing subsequent cardiovascular events.(1) Results from our audit suggest that [erectile dysfunction](#) detection remains poor.

Sir,

Cardiovascular disease costs the UK economy an estimated £29.1 billion annually and is responsible for 40% of all deaths.(2) The prevalence of [erectile dysfunction](#) in those with or at risk of [cardiovascular disease](#) is reported to be as high as 75%.(3) Both conditions share similar aetiologies and risk factors(4) and as a result, [erectile dysfunction](#) is typically experienced before the onset of a cardiac event. [Erectile dysfunction](#) is therefore regarded as a potential early indication of underlying [cardiovascular disease](#), where the mean time between developing [erectile dysfunction](#) and having a cardiovascular event is approximately three years.(5)

It has been reported that less than 25% of men seek help from a doctor in relation to [erectile dysfunction](#). Contradictory to intuition however, less than 5% of men report embarrassment as a reason for not wanting to talk about sexual problems.(6) [General practitioners](#) and primary care nurses report time pressures, lack of training and expertise, as well as concerns about the use of appropriate language as barriers to proactive engagement with patients in relation to sexual health issues.(7) It has been recommended that men presenting in primary care with [cardiovascular disease](#) should be asked about [erectile dysfunction](#).(8) In addition, broaching the subject of [erectile dysfunction](#) with men without any cardiac symptoms is also important as [erectile dysfunction](#) is considered an indication of increased [cardiovascular disease](#) risk.(9)

We conducted an audit of men attending an East London cardiac rehabilitation service to ascertain the prevalence and severity of **erectile dysfunction** and its treatment. One hundred men, aged between 30 and 88 years ($m = 56.82$; $SD = 10.48$) completed the International Index of Erectile Function.(10) Eighty percent of respondents reported some degree of **erectile dysfunction**, of which 19% reported severe **erectile dysfunction**, 19% moderate, 17% mild to moderate and 25% mild (see Table 1). Men on average had been suffering with **erectile dysfunction** for 2.8 years ($SD = 3.32$ years).

Of the 80 men reporting **erectile dysfunction**, 65% had never spoken to a health care professional about their symptoms. Of those with moderate or severe **erectile dysfunction**; only 52.6% had spoken to a **health care professional**, whilst those with mild or mild to moderately severe **erectile dysfunction**; only 14.3% had done so (see Table 1). Only one individual in the audit was receiving treatment for **erectile dysfunction**.

Table 1: The severity of erectile dysfunction (ED) and help seeking for the condition

ED severity denoted by the IIEF-5	Number of participants by degree of severity n (%)	Number of participants who had sought help for ED n (%)
Severe	19 (19)	10 (52.6)
Moderate	19 (19)	10 (52.6)
Mild/Moderate	17 (17)	2 (11.8)
Mild	25 (25)	4 (16)
No ED	20 (20)	0
Total	100 (100)	26 (26)

Jackson highlighted the important 2–3 year interval between experiencing **erectile dysfunction** and symptomatic coronary artery disease.(1) He suggested that **general practitioners** and other **health care professionals** have a pivotal role to play in detecting **erectile dysfunction** early. Nearly a decade later, this audit suggests that patients are still not receiving necessary medical help. **Erectile dysfunction** needs to be addressed in the health care setting whether that is primary care, cardiology clinics or cardiac rehabilitation programmes. If detection of **erectile dysfunction** is improved, there is a possibility to reduce mortality in those at risk of a cardiac event and facilitate access to appropriate treatment.

Reference List

- (1) Jackson G. Erectile dysfunction: a marker of silent coronary artery disease. *Eur Heart J* 2006 Nov;27(22):2613-4.
- (2) Luengo-Fernandez R, Leal J, Gray A, Petersen S, Rayner M. Cost of cardiovascular diseases in the United Kingdom. *Heart* 2006 Oct;92(10):1384-9.
- (3) British Heart Foundation. Heart Matters sex survey. Available from URL: <http://www.bhf.org.uk/heart-matters-online/may-june-2014/news/sex-survey.aspx> (accessed 15th November 2014).
- (4) Ponholzer A, Temml C, Mock K, Marszalek M, Obermayr R, Madersbacher S. Prevalence and risk factors for erectile dysfunction in 2869 men using a validated questionnaire. *Eur Urol* 2005 Jan;47(1):80-5.
- (5) Montorsi F, Briganti A, Salonia A, Rigatti P, Margonato A, Macchi A, et al. Erectile dysfunction prevalence, time of onset and association with risk factors in 300 consecutive patients with acute chest pain and angiographically documented coronary artery disease. *Eur Urol* 2003 Sep;44(3):360-4.

- (6) Laumann EO, Glasser DB, Neves RC, Moreira ED. A population-based survey of sexual activity, sexual problems and associated help-seeking behavior patterns in mature adults in the United States of America. *Int J Impot Res* 2009 May;21(3):171-8.
- (7) Gott M, Galena E, Hinchliff S, Elford H. "Opening a can of worms": GP and practice nurse barriers to talking about sexual health in primary care. *Fam Pract* 2004 Oct;21(5):528-36.
- (8) Hackett G. The burden and extent of comorbid conditions in patients with erectile dysfunction. *Int J Clin Pract* 2009 Aug;63(8):1205-13.
- (9) Jackson G. Erectile dysfunction and cardiovascular disease. *Arab Journal of Urology* 2013; 11(3): 212-216.
- (10) Rosen RC, Cappelleri JC, Smith MD, Lipsky J, Pena BM. Development and evaluation of an abridged, 5-item version of the International Index of Erectile Function (IIEF-5) as a diagnostic tool for erectile dysfunction. *Int J Impot Res* 1999 Dec;11(6):319-26.