



Revista
portuguesa de saúde pública

www.elsevier.pt/rpsp



Original article

Erectile dysfunction in primary care: Sexual health inquiry and cardiovascular risk factors among patients with no previous cardiovascular events

Ricardo Dias^{a,*}, Violeta Alarcão^a, Sara da Mata^a, Filipe Leão Miranda^a, Rui Simões^a, Mário Carreira^a, Evangelista Rocha^a, Alberto Galvão-Teles^{a,b}

^a Institute of Preventive Medicine and Public Health, Faculty of Medicine, University of Lisbon, Portugal

^b Endocrinology, Diabetes and Obesity Unit, Lisbon, Portugal

ARTICLE INFO

Article history:

Received 21 January 2014

Accepted 5 June 2016

Available online xxx

Keywords:

Erectile dysfunction

Cardiovascular risk factors

Primary health care

ABSTRACT

Introduction: Erectile dysfunction (ED) inquiry and treatment could have an important role in cardiovascular prevention. The aims of the present study were to: (1) evaluate the association of ED with cardiovascular risk (CVR) factors among patients with no previous cardiovascular events; (2) assess the inquiry of ED in Portuguese primary care.

Methods: Cross-sectional study (January–March 2011) conducted in two Lisbon Primary Healthcare Centers among men aged 18–80 years, sexually active and with no cardiac or cerebrovascular disease. We collected data concerning CVR factors and sexual health inquiry through interviews and clinical records and we used the International Index of Erectile Function to evaluate ED. Logistic regression models were used to study the association between ED and CVR factors.

Results: In a sample of 90 men (mean age 49.82 ± 15.65), 32% had ED. Hypertension prevalence and the number of CVR factors was significantly higher among men with ED. However, age was strongly associated with ED and, after age-adjustment, the associations found between ED and hypertension lost their statistical significance. The majority of men evaluated their sexual life as “very important” or “important” (98%) and affirmed that sexual problems should be inquired by the general practitioner (93%) but only a minority were inquired about it (14%).

Conclusion: ED is a frequent problem among men with no previous cardiovascular events and, in our study, it was mostly associated with age. ED is still not inquired appropriately in the primary care.

© 2016 The Author(s). Published by Elsevier España, S.L.U. on behalf of Escola Nacional de Saúde Pública. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

* Corresponding author.

E-mail address: pereira.dias.ricardo@gmail.com (R. Dias).

<http://dx.doi.org/10.1016/j.rpsp.2016.06.001>

0870-9025/© 2016 The Author(s). Published by Elsevier España, S.L.U. on behalf of Escola Nacional de Saúde Pública. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Disfunção erétil nos cuidados de saúde primários: a sua abordagem e relação com fatores de risco cardiovasculares em doentes sem eventos cardiovasculares prévios

R E S U M O

Palavras-chave:

Disfunção erétil

Fatores de risco cardiovasculares

Cuidados de saúde primários

Introdução: A abordagem e o tratamento da disfunção erétil (DE) nos cuidados de saúde primários poderiam ter um papel importante na prevenção cardiovascular. Os objetivos deste estudo foram: 1) estudar a relação da DE com os fatores de risco cardiovasculares (FRCV) em indivíduos sem eventos cardiovasculares prévios; 2) avaliar a abordagem da DE nos cuidados de saúde primários portugueses.

Métodos: Estudo transversal, exploratório, realizado em 2 centros de saúde de Lisboa, incluindo homens com 18–80 anos de idade sexualmente ativos e sem doença cardíaca ou cerebrovascular. Recolhemos dados relativos à abordagem da DE e dos FRCV através de entrevistas e da consulta de processos clínicos. Avaliámos a DE através do Índice Internacional de Função Erétil e a associação com os FRCV através de modelos de regressão logística.

Resultados: Numa amostra de 90 homens (média de idade $49,82 \pm 15,65$), 32% apresentavam DE. A prevalência de hipertensão e o número de FRCV foi significativamente superior em homens com DE. Contudo, a idade esteve significativamente associada à DE e, após ajuste para a idade, a associação encontrada entre a hipertensão e a DE deixou de ser significativa. Apesar de a maioria ter reportado que os problemas sexuais deviam ser abordados pelo médico de família (93%), apenas uma minoria afirmou já ter sido inquirida a este respeito (14%).

Conclusão: A DE é um problema frequente em homens sem eventos cardiovasculares prévios e, no nosso estudo, associou-se sobretudo à idade. A DE não é suficientemente abordada nos cuidados de saúde primários portugueses.

© 2016 O Autor(s). Publicado por Elsevier España, S.L.U. em nome de Escola Nacional de Saúde Pública. Este é um artigo Open Access sob uma licença CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

There has been a growing interest in sexual health research as the diagnosis of a sexual dysfunction may provide an opportunity to learn about other health conditions as well as to alleviate the dysfunction.¹ The clearest example is erectile dysfunction (ED): it may result from psychological, neurological, hormonal, arterial or cavernosal impairment or from a combination of these factors.^{2,3} It is currently proposed that ED be defined as a failure to obtain and maintain an erection sufficient for sexual activity or decreased erectile turgidity on 75% of sexual occasions and lasting for at least 6 months, independently of distress.⁴ Evidence suggests that ED prevalence increases with age: low in men under the aged 40–49 years (median prevalence 6%; range 1–29%); modest in men aged 50–59 years, (median prevalence 16%; range 3–50%); higher in men aged 60–69 years (median prevalence 32%; range 7–74%), and much higher in men aged 70–79 years (median prevalence 44%; range 26–76%).⁵ ED is highly prevalent in individuals with multiple cardiovascular risk (CVR) factors and/or with cardiovascular disease. In fact, ED is associated with increased risk of cardiovascular events and all-cause mortality.^{6–9} The onset of ED occurs 2–3 years before symptomatic coronary heart disease and 3–5 years before cardiovascular events.^{10–13} This makes inquiry about ED in the primary care a useful tool to identify at-risk patients with cardiovascular disease that may

not yet have become manifest by other symptoms or signs. ED may even be the first recognized evidence of the presence of CVR factors. Therefore, it is now recommended to sexual inquiry all men.¹⁴ Of note, a validated questionnaire, such as the International Index of Erectile Function (IIEF), has been recommended to assess ED instead of a subjective inquiry. Indeed, a systematic review and meta-analysis of cohort studies has shown that patients in whom ED was diagnosed with a questionnaire, the relative risk for total cardiovascular events was higher compared with that in patients in whom ED was diagnosed with a single question.⁸ Thus, it seems reasonable that ED when correctly evaluated could provide more useful information about the future cardiovascular risk. However, several studies indicate that ED is not inquired appropriately in the primary care.^{1,15–18} Since sexual health inquiry and support has been defined as a primary care priority and could have an important role in cardiovascular prevention,¹ the field is still in need of more studies to evaluate the rate of ED inquiry among male patients with no previous history of cardiovascular events as well as to explore the association of ED with CVR factors in these patients.

This cross-sectional study aims to: (i) explore the association of ED with CVR factors among male patients with no previous history of cardiovascular events; (ii) assess the general practitioner's ED inquiry rate and patient's expectations regarding sexual health discussion in the primary care.

Download English Version:

<https://daneshyari.com/en/article/7527284>

Download Persian Version:

<https://daneshyari.com/article/7527284>

[Daneshyari.com](https://daneshyari.com)