



ERECTILE DYSFUNCTION

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Abstract

Erectile dysfunction is a multidimensional but common male sexual dysfunction that involves an alteration in any of the components of the erectile response, including organic, relational and psychological. Roles for nonendocrine (neurogenic, vasculogenic and iatrogenic) and endocrine pathways have been proposed. Owing to its strong association with metabolic syndrome and cardiovascular disease, cardiac assessment may be warranted in men with symptoms of erectile dysfunction. Minimally invasive interventions to relieve the symptoms of erectile dysfunction include lifestyle modifications, oral drugs, injected vasodilator agents and vacuum erection devices.

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1. INTRODUCTION

Erectile dysfunction (ED) is defined as the inability to attain or maintain a penile erection sufficient for successful intercourse. ED is a common clinical disorder that affects mainly men older than 40 years. The prevalence of ED was reported between 1–10% in men younger than 40 years. The prevalence ranges from 2% to 15% in men between the ages of 40 and 49 years. It then increases to 20–40% in men aged 60–69 years. In men older than 70 years, prevalence of ED ranges from 50% to 100%. (1)

Strong evidence indicates that erectile dysfunction is indeed significantly and independently associated with an increased risk of coronary heart disease, stroke, and all-cause mortality. Additionally, certain environmental and lifestyle factors, such as smoking, obesity, and limited or an absence of physical exercise, might also be important predictors of erectile dysfunction. An extensive alteration of lifestyle habits, through modification of diet and encouragement to exercise, led to improvement of erectile dysfunction. (1)

The 15-item International Index of Erectile Function (IIEF) questionnaire was developed and validated by an international body of experts, and has been widely used in studies evaluating erectile dysfunction (ED). (2,3) The 15-item IIEF has been proved to be a valid, reliable, efficient, and simple

tool to use in clinical trials of erectile dysfunction assessment and therapy. (2,3)

The need to simplify and develop a more suitable diagnostic tool for everyday office use has led in 1999 to the introduction of an abbreviated five-item form of the original index: the IIEF-5 also known as the Sexual Health Inventory for Men (SHIM). (4)

the Arabic version of the SHIM administered to 136 Egyptian men proved to be reliable and valid. It also showed a high degree of specificity and sensitivity among the Egyptian population. (5)

In addition to the classical causes of erectile dysfunction, such as diabetes mellitus and hypertension, several common lifestyle factors, such as obesity, limited or an absence of physical exercise, and lower urinary tract symptoms, have been linked to the development of erectile dysfunction. Substantial steps have been taken in the study of the association between erectile dysfunction and cardiovascular disease. Erectile dysfunction is a strong predictor for coronary artery disease, and cardiovascular assessment of a non-cardiac patient presenting with erectile dysfunction is now recommended. (1)

Some researchers have reported that patients with gout have demonstrated a significantly elevated risk of erectile dysfunction, which suggests that the erectile function should be assessed when clinicians manage patients with gout and provide corresponding specific therapies for patients with gout when necessary. (6)

Other investigators have found that sleep apnea and other sleep disorders are associated with endothelial dysfunction as well as cardiac events and erectile dysfunction. (7).

2. REFERENCES

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