

Basic Outline of Erectile Dysfunction (ED)

1. Definition
 - a. Persistent inability to obtain or maintain a penile erection
2. Background facts
 - a. 50% of men will develop ED in their lives, usually after age 45
 - b. 20-30 million men in the USA have some level of ED
3. Associated risk factors
 - a. 80% of ED cases have an organic, anatomically identifiable or medication-related association:

Age	Physical inactivity
Diabetes	Smoking
Hypertension	Peripheral vascular obstruction
Obesity	Neurologic disorder
 - b. 20% of cases are psychogenic or mind/emotion related:
example: depression
4. Signs or symptoms
 - a. Dysfunctional penis
 - b. Sexual dissatisfaction
5. Early screening tests
 - a. None commonly accepted
6. Diagnosis
 - a. Evaluation by physician, commonly a urologist
 - b. Specific history and physical; tests as needed
7. Treatment
 - a. Correct identifiable risk factors or abnormal findings
 - b. Counseling if necessary
 - c. Oral medication

Recent Developments in ED

Erectile dysfunction (ED) is one of the most common health problems in men. Recently, cardiovascular disease (CVD) and ED have been shown more convincingly to share many common risk factors that relate to the development and severity of both conditions.

In 2005, researchers showed that ED may even precede or represent a harbinger of CVD. They found that in men over age 45, ED may convey a 2-fold greater risk for the development of CVD. Cardiovascular disease is the nation's number one killer, accounting for 40% of all deaths in the USA.

It appears that there is a strong association between the presence of ED and the subsequent development of symptomatic CVD, including heart attack and stroke. Consequently, individuals with ED, even in the absence of CV symptoms like chest pain or shortness of breath, should consider undergoing a cardiac examination and appropriate testing, if 2 or more CV risk factors are present on screening evaluations.