

Erectile Dysfunction Predicts Heart Disease

Experts urge more doctors to ask simple question of male patients

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MONDAY, Jan. 18 (HealthDay News) -- Erectile dysfunction is a strong warning sign that a man might be at increased risk for heart attack, stroke and other cardiovascular problems, a long-running study indicates. "We saw that adjusting for age and Framingham [Heart Study] risk factors, men with erectile function still had a 40 percent increased risk," said Andre Araujo, director of epidemiology at New England Research Institutes and lead author of a report published online Jan. 19 in the *Journal of the American College of Cardiology*.

Though adding erectile dysfunction to the list of known risk factors determined by the Framingham Heart Study -- cholesterol, smoking, high blood pressure -- doesn't improve the prediction of future cardiovascular trouble, it can be a quick, free addition to risk assessment, Araujo said.

"If a man presents with erectile dysfunction, the physician should work him up for cardiovascular disease," he said. "It is low cost -- indeed, no cost -- with no risk associated with it."

The study is the latest of several that have linked erectile dysfunction to cardiovascular disease. That is to be expected, Araujo said, because the same artery-blocking conditions that reduce blood flow to the heart and brain can also reduce flow to the penis.

The study followed 1,057 men, aged 40 to 70, for an average of 12 years. Overall, 37 percent of the men with erectile dysfunction were in the high-risk category according to the Framingham standards, compared with 17 percent of men without erectile dysfunction.

Once the link to cardiovascular problems was established, "we started modeling to see if we added erectile dysfunction to the Framingham risk profile we could reclassify some men," Araujo said. "In fact, it doesn't do much."

The reason is that the Framingham risk profile is hard to improve on, he said. Over the years, studies of a number of diagnostic techniques -- including computerized tomography scanning and various molecular markers, such as inflammation-related C-reactive protein -- have been shown not to improve on the Framingham profile's predictive power.

But those other measures are either costly, require blood tests or carry some risk, whereas erectile dysfunction can be determined by a simple question, Araujo said.

So doctors should ask the question, said Dr. R. Parker Ward, a cardiologist and an associate professor of medicine at the University of Chicago, who has done several studies on erectile dysfunction and cardiovascular risk.

"Why not ask a simple question in the office that will reveal a diagnosis very clearly?" Ward said. "It is cheaper and easier than doing a lipid profile or measuring high blood pressure."

It's information that men should offer to their doctors, Araujo said. "Self-reported erectile dysfunction matches what urologists say about the question," he said. "We should get the message out: If you have an erectile problem, see your doctor."

Having a doctor ask the question or a man offer the information can lead to preventive therapy that can be lifesaving, Araujo said.

"One of the first signals that a guy has cardiovascular disease is often sudden death," he said.

More information

The U.S. National Kidney and Urologic Diseases Information Clearinghouse has more on [erectile dysfunction](#).

<http://www.businessweek.com/lifestyle/content/healthday/634999.html>