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A Systematic Review of the Association Between Erectile Dysfunction and Cardiovascular Disease

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What does the review add: This review provides the most up-to-date summary of the association between ED and CVD and may help in identifying candidates for CVD assessment among ED patients.

Abstract

Background and objective: Erectile dysfunction (ED) shares many risk factors with cardiovascular disease (CVD). A correlation between ED and CVD has been hypothesized, with ED proposed as an early marker of symptomatic CVD. The aim of this review was to analyze the relationship between ED and CVD, including pathophysiologic links, and to identify which ED patients would benefit from cardiologic assessment.

Methods: A systematic search of the MEDLINE, Embase, and Web of Science databases for studies between January 2005 and May 2013 was performed. The search terms included erectile dysfunction, cardiovascular disease, coronary artery disease, risk factors, pathophysiology, atherosclerosis, low androgen levels, inflammation, screening, and phosphodiesterase type 5 inhibitors.

Key findings: A link between ED and CVD might involve the interaction between androgens, chronic inflammation, and CVD risk factors that drive endothelial dysfunction (EDF) and atherosclerosis. Because penile arteries are smaller than coronary arteries, EDF causes a more significant blood-flow reduction in erectile tissues than in coronary circulation. Thus, ED could be an indicator of systemic EDF. As it may precede CVD, ED can be used as an early marker to identify men with CVD. Hence, ED patients at high risk of CVD should undergo cardiologic assessment.

Conclusions and clinical implications: ED and CVD should be regarded as different manifestations of the same systemic disorder. ED usually precedes CVD onset, and should be considered an early marker of CVD.

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