

Editorial

Erectile Dysfunction is a Serious Health Problem

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EDITORIAL

Erectile dysfunction (ED) is a common complaint among men and its incidence increases with age. It affects individuals' wellbeing and has a negative impact on their relationship [1]. Therefore we may expect growing number of ED cases in aging, multimorbid societies with focus on life quality. Underlying pathology is often combination of vascular insufficiency as well as neurological and hormonal dysfunction [2]. Furthermore psychological component may often exacerbate symptoms.

Available therapies are effective to improve erection and enable sexual intercourse. Phosphodiesterase-5 inhibitors (PDE-5i) offer symptoms relief and became widely available, as patent for the first introduced drug has expired. Men may choose between pharmaceuticals on demand that improves erection as fast as 15 minutes after administration [3] to daily products that help to maintain spontaneous sexual activity [4]. Patients who are PDE-5i non-responders may select one of medications containing alprostadil available as an injection [5], intra urethral applicator [6] or cream [7]. Another option when pharmaceuticals fail, especially for those in stable relationships, is vacuum constriction device. Furthermore, a group of motivated patients who suffer from serious dysfunction may request penile prosthesis. This ultimate solution offers great results, however involves an invasive and expensive procedure that poses patient at risk for serious side effects. Further therapies are emerging as stem cell and low intensity extracorporeal shock wave treatment (ESWT). These new strategies may eventually cure ED as they target the source of the problem and improve blood circulation as well as stimulate neuronal regeneration [8-10]. Despite promising reports, we still need to collect more evidence and gain experience, before they become a standard treatment.

We can offer our patients effective therapy for ED, should we still be concerned? In my opinion YES we have to! ED must be regarded as a serious health problem and should be treated by physicians with an understanding of possible pathology. We must be aware that ED is a red flag disease and can precede heart attack by 1-3 years [11]. Changes in lifestyle may improve erection and should always be recommended before or along other treatment as it can simultaneously prevent other serious health problems [12,13].

In my opinion ED could become a part of screening, as an indicator of a good health performance status. Existing state of the art device to measure nocturnal penile tumescence is

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troublesome and expensive. Measuring of penile hemodynamics requires sophisticated tools and can only be conveyed in a specialist setting. Furthermore Doppler USG is an operator dependent and requires expertise. Unfortunately we currently do not possess a tool to investigate objectively erectile function of the whole population. Such instrument would enable to identify men at risk regardless if they are sexually active or not and is imperative.

I believe ED screening would be a valuable tool in a preventive medicine.

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