

Erectile dysfunction linked to cardio risk

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Data from two recent studies suggest that erectile dysfunction (ED) is a common manifestation of cardiovascular risk. What's more, the treatments for cardiovascular disease used by participants in these studies appeared to have no effect on their ability to get and maintain an erection, suggesting that other approaches are necessary.

While this was not an HIV study (it was conducted in older men of a mean age of 65 – many with a history of [heart attack](#) [1]A life-threatening emergency in which the blood supply to the heart is suddenly cut off, causing the heart muscle (myocardium) to die from lack of oxygen.) its findings show that ED is best corrected by addressing cardiovascular risks, such as increasing exercise, stopping smoking, lowering of [blood fats](#) [2]A type of fat in the blood. Elevated triglyceride levels may be a side effect of some anti-HIV drugs. (if they are high), and managing [diabetes](#) [3][Diabetes mellitus] A disorder in which sugars in the diet cannot be metabolised into energy due to a lack of the enzyme insulin. Late-onset diabetes mellitus may be a long-term side effect of some anti-HIV drugs. (blood sugar disturbances) and hypertension ([high blood pressure](#) [4]Persistently high blood pressure, an outwardly symptomless condition which carries an increased risk of serious illnesses such as stroke, heart disease and heart attack.) where they exist.

Viagra, and the like, only remove the symptom of ED, but don't address the cause. In many cases there may be multiple causes so addressing them singly may be the simplest method.

Good-quality sleep, a healthy heart diet along with drinking ample water are all excellent personal initiatives that can be assisted by consultation with a doctor or dietician.

- [heart disease](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/103>

[2] <http://www.napwa.org.au/glossary/term/114>

[3] <http://www.napwa.org.au/glossary/term/95>

[4] <http://www.napwa.org.au/glossary/term/98>