

A Man's Heart Really Does Dictate His Erection



By *Jamie Wells, M.D.* — January 13, 2018



Credit: Pexels [1]

There is more evidence mounting to an already robust knowledge database that a man's erectile dysfunction (ED) can be linked to a higher rate of cardiovascular (CV) events.

The [latest work](#) [2] to be discussed [here](#) [3] demonstrated such men had a “higher relative risk of myocardial infarction [*or heart attack*], total CV events, and all-cause mortality.” (1)

First, let's review a few facts about ED and cardiovascular disease (CVD).

- CVD is leading cause of death in men (with significant rates in young & old)
- > 30 million men in U.S. are affected by ED
- ED impacts > 50% of men aged 40-70 years and > 70% men over age 70
- Clinical signs, symptoms of ED may pre-date those of coronary artery disease (CAD)
 - This means ED might be a useful marker to alert of subclinical CVD
- Risks for both include: obesity, diabetes, smoking, older age etc.
- To review more about ED, review [here](#) [4] and [here](#) [5].

Why should we care about ED when it comes to CVD?

The earlier we detect CVD, the sooner we can implement interventions that could prevent or hopefully stave off heart attacks, strokes and even death. Improving diet and exercise to optimize weight, initiating ways to stop smoking, starting medications like cholesterol-lowering agents are all ways to help maintain good blood pressure and minimize risks for worsening CVD. ED and its early detection and treatment might be another avenue that could positively impact risk.

The latest research

Though it is known ED is linked to CVD and CVD mortality, a team of researchers opted to explore

the less understood relationship between it and subclinical CVD. They conducted a systematic review of the literature and meta-analysis that was recently published in [Vascular Medicine](#) [3].

The authors highlight and affirm the shared mechanism of ED and CVD, recognizing the risk factors associated with each are the same (e.g. increasing age, sedentary living, obesity, alcohol, smoking, diabetes) and they set up scenarios that impede vascular flow. They concluded “there is a consistent association of ED with three of the four domains of subclinical ED we assessed (endothelial dysfunction, carotid atherosclerosis, and other markers of vascular function).” They contend their findings show a need to initiate “more aggressive CVD risk assessment and management” for those with ED which must include younger males who are deemed low risk from age alone. Besides coronary artery calcium (CAC) scoring and ED’s inconclusive association in this study due to limited sampling (which should be better assessed in the future with the existence of larger studies), the other domains mentioned were measured by non-invasive, easy-to-test ways that could be performed in an office setting. (2)

Therefore, the investigators claim early identification of ED could prove helpful in CVD risk stratification. More work needs to be done on the temporal relationship between subclinical CVD and ED.

The take home message

Though there were a number of limitations to this study, it showcases a valuable association.

ED poses a serious quality of life and health issue for patients. While the science and screening or stratification policies are being worked out, the important lesson is: when symptoms of ED start, a trip to the doctor to tease out why is never a bad idea. There can be a spectrum of reasons for it, many of which are medical ones that can be readily helped. Determining the cause - albeit medical or psychological, will get you closer to the most effective treatment while in a number of cases also get you a head start on preventing future CV events. That’s a win.

Source(s):

(1) [Erectile dysfunction in the trajectory of cardiovascular disease](#) [2]. Matthew A Kluge, Naomi M Hamburg. *Vascular Medicine*. First Published December 15, 2017.

<https://doi.org/10.1177/1358863X17744038> [6]

(2) [The relationship of erectile dysfunction and subclinical cardiovascular disease: A systematic review and meta-analysis](#) [3]. Chukwuemeka U Osondu, , Bryan Vo, Ebenezer T Oni, Michael J Blaha, EmirVeledar, , Theodore Feldman ; Arthur SAgatston, , Khurram Nasir, , Ehimen CAneni, . *Vascular Medicine*. First Published December 15, 2017.

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Links

- [1] <https://www.pexels.com/photo/love-people-kissing-romance-18397/>
- [2] <https://www.ncbi.nlm.nih.gov/pubmed/29243992>
- [3] <https://www.ncbi.nlm.nih.gov/pubmed/29243995>
- [4] <https://www.acsh.org/news/2017/12/21/could-medical-advance-come-studying-penile-stiffness-12316>
- [5] <https://www.acsh.org/news/2016/11/25/banging-out-penile-prowess-10485>
- [6] <https://doi.org/10.1177%2F1358863X17744038>
- [7] <https://doi.org/10.1177%2F1358863X17725809>