



RISK FACTORS OF SEVERE ERECTILE DYSFUNCTION IN A CARDIOLOGY CLINIC



Jeanne DIAW, Lamine NIANG, Alassane MBAYE, Madina NDOYE, Mohamed JALLOH, Issa LABOU, Abdoul KANE, Serigne Abdou BA, Serigne Magueye GUEYE
University Cheikh Anta DIOP and Grand Yoff General Hospital , Hospital Aristide Le Dantec - Dakar, Senegal - janediaw@hotmail.com

Introduction

Epidemiologic studies provide powerful support for the role of cardiovascular risk factors in ED. Hypertension and treated heart disease has been shown to be the mayor independent risk factors diabetes. Little is known about Senegalese men. There are only a small number of epidemiological investigations in Senegal. We estimate the prevalence of severe ED and investigate associated risk factors in the genesis of severe ED.

Material and Method

To estimate the prevalence of severe ED and to assess severe ED and associate risk factors, 251 men age 18 to 80 years were interviewed with a questionnaire on sexual function by the International Index of Erectile Function (IIEF 15). Social and demographics, blood chemistries, and clinical data were also collected. The prevalence of severe ED was obtained by an interview on the IIEF- 15. The data were analysed for the presence of risk factors and their relationship with ED. Univariate and multivariate analysis showed the relation with ED.

Results

ED was reported by 195 men (74, 5%). ED was more prevalent in the subject group with 68 years and plus (46, 8%) than in the subject group with 55 years and less (9, 8%).

Conclusion

Regard to this high prevalence and his high level of association with some risk factors, ED need more attention in cardiology ward for the follow up.

Results (suite)

Severe ED was reported by 68 men (27, 1%) and was positively related to age (OR=1, 6 p< 0, 001) such as diabetes, elevated level of total cholesterol and heart failure. There were no association between ED and HTA and between ED and cardiovascular disease treatment.

Variables	OR	IC 95%	p
Heart failure	2,831	[1,218-6,583]	0,016
Hypercholestérolémie	2,442	[1,134-5,259]	0,023
Diabetes	6,830	[2,708-17,23]	<0,0001
Age (5 years increments)	1,640	[0,334-2,016]	<0,0001
Scolarisation	1,061	[0,831-1,353]	0,636
anti-HTA associated	1,320	[0,591-2,016]	0,499
Risk factors associated	1,515	[0,341-6,729]	0,585

Discussion

Despite of the voluntary participation, some cases of ED were none declared. 69,3% of the patients declared ED whereas the questionnaire shown ED in 74, 5% of case. Talking about ED is always taboo. Age was the first ED risk factor. ED prevalence and his severity significantly rose with age, independently from other risk factor. The risk rose every 1, 64 years.. In the MMAS study, age was strongest predictor of ED risk (Feldman 1994). Severe ED and diabetes association is greater in our study than seen usually. (MMAS study), There was a significant correlation between high concentration of serum total cholesterol and ED. But the impacts of risk factors like alcohol, smoking, obesity are still controversial.