ERECTILE DYSFUNCTION IN MALE GERIATRIC POPULATION WITH ARTERIAL HYPERTENSION IN TEGUCIGALPA HONDURAS

Maria José Folgar Contreras1, Milagromaria Ramos Rodriguez2, Keily Sarahi Pastrana Gonzales3.

INTRODUCTION

Erectile dysfunction is defined as the consistent (durable, stable) inability to achieve or maintain a penile erection sufficient to allow a satisfactory sexual relationship. Although it is considered a benign disease, it has a high impact on the quality of life of the person who suffers it. As well as that of his partner, since it affects the individual from the physical to the emotional.

In the year of 1573 Varilo explained the erection as a result of a venous restriction mechanism. However, it was from the concepts by Freud that it was considered of a psychological origin. Currently, there are three basic mechanisms known that can cause erectile dysfunction: inability to initiate an erection (psychogenic, endocrine or neurogenic cause), insufficient filling (arteriogenic) and the inability to store a sufficient volume of blood in the lacunar network (dysfunction veno-occlusive). Erectile dysfunction is recognized as a multifactorial disease in which psychic, neurogenic, endocrine causes coexist; concomitant diseases such as diabetes, vascular, traumatic; causes related to drugs, lifestyles and even iatrogenic causes have been described. Erectile dysfunction and hypertension share the same risk factors (sedentary lifestyle, obesity, alcohol and smoking), which are in turn associated with endothelial dysfunction.

A high prevalence has been found in patients with erectile dysfunction and arterial hypertension, which may be due to endothelial damage in the arterial wall of the corpora cavernosa, and due to the effect that certain antihypertensive drugs produce in the erection. Since arterial hypertension is a very frequent, poorly controlled chronic endothelial disease that coexists with erectile dysfunction, it is very useful to know the frequency of the relationship between arterial hypertension and erectile dysfunction in the geriatric population.

In this study, the prevalence of erectile dysfunction in its different degrees was determined in hypertensive male patients who attended the outpatient clinic of the Integral Care Center for the Elderly, evidencing other diseases that coexist with erectile dysfunction; which has traditionally been classified as a phenomenon resulting from age. Although it is true, it is concomitant of some physiological
and psychic changes of old age. Today it is considered a disease. For this reason it is intended through this, to demonstrate the need to handle the disease comprehensively and considering the increase in the cases of it, suggest creating preventive measures.

MATERIALS AND METHODS

A cross-sectional descriptive study was conducted, taking a sample of 210 men from a population of 465 male and hypertensive patients who attended the Center for Integral Care of the Elderly (CAIAM) in Tegucigalpa, Honduras, in the months of October and November 2013. The inclusion criteria were male patients diagnosed with hypertension and treated at the Integral Care Center for the Elderly (CAIAM), aged between 60 and 90 years; and signed informed consent. Men without arterial hypertension were excluded. The data was obtained through the application of two instruments; after having obtained the signed informed consent of each patient. The first was a survey with data of a general nature and the second the international index of erectile dysfunction (IIEF-5) that considers patients based on a score of 22-25 without erectile dysfunction; 17-21 with mild degree, 12-16 with mild to moderate degree, 8-11 with moderate degree, and 5-7 with severe degree. For the data analysis, these were introduced and stored in the Epi-info statistical program version 3.01. With them, tables and graphs were made in Microsoft Excel for Mac 2011, version 14.1.0. The sample size was calculated based on a confidence level of 95% and a margin of error of 5%.

RESULTS

Two surveys were applied to a sample of 210 hypertensive men, all of whom were adequately filled. Of these 210 respondents, 58% (122) resulted with some degree of erectile dysfunction (See graph 1). The score obtained in the IIEF-5 questionnaire helped to obtain the severity of the erectile dysfunction (See table 1); It was found that, of the 122 men with erectile dysfunction, the majority had erectile dysfunction in a moderate degree 21% (44), followed by erectile dysfunction in a slight degree 19% (40), 13% (27) severe degree and 5% (11) moderate to severe degree (see graph 2). It was shown that, in the 122 men with erectile dysfunction, the risk of erectile dysfunction was higher after 70 years 43% (91) (See table 2). Within this population of respondents, more men aged 70 to 80 years were studied 45% (94). In the 122 hypertensive patients studied who presented erectile dysfunction, other concomitant diseases were found. The most prevalent diseases were diabetes mellitus in 23% (48) and cardiovascular disease 19% (40); however, 16% (34) presented other diseases apart from hypertension, among which are hypercholesterolemia, obesity, depression (see graph 3).

DISCUSSION

The prevalence of erectile dysfunction varies between countries, regions and cities, is between 10 and 52% in men between 40 and 70 years, with an incidence in Western countries of 25-30 new cases per 1 000 inhabitants per year. In our study conducted at the CAIAM in 2013, we established the prevalence of erectile dysfunction in the hypertensive patient, obtaining comparable results with national and international statistics. A study of 100 patients with an average age of 60 years in a third level hospital in Colombia, revealed a prevalence of erectile dysfunction of 66%, mostly mild. Relating its causes, when performing the statistical analysis, it was found that hypertension was the only cause that showed statistical significance, suggesting that it is six times more likely to be found in patients with erectile dysfunction. In Honduras, a study was conducted on 371...
We thank Dr. Ángel Pineda, for facilitating the application of instruments in the Integral Attention Center for the Elderly (CAIAM) of the city of Tegucigalpa.

ACKNOWLEDGEMENTS

We thank Dr. Ángel Pineda, for facilitating the application of instruments in the Integral Attention Center for the Elderly (CAIAM) of the city of Tegucigalpa.
REFERENCES