

## PS2.009

### GP and erectile dysfunction: what is hiding beyond?

*Claudia Augurio, V Nedi, G Schiavone Giacco, G Loria, GL Pulcino  
Italian Training College in General Medicine, Italy*

*Corresponding author: Dr Claudia Augurio, Italy - Regione Campania, Department of General Medicine, Caserta, Italy. E-mail: augurioclaudia@gmail.com*

**Background & Aim:** Erectile dysfunction (ED), as a most referred symptom by men, affects about 150 million of people in the world; it is associated with a reduction in quality of life and its prevalence increases with the age raising. The ED is a warning sign of silent vascular diseases, and its diagnosis could be the first valuation for prevention of misunderstood pathologies like diabetes, hypertension, atherosclerosis and metabolic syndrome. Aim of the study is to determinate, in the general medicine setting, the prevalence of ED in male patients, between 18 and 50 years, and to value comorbidities and therapies in place.

**Methods:** in a GP centre, during 3 months, randomized male patients (600), aged 18 to 50, were invited to complete an anonymous standardised questionnaire: the International Index of Erectile Function (15 items) [IIEF]. In the same time, GPs integrates patients' data in a specific schedule (e.g. BMI), presence of cardiovascular diseases (hypertension, diabetes, depression, dyslipidaemia), lifestyle (smoking, alcohol, diet habits, sport), and current medication. Then, both sets of questionnaires were analysed with chi-square test.

**Results:** of the 600 patients, 12% was affected by ED (IIEF-5 score < 21). In this population, 40% is obese, 60% does not practice physical activities [ $p=0,0006$ ], 40% smokes [ $p=0.0010$ ], 10% is affected by hypertension, 6% is diabetic, 30% has dyslipidaemia [ $p=0,0052$ ], 32% has psychological disturbs [ $p=0,0001$ ], 14% is already in treatment for cardiovascular diseases. In addition, the major difficulties are to keep the erection after the penetration (about 40%) and to have low personal satisfaction (35%).

**Conclusion:** These data suggest that erectile dysfunction and systemic vascular disease share many common risk factors. The early diagnosis of ED and the subsequent evaluation of underlying cardiovascular risk factors could become a powerful clinical tool to help patients. Family doctors should inquire about a patient's sexual function during a routine visit to recommend specific tests to discover underlined diseases.

