



## Erectile Dysfunction: Heart Disease Link

Erectile dysfunction (ED) is more than just a problem for the bedroom. It could be a harbinger of something much worse—heart attack or stroke.

New findings from a long-running study published in the January 19 online issue of *Journal of the American College of Cardiology* confirm the link between ED and cardiovascular disease (CVD). According to lead author Andre Araujo, PhD, “ED predicts the development of CVD, independent of age, traditional risk factors, and Framingham [Heart Study] risk score. In models adjusted for established risk factors, men with ED have a 40% higher risk of developing CVD than men without ED.”

**Study details.** Called the Massachusetts Male Aging Study, the prospective, observational cohort study sought to determine if ED is a more accurate predictor of cardiovascular disease than traditional risk factors. It followed a population-based random sample of 1,709 Boston men between the ages of 40 and 70 from 1987 to 2004. Of these men, the study focused on 1,507 who had complete risk factor data and who did not have cardiovascular disease or diabetes when the study began. Men with ED at the beginning of the study were followed for 10.3 years on average and men without ED for 12.0 years.

**Study results.** Study participants with ED were, on the average, older than those without (59 years vs. 53 years). In those with ED, there was a higher prevalence of hypertension and smoking. They also had higher systolic blood pressure, lower total and HDL cholesterol and a slightly higher body mass index.

Using the Framingham Heart Study risk factors for cardiovascular disease, 37% of the participants with ED were in the highest-risk category whereas only 17% of those without ED were at highest risk.

**Early warning.** Researchers concluded that even though the prevalence of ED was no better a predictor of cardiovascular disease than established Framingham risk factors—such as cholesterol, smoking and high blood pressure—it could serve as an early warning sign that something is wrong.

**Other studies back this up.** A 2006 study of 285 patients with coronary artery disease found that the severity of the coronary artery disease was related to the severity of ED—and the ED generally preceded the coronary artery disease by 2 to 3 years on average.

Other research has found incidence of ED 5 to 6 years prior to heart attack. “One of the first signals that a guy has cardiovascular disease is often sudden death,” said study author, Dr. Araujo. “We should get the message out: If you have an erectile problem, see your doctor.”

**Mayo Study confirms danger, especially for younger men.** An extensive 10-year study by the Mayo Clinic of 1,402 men in Olmstead County, Minnesota, found that men with ED had an 80% higher risk of coronary artery disease than those without ED.

Surprisingly, younger men had the greatest link between ED and coronary artery disease. Men experiencing ED in their 40s were 50 times more likely to develop coronary artery disease than their counterparts without ED.

### What is ED?

Erectile dysfunction (ED), also known as impotence, occurs when a man has difficulty achieving or maintaining an erection.

ED may be more common than you think.

- In the U.S. alone, approximately 18 million men are affected by ED.
- A Harvard School of Public Health study of nearly 32,000 men found that less than 2% experienced ED before age 40, 4% in their 40s, 26% in their 50s, 40% in their 60s and 61% in their 70s and older.

According to Isadore Rosenfeld, MD, professor of medicine at New York Hospital Weil Cornell Medical Center, “Erectile dysfunction is a real disease. It has many causes. It’s often due to vascular problems in the genital area which prevent enough blood flow.”

Dr. Rosenfeld explains that these same vascular problems may also be occurring in your heart. His advice?

“Many of the risk factors that cause heart disease also contribute to erectile dysfunction. If you’re having erectile dysfunction, it may be evidence that there is something either present or brewing in your cardiac circulation and you ought to see your doctor about it.”

The study concluded that ED and coronary artery disease could be “differing manifestations of a common underlying vascular pathology.”

Researcher Jennifer St. Sauver, PhD, advised that younger men (and their doctors) consider ED as an indicator of future risk of coronary heart disease and take immediate steps to prevent it.

Commenting on the study, Martin Miner, MD of the Men’s Health Center, Miriam Hospital, Providence, RI., wrote, “The importance of the study cannot be overstated. [The results] raise the possibility of a ‘window of curability,’ in which progression of cardiac disease might be slowed or halted by medical intervention.”

Not a natural result of aging. Doctors once believed that ED was merely psychological in nature or to be expected as men got older, but research has proven otherwise. ED is a disease with many underlying causes, most of them physical—and many of them preventable and treatable.

**Testosterone link.** A 2008 study by lead author Aksam Yassin, MD, PhD, at the Segaberger Clinics in Nordstedt, Germany, revealed a link between low testosterone levels and ED. According to Dr. Yassin, “It is becoming quite clear that obesity, diabetes, high blood pressure, cholesterol problems and erectile difficulties are intertwined, and a common denominator is testosterone deficiency.” Yet another reason why it is imperative that men get their testosterone levels checked regularly.

**Diabetes.** ED can be an indicator of another silent killer, diabetes. According to the National Institute of Diabetes and Digestive and Kidney Diseases, approximately 35% to 50% of diabetic men experience ED.

**Smoking & other lifestyle factors.** Studies have shown that smokers are nearly twice as likely to experience ED as nonsmokers, and the more cigarettes smoked, the higher the risk. Research indicates that maintaining a healthy weight and regular exercise significantly reduces the occurrence of ED.



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## ED Risk Factors

**ED is not a natural result of aging. Many factors can contribute to ED, such as:**

- Smoking
- High cholesterol
- High blood pressure
- Diabetes
- Vascular disease
- Atherosclerosis
- Hormonal issues
- Obesity
- Kidney disease
- Alcoholism/drug use
- Prescription medications
- Neurological disease
- Multiple sclerosis
- Surgical procedures
- Cancer treatments
- Physical injury  
(especially pelvic trauma)
- Depression
- Stress or anxiety
- Conflict with your partner
- Prolonged bicycling

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