

Sexual Dysfunction in Hypertensive Men

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The incidence of sexual or erectile dysfunction (ED) in men already appears at 35-40 years and increases with age. Hypertensive men have a significantly increased risk to develop ED when compared with normotensive subjects. Hypertension is a major risk factor for the development of cardio-, and cerebrovascular disease, and the number of diseased coronary arteries for example, have been demonstrated to correlate positively with the severity of ED. The early diagnosis and sufficient treatment of hypertension appears therefore to be crucial in order to avoid long-term complications. Equally important is the choice of the most appropriate drug. Angiotensin receptor blockers (ARB), have been shown in several clinical trials to efficiently reduce blood pressure and to improve pre-existent ED or even prevent its development, while other anti-hypertensive drugs (eg. Beta-Blockers) can actually aggravate ED. Life style modifications and specific pharmacological antihypertensive therapy appear therefore to be the cornerstone to maintain sexual function in hypertensive men.