

Surprising symptoms of heart disease in men - this one will hit you below the belt!

By Gregory S. Cohn, M.D.

Formerly a subject that was taboo, or that men were too embarrassed to discuss, erectile dysfunction (ED) has come out of the closet. ED has always been a significant cause of a decreased quality of life in men, and treatments in the past were often ineffective. Today however, consumers are bombarded on an almost daily basis with advertisements promoting drugs or other treatments to help this problem. Increasing public awareness and the availability of effective treatments are generally good things, but it is important to realize that ED may be a sign of significant underlying medical problems.

The inability to achieve or maintain an erection satisfactory for sexual relations, or erectile dysfunction, has been estimated to affect over 30 million men in the US, approximately 15% of whom may be **younger** than age 60. It has long been known that a complex interplay of vascular, neurologic, hormonal, and psychological factors are involved in the generation of an erection. What science has only recently come to realize is the key role played by the endothelium (the single layer of cells that line the arteries of the body) in this process. Readers of this column may recall that **endothelial dysfunction** is the earliest arterial abnormality in the cascade that ultimately results in atherosclerosis. The major risk factors for cardiovascular disease (smoking, high BP, hypercholesterolemia, diabetes, sedentary lifestyle, and obesity) all adversely affect the endothelium, and prevent arteries from functioning normally. It therefore may not be surprising that all of these conditions are associated with the presence of ED. In fact, because the arteries in the penis are of smaller caliber than the arteries that supply blood to the heart (the coronary arteries), current thinking holds that ED occurs first, and is a **predictor** of future increased risk for heart attacks, strokes, etc...

Since the risk factors for cardiovascular disease and erectile dysfunction are virtually identical, the latest recommendations state that all men who suffer from ED should be assessed for the presence of these factors, and have them treated appropriately. Being overweight (particularly with a central fat distribution) is associated with a marked increase in the risk for ED compared to men of normal weight. Just as lifestyle modification can positively impact cardiovascular risk factors, increased physical activity and weight loss can actually result in improved sexual function. Likewise, improving blood sugar control, blood pressure levels, and cholesterol concentrations, and stopping smoking not only lessen cardiovascular risk, but also may diminish ED. Now, if only Viagra were proved to decrease risks for a heart attack!

Gregory Cohn, M.D. has a concierge Internal Medicine practice in Boca Raton specializing in Cardiovascular Disease prevention and Hypertension. He is one of only 200 physicians nationally Board Certified in Clinical Lipidology (cholesterol disorders). Dr. Cohn has been a board-certified Internist practicing medicine in Florida since 1991. Prior to launching his current practice, he was Medical Director of Cardiac Rehabilitation and Head of the Preventative Cardiology section at Cleveland Clinic Florida - where he spent 11 years as a member of its Internal Medicine Department. Dr. Cohn received his undergraduate degree from Emory University in Atlanta and attended Thomas Jefferson University in Philadelphia for both his medical education and residency. His interest in cholesterol disorders led him to further study at Johns Hopkins University in Baltimore. Dr. Cohn can be reached at (561)367-7447 or www.gregcohnmd.com.