Prevalence of Erectile Dysfunction among men of the Uzbek Population who were on the Inpatient Examination and Treatment

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Abstract

In order to study the prevalence of erectile dysfunction (ED) in men of the Uzbek population, an anonymous survey of men who were on a stationary examination and gave consent was conducted. 648 questionnaires were analyzed. It was found that ED symptoms were present in 587 (90.6%) men. Age-related symptoms (according to the AMS questionnaire) were detected in 259 (44.1%) patients, and most of them were aged 45-60 years. It is necessary to actively detect ED in men, since it can be one of the early manifestations of serious diseases. Erectile dysfunction (ED) - a continuing inability to achieve and / or maintain an erection sufficient for satisfactory sexual activity. ED is a symptom complex that is part of the clinical picture of a number of somatic diseases, which in its severity directly depends on them. Numerous risk factors are known that create favorable conditions for the development of ED: systemic diseases (atherosclerosis, cardiovascular diseases, renal and liver failure), nervous diseases (neurosis, multiple sclerosis, Alzheimer's disease), mental illness (depression, asthenic-depressive and hypochondria) endocrine diseases (diabetes mellitus, hypo- and hyperthyroidism, androgen deficiency, hyperprolactinemia). The risk of developing ED increases with age due to the process of increased comorbidity. ED is a common disorder affecting men of all ages; it often does not lend itself to proper diagnosis and treatment. There are numerous well-reasoned evidences that ED is functionally reversible damage to the arteries - endothelial dysfunction (EnD). Currently, EnD is considered as a functional stage in the development of atherosclerosis [1-3]. EnD is a generalized process that occurs due to: oxidative stress, impaired metabolism of nitric oxide, processes of redox phosphorylation of blood vessels, in particular endothelium. A manifestation of EnD can be disturbances in the mechanisms of normal blood flow in the pelvis, which can manifest as erectile dysfunction, lower urinary tract syndrome (LUTS), interstitial cystitis, and overactive bladder (OAB) [4]. EnD as a manifestation of endothelial dysfunction can be a predictor of cardiovascular diseases, which means that it can be used as a screening assessment of the cardiovascular system in men after 35-40 years. The social and psychological discomfort of the modern world, the prevalence and increased mortality from cardiovascular disease (CVD), the increase in ED have become one of the main health problems of men of the XXI century.

Keywords: Erectile dysfunction; Andrology; Male health
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Introduction

It is necessary to state:

- To date, there are no statistics on the prevalence of erectile dysfunction in Uzbekistan. Urologists use morbidity statistics from the USA, Europe and Russia, which does not always correspond to regional reality.
- Currently, most urologists diagnose ED only in case of complaints from the patient. Patients with complaints of ED have been treated for prostatitis for years. Not all urologists know and actively use first-line drugs for treating ED; as a result, more than 50% of patients with ED remain untreated or receive ineffective therapy.
- ED is known as an early marker of CVD, metabolic syndrome (MS), diabetes mellitus (DM) and other serious diseases. Detection of ED should be accompanied by mandatory tests for each patient.
- The detection and treatment of ED and concomitant disease at an early stage can prevent their progression, leading to the development of diabetes, heart attacks, and strokes.

Purpose of work: Assessment of the prevalence of erectile dysfunction among men of the Uzbek population who were hospitalized.

Materials and Methods

Research data for the period 2009-2018, men aged 27-74 years old, hospitalized at the Central Clinical Hospital No. 1 of the Medical Sanitary Association to any specialists (internists, cardiologists, neurologists), regardless of the nosological form of the disease, and agreed to an anonymous questionnaire.

The questionnaire included the following data: Anthropometric data - age, height, weight.
- Existing diseases and bad habits.
- Classes of physical culture and sport.
- The nature of nutrition, eating habits.
- International Index Erectile Function (IIEF-5).
- Questionnaire of age-related symptoms of men (AMS - Aging Male Screening).
- Questionnaire of quality of urination of IPSS.

Results and Discussion

As a result of the collection of information, data from 648 patients were analyzed. When analyzing the IIEF-5 questionnaire, it was revealed that only 9.4% (61) of the men surveyed had no signs of ED, while a slight degree of ED was noted in 26.4%, an average degree of ED in 62% and a severe degree in 11.5% of men. Thus, out of 648 men surveyed, symptoms of ED were present in 587 (90.6%).

26.9% of men who noted symptoms of ED were 27-44 years old, 59.2% were 45-60 years old, and 13.9% were 61-74 years old. When analyzing the completed questionnaires, a large number of men with overweight and obesity (88.1%), physical inactivity (93%) are noteworthy, which in themselves are risk factors for ED. In 92% of men, the nature of their nutrition did not differ in variety (the preference was “red” meat, flour dishes; limited consumption of vegetable fiber, nuts, seeds).

Age-related symptoms (according to the AMS questionnaire) were detected in 259 (44.1%) men, of which 13.4% were mild, 25.7% were moderate, and 5% of the respondents rated the symptoms as severe. It is noteworthy that the majority of men who noted age-related symptoms were middle-aged (45-60 years) - 54.6%, which indicates a general unfavorable background, which can serve as the basis for the
development of various diseases. The proportion of men in the age groups 27-44 and 61-74 years old was 13.2 and 32.2%, respectively. At the analysis of results of questionnaire of IPSS next indexes were got: absence of symptomatology was marked just at 28.3%, easy degree of acraturesis - at 43.4%, middle degree - at 22.9% and heavy symptomatology - at 5.4%. It is necessary to notice that the indicated data are got for men that did not come to the urologist with complaints about an acraturesis. In different countries, there is a different frequency of ED occurrence - from 10% in Spain to 52% in the United States. According to the results of Russian studies (2012), the number of respondents who noted certain symptoms characteristic of ED was 89.9% [5]. Our data are almost the same 90.6%, which is associated with a higher prevalence of coronary heart disease (34.7%), arterial hypertension (69.9%), diseases of the gastrointestinal tract (39.9%), and diabetes mellitus (36.2%), COPD (17.1%) (Figure 1). In addition, the high level of smoking men (33.2%) is saved in Uzbekistan, while in an occident this index goes down. By main risk of development factors EnD there are a hypodynamia, improper and inefficient feeding, smoking, emotional overloads. They result in the origin of serious concomitant diseases, in particular, arterial hypertension, diseases of heart and diabetes mellitus. Control after these risk factors and states EnD and ED are basis of prophylaxis.

### Table: Harmful Factors and Concomitant Diseases

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>33.3%</td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>34.7%</td>
</tr>
<tr>
<td>Arterial hypertension</td>
<td>69.9%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>34.2%</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>88.1%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>93%</td>
</tr>
<tr>
<td>Chronic stress, depression</td>
<td>22.7%</td>
</tr>
<tr>
<td>Gastrointestinal diseases</td>
<td>39.9%</td>
</tr>
<tr>
<td>Chronic hepatitis</td>
<td>8.8%</td>
</tr>
<tr>
<td>COPD</td>
<td>17.1%</td>
</tr>
<tr>
<td>Thyroid gland diseases</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

### Conclusion

The study made it possible to obtain statistical data on the prevalence of ED among men of the Uzbek population. The established facts allow us to conclude that ED is a serious problem. In most cases, this situation is hushed up; many men believe that they have only age-related changes. Not many men are informed that ED is an early sign of serious illness. The study should focus the attention of doctors of all specialties on the problem of ED and encourage more active detection of sexual disorders and treatment, in order to provide men with a decent quality of life.

### References