

Evaluation of sexual function in men with benign prostatic hyperplasia.

Multiple studies have demonstrated a true relationship between benign prostatic hyperplasia (BPH) and erectile dysfunction (ED) ⁽¹⁾

OBJECTIVE: To evaluate the degree of sexual dysfunction in a population of men with benign prostatic hyperplasia (BPH) accompanied by lower urinary tract symptoms (LUTS), and to assess the correlation between sexual dysfunction and urinary symptoms and age.

METHODS: Hospitalized men > 55 years were evaluated. They all received digital rectal examination by urologist and were evaluated through the International Prostate Symptom Score (IPSS), International Index of Erectile Function-5 (IIEF-5), and serum testosterone. ED was classified into five groups according to the scores: severe (1-7), moderate (8-11), mild-moderate (12-16), mild (17-21) and no ED (22-25). Regression analysis was used to determine the correlation among the variables.

RESULTS: 52 patients were included. The prevalence of benign prostatic hyperplasia was 41/52 (RF= 0,92). The mean age of the patients was 68.23 years, the mean IPSS score was 19,2, and the mean IIEF-5 was 8.45. There were 45 cases of erectile dysfunction. There was statistically significant correlation between IIEF-5 scores and: age, serum testosterone, IPSS scores, BPH ($p < 0.05$). Serum testosterone did not correlate to IPSS score.

CONCLUSION: Results of this study suggest that age, serum testosterone, BPH and LUTS are risk factors of sexual function, and sexual dysfunction is closely related to the severity of LUTS. This makes a direct association between male ED and BPH, supports the theory that the association between the two pathologies could be due instead to the common link of ageing. We recommend further studies, preferably of a longitudinal and/or qualitative character, to gain a more profound understanding of the interaction, probably multifactorial, between them.

REFERENCES:

(1) Morales A, Heaton JPW. Hormonal erectile dysfunction: evaluation and management. Urol Clin North Am. 2001;28:279–288.