ABSTRACT

BACKGROUND:
The prevalence of erectile dysfunction (ED) is high globally, and it is increasing. Erectile dysfunction causes immense psychological distress in the sufferer which could lead to strained relationships, which lead to separation in the family and tense interpersonal relations with family and friends. ED causes mental stress, which leads to fearfulness, anxiety, depression, loss of self image and suicide in the sufferer. Erectile dysfunction is therefore an important public health problem which needs to be studied. This study among male patients presenting in a frontline hospital, will help the Family Physicians appreciate the magnitude of the problem among their male patients and ascertain the clinical correlates that exist in this environment.

OBJECTIVES:
The objectives of this study was to determine the prevalence of erectile dysfunction in this catchment area, and described its relationship to the physical characteristics, medical and psychosocial factors of the individuals, as well as its effect on the family relationship.

MATERIALS AND METHODS:
This was a descriptive cross-sectional study of four hundred and fifty adult male patients aged 18 to 70 years who presented at the General Outpatients’ Department of the University College Hospital, Ibadan between February 2005 and April 2005. They were interviewed with the International Index of Erectile Function (IIEF) questionnaire.

RESULTS:
The overall prevalence of ED was 55.1%. The prevalence of the mild ED was 32.6%, moderate ED was 17.8%, whilst severe ED was 4.7%. The prevalence of ED increased significantly with age (p = 0.008) and its severity also worsened with increasing age. The prevalence of ED was found to be significantly associated with an increase in the social class of respondents (p = 0.011). The low level of physical activities was significantly associated with an increase in the prevalence of erectile dysfunction (p = 0.025). There was a significant association between the prevalence of erectile dysfunction and increase in BMI of the respondents (p = 0.012). Among the diabetic respondents, the prevalence of ED was 72.7%, while among the hypertensive, peptic ulcer disease and depressed respondents; it was 70.6%, 70.4% and 59.2% respectively. Additionally, the prevalence of ED in men taking medications for the treatment of chronic medical illnesses such as oral hypoglycemic agents, antidepressants, antihypertensive and peptic ulcer drugs was 87.5%, 83.3%, 57.1% and 50.0% respectively. As expected, the respondents’ dissatisfaction with sexual life was found to increase significantly with the severity of erectile dysfunction (p = 0.000). Partner(s) dissatisfaction with the respondents also increased significantly with the severity of erectile dysfunction (p = 0.000). The frequency of sexual activities was found to have a significant inverse association with the severity of erectile dysfunction in the respondents (p = 0.000).

CONCLUSION:
The prevalence of erectile dysfunction was high among males in this setting. It was easily diagnosed in the primary care setting with the use of the IIEF questionnaire and clinical assessment. Efforts should be...
made by the Family physicians to detect this condition, find the possible aetiology or clinical correlates and institute management promptly to alleviate the social and psychological problems that result.