Erectile dysfunction (ED) is a global medical problem in men. It has profound psychological effect on the affected individual thereby affecting their quality of life. It has been found to be more associated with chronic medical conditions among other causes. Association of erectile dysfunction with hypertension has been studied widely as seen mostly in western literature; however, like in other developing countries, there is paucity of published literature on the association between hypertension and erectile dysfunction in Nigeria. This work is therefore aimed at studying the influence of hypertension, antihypertensive drugs, age and modifiable life factors on erectile function. It also aimed at assessing the effect of erectile dysfunction on quality of life among patients attending out-patient clinics of F.M.C Owo; with the view to appreciating the burden of the condition and encouraging preventive measures to ameliorating its effects.

A descriptive comparative cross-sectional design was used. Having obtained ethical clearance from the health research ethics committee of the centre, a systematic random sampling technique was used to recruit consented respondents. Data collection was done using a semi-structured self-administered questionnaire to obtain information on the socio-demographic characteristics, hypertensive status, spectrum of erectile function and quality of life of this group of patients. Data was analyzed with SPSS (version 15). Association between age, modifiable life factors, hypertensive status, antihypertensive use, quality of life and spectrum of erectile function were determined using chi square at 5% level of significance.

Two hundred and two (202) male patients attending the Medical Out-Patients and the General Out-Patients clinics (MOP and GOP) of the Federal Medical Centre Owo between the periods of April
to June 2011 were recruited. Among 202 respondents, 100 (49.5%) were hypertensive and 102 (50.5%) were non-hypertensives. The mean age of respondents was 49.74 years ± 16.6. Majority of the respondents were in the age group 45 years and below (47.5%); among whom 31.2% and 68.8% were hypertensive and non-hypertensive respectively. Also observed was corresponding increase in prevalence of hypertension with increase in age and this was statistically significant (P = <0.001) A higher proportion of respondents (87.1%) were ever married and majority (56.5%) of those that were hypertensive had below secondary education.

The overall prevalence of ED among respondents was 176 (87.1%), however the prevalence of ED among hypertensives was 52.3% compared with 47.7% among the non-hypertensives subjects (p = 0.041). The proportion of respondents with ED significantly increased with age (p = 0.001) and there was no significant association between hypertensive status, antihypertensive medication and erectile dysfunction.

Significantly, the highest proportion of respondents with poor QoL had severe ED (34.2%) followed by those with mild to moderate ED (18.4%) and the least proportion (3.8%) among those with normal erectile function (p<0.001).

A consideration of the distribution of hypertensive respondent by some selected co-morbid factors (such as age, BMI smoking and alcohol use) and erectile dysfunction showed that ED was not significantly associated with the selected co-morbid states among those that were hypertensive.

In conclusion therefore this study showed that: Erectile dysfunction is prevalent among adult males attending the out-patient clinics of the Federal Medical Centre, Owo and this was found to be significantly worse with increasing age. Significantly, the quality of life of a man is affected by
erectile dysfunction particularly when severe; because quality of life was found to worsen with the
degree of erectile dysfunction.

Erectile dysfunction is not significantly associated with the selected co-morbid conditions like
cigarette smoking, alcohol intake and obesity among those that were hypertensive; and that
significant association between hypertension or antihypertensive use and erectile dysfunction
could not be established in this study.

In view of the high prevalence of erectile dysfunction found among the respondents and its
significant effect on quality of life, it is therefore recommended that doctors should take time to
evaluate their patients for ED especially in those with chronic medical illness like hypertension.
Furthermore, in other to establish the causal effect of hypertension and co-morbid factors on
erectile dysfunction in this part of the world; a further study, with larger sample size, was
recommended.