SUMMARY

**Background:** Sexual health has an important impact on quality of life. Erectile dysfunction (ED) is one of the most frequent chronic health conditions in men older than 40 years of age. Sexual dysfunction causes impairment of sexual fulfilment which leads to considerable distress for a couple and predisposes to dysfunctional relationships and family life. There are limited epidemiological data on ED in the Family Medicine setting in Nigeria.

**Objectives:** This study determined the prevalence and pattern of erectile dysfunction among men aged 40-70 years presenting at the Family medicine Clinic of the OAUTHC, Ile-Ife. It identified the factors associated with ED and its relationship with family function.

**Methodology:** This was a cross-sectional study involving 414 subjects recruited by simple random sampling from the Family Medicine Clinic, OAUTHC, Ile-Ife. Subjects were interviewed using a questionnaire which contained items on socio-demographic characteristics, medical history and lifestyle habit. It also included the erectile function domain of the International Index of Erectile Function (IIEF) scale and the Patient Health Questionnaire (PHQ-9). The respondent’s family function was assessed using the family APGAR scale. The height, weight, body mass index, blood pressure and blood glucose of each subject were also measured. Univariate, bivariate and multivariate analyses of data were done.
**Results:** The mean age (± SD) of the respondents was 52.7 (± 10.0) years. Among the study subjects, 168 (40.6%) had erectile dysfunction. The prevalence and severity increased with age from 27.6% in the age group 40-50 years, through 46.7% among those aged 51-60 years to 60% among the age group 61-70 years (p<0.001). The other factors associated with ED on bivariate analysis include: hypertension (p<0.001), diabetes (p=0.001), depression (p<0.001), the use of anti-hypertensives (p=0.002), smoking (p=0.001), alcohol consumption (p=0.004), low level of physical activity (p=0.29) and family dysfunction (p<0.001).

A significant proportion (42.3%) of the men with ED had never raised the issue with their doctors and had no intention of doing so. However, almost all (95.2%) supported the idea of routine inquiry about sexual health by doctors.

Logistic regression analysis showed that age, depression and family dysfunction were the independent predictors of ED among the respondents. Compared with those in the 40-50 age group, those aged 51-60 were twice more likely to have ED (OR = 2.186, CI = 1.265 – 3.778) while those in the 61-70 age group were about four times more likely to have ED.(OR = 3.937; CI = 2.155 – 7.193). Similarly, those who had depression were more than thrice likely to have ED (OR = 3.334, CI = 1.694 – 6.563), and respondents with a dysfunctional family had close to two and half times chances of having ED (OR = 2.433, CI = 1.406 – 4.211).

**Conclusion:** About four out of every ten adult men presenting to the Family Medicine clinic of the OAUTHC has ED and a significant proportion of them are reluctant to raise the issue with their health care provider. Routine sexual evaluation of men is recommended.