

# **Metabolic Syndrome And Erectile Dysfunction**

**Essay**

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*In Dermatology and Venereology*

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَأَنْزَلَ اللَّهُ عَلَيْكَ  
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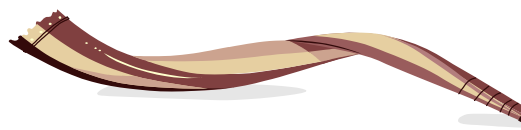
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*Mohamed Al-Akkad*

## List of Abbreviations

Abb.	Meaning
<b>AACE</b>	American Association of Clinical Endocrinologists
<b>AIAs</b>	Angiotensin II antagonists
<b>ACE</b>	Angiotensin-converting enzyme
<b>ADA</b>	American Diabetes Association
<b>AGEs</b>	Advanced glycation end products
<b>ALP</b>	Alkaline phosphatase
<b>ALT</b>	Alanine transaminase
<b>Ang II</b>	Angiotensin II
<b>ANS</b>	Autonomic nervous system
<b>AR</b>	Adrenoceptor
<b>ARBs</b>	Angiotensin receptor blockers
<b>AST</b>	Aspartate transaminase
<b>AT<sub>1</sub></b>	Angiotensin receptors <sub>1</sub>
<b>ATP</b>	Adult Treatment Panel
<b>AUA</b>	American Urological Association
<b>BH<sub>4</sub></b>	Tetrahydrobiopterin
<b>BMI</b>	Body mass index
<b>BPH</b>	Benign prostatic hyperplasia
<b>CAD</b>	Coronary artery disease
<b>cAMP</b>	Cyclic adenosine monophosphate
<b>CCBs</b>	Calcium channel blockers
<b>cGMP</b>	Cyclic guanosine monophosphate
<b>CHF</b>	Chronic heart failure
<b>CO</b>	Carbon monoxide
<b>CRP</b>	C-reactive protein
<b>C<sub>max</sub></b>	Peak plasma concentration

<b>Abb.</b>	<b>Meaning</b>
<b>CVD</b>	Cardiovascular diseases
<b>CYP</b>	Cytochrome P $\xi$ o,
<b>DASH</b>	Dietary Approaches to Stop Hypertension
<b>DBP</b>	Diastolic blood pressure
<b>DM</b>	Diabetes mellitus
<b>ED</b>	Erectile dysfunction
<b>EDHF</b>	Endothelium derived hyperpolarizing factor
<b>EDRF</b>	Endothelium derived releasing factor
<b>EF</b>	Erectile function
<b>ELISA</b>	Enzyme linked immunosorbant Assay
<b>eNOS</b>	Endothelial nitric oxide synthase
<b>ET-1</b>	Endothelin-1
<b>ETT</b>	Exercise tolerance test
<b>FBG</b>	Fasting blood glucose
<b>FDA</b>	Food and drug administration
<b>FPG</b>	Fasting plasma glucose
<b>GAQ</b>	Global assessment questions
<b>GnRH</b>	Gonadotropin releasing hormone
<b>GTP</b>	Guanosine triphosphate
<b>HbA<math>1c</math></b>	Hemoglobin A $1c$
<b>HDL</b>	High density lipoprotein
<b>HFD</b>	High-fat diet
<b>HLA</b>	Human leucocytic antigen
<b>HMG-CoA</b>	$\gamma$ -hydroxy- $\gamma$ -methylglutaryl coenzyme A reductase Inhibitors
<b>HO-1</b>	Heme oxygenase
<b>HTN</b>	Hypertension
<b>ICI</b>	Intracavernous injection

<b>Abb.</b>	<b>Meaning</b>
<b>ICS</b>	International continence society
<b>IDF</b>	The International Diabetes Federation
<b>IFG</b>	Impaired fasting glucose
<b>IGT</b>	Impaired glucose tolerance
<b>IIEF</b>	International Index of Erectile Function
<b>IIEF ١٥</b>	International index of erectile function ١٥
<b>IL-٦</b>	Interleukin-٦
<b>iNOS</b>	Inducible nitric oxide synthase
<b>LDL</b>	Low density lipoprotein
<b>LVD</b>	Left ventricular dysfunction
<b>MI</b>	Myocardial infarction
<b>MLC</b>	Myosin light chain
<b>MMAS</b>	Massachusetts male aging study
<b>mmol / L</b>	Millimole per liter
<b>MODY</b>	Maturity-onset diabetes of the young
<b>mRNA</b>	Messenger RNA
<b>MS</b>	Metabolic Syndrome
<b>NADPH</b>	Reduced nicotinamide adenine dinucleotide phosphate
<b>NAION</b>	Non arteritic anterior ischemic optic neuropathy
<b>NANC</b>	Non adrenergic, non-cholinergic
<b>NASH</b>	Non - alcoholic steatohepatitis
<b>NCEP</b>	National Cholesterol Education Program
<b>NIDDM</b>	Non-Insulin Dependent Diabetes Mellitus
<b>nNOS</b>	Neurogenic nitric oxide synthase
<b>NO</b>	Nitric oxide
<b>NOS</b>	Nitric oxide synthase
<b>NPT</b>	Nocturnal penile tumescence
<b>NYHA</b>	New York Heart Association

<b>Abb.</b>	<b>Meaning</b>
<b>OGTT</b>	Oral Glucose Tolerance Test
<b>PCDU</b>	Penile color Doppler ultrasound
<b>PDEs</b>	Phosphodiesterases
<b>PGE<sup>1</sup></b>	Prostaglanin E <sup>1</sup>
<b>PPAR</b>	peroxisome proliferator-activated receptor
<b>PSV</b>	peak systolic velocity
<b>PVD</b>	Peripheral Vascular Disease
<b>RAAS</b>	Renin-angiotensin aldosterone neurohormonal system
<b>RBCs</b>	Red Blood Cells
<b>REM</b>	Rapid eye movement
<b>ROS</b>	Reactive oxygen species
<b>SBP</b>	Systolic blood pressure
<b>SHBG</b>	Sex hormone binding globulin
<b>SL</b>	Sublingual
<b>SGOT</b>	Serum Glutamic Oxalacitic Transaminase
<b>SGPT</b>	Serum Glutamic Pyruvic Transaminase
<b>SMBG</b>	Self-monitoring of blood glucose
<b>SSRI</b>	Selective serotonin reuptake inhibitors
<b>T<sup>2</sup>DM</b>	Type II Diabetes mellitus
<b>TG</b>	Triglycerides
<b>TNF-<math>\alpha</math></b>	Tumor necrosis factor- $\alpha$
<b>TRT</b>	Testosterone Replacement Therapy
<b>U.S</b>	United States
<b>VCAM</b>	Vascular Cell Adhesion Molecule
<b>VIP</b>	Vasoactive intestinal polypeptide
<b>WBCs</b>	White blood cells
<b>WC</b>	Waist circumference
<b>WHO</b>	World Health Organization

## List of Tables

Table	Title	Page
(۱)	Hormonal changes and clinical manifestations of hypothalamic-pituitary-gonadal (HPG) axis dysfunction in obese males	۶۴
(۲)	Mechanism of actions of endogenous sex hormones on the cardiovascular system	۱۳۷
(۳)	Management recommendations based on graded cardiovascular risk assessment	۱۴۷



## List of Figures

Figure	Title	Page
(١)	Age-adjusted prevalence of the metabolic syndrome	٩
(٢)	Anatomy and mechanism of penile erection	٢٥
(٣)	physiology of erection	٢٧
(٤)	Prevalence of erectile dysfunction among men ٤٠ to ٧٠ years old according to risk factor	٣١
(٥)	Co-morbidities associated with overweight and obesity	٤٣
(٦)	Relationship between body mass index (BMI) and mortality	٤٣
(٧)	Risk of developing type ٢ diabetes and body mass index (BMI) in male and female	٤٧
(٨)	Adipose tissue and low-grade inflammatory state in obesity	٥٧
(٩)	Male patients who had received prior antihypertensive therapy had a higher incidence of distress over sexual symptoms than those who had not received antihypertensive therapy	٧٠
(١٠)	Pathophysiology of erectile dysfunction in vascular diseases	٧٦
(١١)	Cell Biology of Insulin Response	٨٩
(١٢)	Prevalence of erectile dysfunction and comorbid diabetes or metabolic syndrome	١٠٥

<b>Figure</b>	<b>Title</b>	<b>Page</b>
(١٣)	Schematic representation of the molecular mechanisms involved in the erectile process.	١١١
(١٤)	Endothelial dysfunction as a possible link with associated metabolic risk factors for erectile dysfunction	١١٤
(١٥)	Mechanisms of the Initiation and Progression of Atherosclerosis	١٢٣
(١٦)	Pathways of testosterone action	١٢٦
(١٧)	Schematic drawing of the “artery size” hypothesis. Significant atherosclerotic involvement of penile (A) and coronary (B) circulation	١٤٤
(١٨)	Sexual activity and cardiac risk: the Princeton-II algorithm. CHD ,coronary heart disease; Fx ,risk factors	١٥٠

## Introduction

The metabolic syndrome (MS) is considered the most important public health threat of the 21<sup>st</sup> century, affecting between 10 to 15% of adult populations worldwide. This syndrome is characterized by a cluster of medical disorders including central abdominal obesity, elevated triglycerides, reduced High density lipoprotein (HDL), high blood pressure, and increased fasting glucose and hyper-insulinemia. The higher prevalence of this syndrome in the occidental populations is mainly due to increasingly sedentary life styles and diets higher in saturated fats (**Taskinen et al., 2007**).

Erectile dysfunction (ED) is also a major concern, epidemiological data suggest that the prevalence of this pathology ranges between 16 and 52% depending on the patient population and affects up to 100 million men worldwide (**Lue, 2000**).

Recently it was observed that there is an association between ED and MS. Several studies stated a higher prevalence of ED in men with the MS (**Salvador, 2012**).

Hypertension, diabetes mellitus (DM), hyperlipidemia, and smoking all represent risk factors for cardiovascular diseases (CVD) because they are all considered to induce vascular endothelial damage, resulting in vascular obstruction,

plaque rupture, thrombosis, arterial sclerosis and also erectile dysfunction (ED). More specifically, ED will be considered a symptom of damage to the vascular endothelium (**Shirai, 1999**).

It has been suggested that nearly 90% of the cases of erectile dysfunction in men older than 50 years of age are caused by vascular diseases (**Kloner and Jarow, 1999**).

This association has been target of increasing interest. It was suggests that the common denominator of ED and MS is endothelial dysfunction. This connection may have an important impact in Public Health because erectile dysfunction appears to be one of the earliest signs of systemic vascular disease and might be considered as an early marker for Metabolic Syndrome (MS) including subclinical cardiovascular disease allowing preventive strategies (**Le et al., 2004**).

## **Aim of the Essay**

The aim of this essay is to review the relationship between metabolic syndrome and erectile dysfunction, with special emphasis on common shared risk factors, and to clarify the pathophysiology of erectile dysfunction in metabolic syndrome.

## Metabolic Syndrome

Metabolic syndrome is a combination of disorders of the body's metabolism that increases the risk of heart disease, stroke, and diabetes. It is a very common and dangerous medical problem.

Overweight, poor diet, a lack of exercise, and other unhealthy lifestyle habits, such as smoking, appear to be factors that contribute to metabolic syndrome. It tends to run in families, so the genes you inherit also play a role (McKesson, 2010).

### Definition:

Metabolic syndrome is defined by the presence of 3 or more of the following health conditions:

- Excess weight around the waist (waist measurement of more than 102 cm for men and more than 88 cm for women).
- Triglycerides blood level of 150 mg/dL or more.
- HDL cholesterol levels below 40 mg/dL for men and below 50 mg/dL for women.
- Blood pressure of 130/80 mmHg or higher.
- Pre-diabetes (a fasting blood sugar between 100 and 125) or diabetes (a fasting blood sugar level over 125 mg/dL).