HIV Is Linked to Erectile Dysfunction Among Middle-Aged Men

Researchers identified treatment with Kaletra (lopinavir/ritonavir) as a risk factor.

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Middle-aged men have a higher risk of erectile dysfunction if they are living with HIV, aidsmap reports.

Publishing their findings in the journal AIDS, Dutch researchers conducted a cross-sectional study of 399 HIV-positive men who have sex with men and 366 HIV-negative MSM who served as matched controls. The men were 45 years old and older and were enrolled in an ongoing study of HIV and aging. Nearly all the men who had HIV were taking antiretrovirals.

Among the HIV-positive and HIV-negative men, a respective 18 percent and 12 percent reported decreased sexual satisfaction, a respective 7 percent and 4 percent reported decreased sexual desire, and a respective 13 percent and 3 percent reported decreased sexual function.

After adjusting the data to account for differences between the participants based on age and ethnicity, having HIV was associated with a 1.64-fold greater risk of having decreased sexual satisfaction and a 4.07-fold increased risk of having decreased erectile function.

The study authors further adjusted the data to take into account risk factors for lower sexual function, including waist-to-hip ratio, other illnesses and the use of high-blood pressure or antidepressant medications. They found that HIV only was associated with a greater risk of decreased erectile function, specifically a 2.53-fold greater risk, and not decreased sexual satisfaction.

Further analysis of HIV-related factors that may have driven the increased risk of erectile dysfunction indicated that currently using Kaletra (lopinavir/ritonavir) was associated with a 5.39-fold increased risk of this outcome and cumulative exposure to the drug was associated with a 1.2-fold increased risk.

The study authors concluded that an assessment of sexual function should be included in standard clinical care of men living with HIV.

To read the aidsmap article, click here.

To read the study abstract, click here.

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