



ASSESSMENT OF THE LEVEL OF ERECTILE DYSFUNCTION IN MEN OF THE KABARDINO-BALKAR REPUBLIC

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ABSTRACT

The study was conducted based on urban polyclinics of the Kabardino-Balkarian Republic (Russia). For the representativeness of the study, a selection of male patients from Nalchik, of different ages (20-79 years) and social status with a total number of 599 people was carried out. The program was aimed at identifying the peculiarities of men's life with an assessment of the risk factors of their professional activities, living conditions, diet and quality of nutrition, socio-psychological well-being in the family, and the presence of disharmonies of marital life, the degree of physical and neuropsychological stress at work and in the family. The International Index of Erectile Function (IIEF-5) was used to determine and assess the severity of erectile dysfunction in men. The study showed that it is necessary to develop and implement comprehensive regional preventive programs, create "men's health centers" at primary health care, involve more mass media to improve medical awareness of the population, and conduct a state system of promoting a healthy lifestyle among men. Thus, the activities of the health care system, especially at the primary level, on the prevention of erectile disorders among men, should be aimed at creating a healthy environment, motivation to strengthen and preserve health, developing and implementing comprehensive regional preventive programs, create "men's health centers" at primary health care- to help, to involve the mass media more to improve the medical awareness of the population and to conduct a state system of promoting a healthy lifestyle among men.

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Introduction

Strengthening the health of the nation is one of the most important tasks of each state in the field of social policy. In recent years, due to the great attention on the part of the state to the processes of reforming healthcare systems, and large-scale re-equipment of healthcare organizations, there has been a positive trend in the Kabardino-Balkarian Republic (KBR) to reduce mortality and increase life expectancy.

The health of each person, as a component of the health of the entire population, becomes a factor determining not only the usefulness of his existence but also the potential of his capabilities. The level of health of the people, in turn, determines the measure of socio-economic, cultural, and industrial development of the country [1].

The quality of life in modern concepts of philosophical and social trends is understood as a complex indicator of physical, mental, and social well-being, i.e. it is identified with the concept of health. The central tasks in the concept of quality of life are proclaimed: – ensuring the physical and moral health of a person.

The improvement of the health care system provided for by national programs determines the need for scientific justification of measures to preserve and strengthen the health of the population [2].

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In modern socio-economic conditions, an important state task is to optimize medical and demographic processes, strengthen the family, and improve the health and quality of life of various age and gender groups of the population [3, 4]. In recent years, the prevalence of various risk factors affecting the formation of chronic pathology has increased markedly, and indicators of socio-psychological well-being have worsened. The peculiarities of the life activity of modern men have a noticeable impact on their state of health and the duration of life. Several researchers have noted an increasing level of prevalence of male infertility, erectile dysfunction, and other sexual disorders [5]. The prevalence of erectile dysfunction ranges from 5% in men under the age of 40 and more than 10-20% in men over the age of 60 [6]. However, to date, the risk factors of the main types of life activity that affect the formation of erectile dysfunction remain poorly understood [7]. There is insufficient systematic evaluation and evaluation of the effectiveness of the use of numerous drugs and methods of prevention and treatment of erectile dysfunction. The conducted analytical studies with an assessment of the quality of medical care and the effectiveness of treatment in men with erectile dysfunction in primary health care (PHC) are insufficiently presented. With the proliferation of private centers and clinics, the treatment of erectile dysfunction needs to be regulated, accreditation, certification, and standardization of complex treatment methods, assessment of the quality of the type of care provided, and the effectiveness of the work performed. It seems relevant and practically expedient to improve the clinical and organizational forms of consultative, diagnostic, therapeutic, and restorative activities of urologists, andrologists, and other specialists at the primary stage of medical care.

The purpose of the study was to study and evaluate the condition and features of the influence of risk factors on the erectile function of men in KBR.

Materials and Methods

The study was conducted based on urban polyclinics of the KBR. According to the set goals and objectives of the study, a medical and social questionnaire was conducted and then statistical data processing was carried out. The study provided a staged questionnaire, a medical and sociological study, for identified patients of the "risk group" for erectile dysfunction at the outpatient stage. For the representativeness of the study, a selection of male patients from Nalchik, of different ages (20-79 years) and social status with a total number of 599 people was carried out. The step-by-step selection was carried out by random sampling with a statistically reliable distribution of men into risk groups for the development or presence of erectile dysfunction with varying degrees of severity. The program of medical and social analysis (61 statistical signs) was aimed at identifying the peculiarities of men's life with an assessment of the risk factors of their professional activities, housing and living conditions, the regime and quality of nutrition, socio-psychological well-being in the family and the presence of disharmonies of marital life, the degree of physical and neuropsychological stress at work and in the family, socio-economic condition, the level of medical information (including on problems of sexual life and health preservation) and medical and social activity. To determine and assess the degree of severity of erectile dysfunction in men, the International Index of Erectile Function (IIEF-5) was used, when using which the norm is the sum of points 22-25, a moderate sum of points 11-21 and significant erectile dysfunction is 1-11 points. The process of the patient's investigation is shown in **Figure 1**.



Figure 1. Process of the patient's investigation.

In the "International Classification of Diseases and Health-related Problems" (10 revision, WHO, Geneva, 1995), in the class (XIV) of diseases of the genitourinary system, in the block "diseases of the male genital organs" (N40-N51), only groups of diseases such as "male infertility" (N46) are presented, "impotence of organic origin" (N48.4), "vascular disorders of the male genital organs" (N50.1), and "other diseases of the penis" (N48). The fact that it does not sufficiently correspond to subjective and objective conditions, the term "erectile dysfunction" (ED) was used, which is often used in scientific literature and clinical practice.

The analysis of attitudes to a healthy lifestyle revealed the attitude of men to smoking and drinking alcoholic beverages (frequency and duration), to the use of narcotic and toxic drugs, to physical and recreational activities, to preventive measures

to strengthen their health, etc. A special block of signs allowed the analysis of subjective states and symptoms specific to diseases of the genitourinary system to be carried out by the method of anonymous questioning with interview elements. The peculiarities of sexual life were revealed (age of initiation, quality, and degree of satisfaction, frequency, expression of desire, criteria for choosing a partner, etc.). Men openly, consciously, and objectively revealed their male secrets with an assessment of the quality of the copulatory cycle (duration of sexual intercourse, quality of erection and orgasm, etc.), success, and harmony of sexual relations (on a 5-point scale).

Results and Discussion

The data obtained show that sexual desire in men decreases with age. If at the age of 20-29, increased sexual desire occurs in more than half of the men studied (62.3%), then this indicator in the age groups of 70-79 years is 19.1%. The results of the analysis of the level of sexual desire in the experimental groups are shown in **Figure 2**.

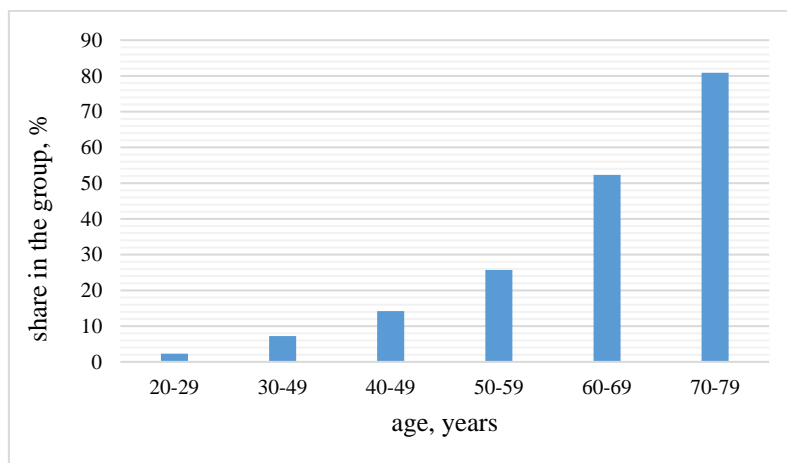


Figure 2. The proportion of patients with low sexual desire in age groups, %.

It should be noted that if a low degree of sexual desire at the age of 20-29 years occurs in only 2.3% of cases, then at the age of 30-49 years in 7.2-7.3% of cases, and the age of 50-59 years – in 25.7% of cases. Since men of these ages are able-bodied and socially active, this situation is an important medical and socially significant problem. Men's assessment of harmony and satisfaction from sexual acts decreases with increasing severity of ED.

The study found that family status was significantly correlated with the severity of ED in the men surveyed ($Sc=0.35$; $p<0.001$). The presence of pronounced ED (8.3%) and moderate ED (25.9%) among married men is less than among divorced or widowed men (29.2% and 60.2%, respectively), as well as among single men (62.5% and 13.9%). At the same time, the risk of a more severe form of ED in single men is significantly higher when compared with married men.

Studies have shown that there is a significant ($p<0.001$) decrease in the brightness and color of orgasmic sensations with age. A significant number of men who note a decrease in orgasmic manifestations increases in older age groups, as shown in **Figure 3** (up to 29 years – 14.6% sometimes, 3.1% – often; 30-39 years – 31.0% and 2.5%, 40-49 years – 52.2% and 6.7%; 50-59 years – 51.3% and 12.1 %; 60-69 years – 52.2% and 18.0%; over 70 years – 53.8% and 22.8%, respectively).

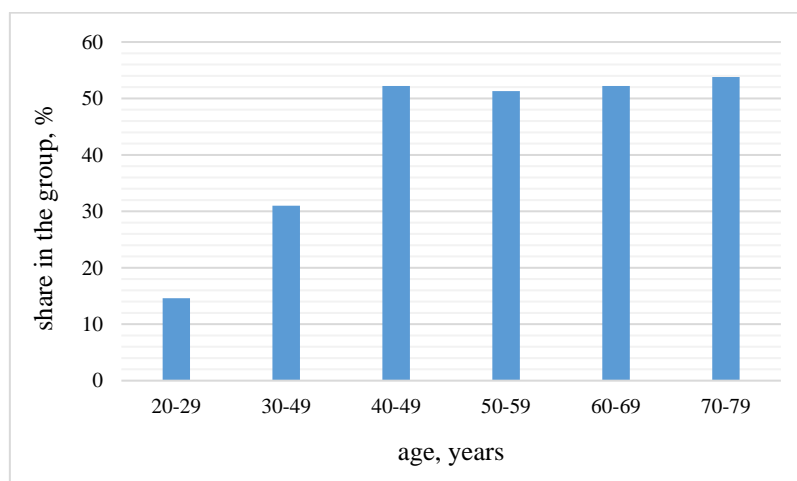


Figure 3. The proportion of men with weak orgasmic sensations in age groups, %.

Among men, more than half point to such reasons as unfavorable living conditions, physical weakness, frigidity of a sexual partner, sexual disharmony, dissatisfaction with oneself, insufficient means and opportunities, and psychological incompatibility, which prevent the creation of a favorable atmosphere for sexual life.

Conclusion

Thus, the activities of the health care system, especially at the primary level, on the prevention of erectile disorders among men, should be aimed at creating a healthy environment, motivation to strengthen and preserve health, developing and implementing comprehensive regional preventive programs, create "men's health centers" at primary health care to provide medical assistance, to involve the mass media more to improve the medical awareness of the population and to conduct a state system of promoting a healthy lifestyle among men.

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