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### ***Risk factors for incident erectile dysfunction among community-dwelling men***

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**INTRODUCTION AND OBJECTIVE.** Compared to the prevalence of erectile dysfunction (ED), fewer studies have focused on the incidence of ED and even fewer have focused on non-medical risk factors. We examined psychosocial, demographic/socioeconomic, medical/behavioral, and sexual function risk factors at one time point (1987-1989, T1) and development of incident ED at a second time point (1995-1997, T2).

**METHODS.** Longitudinal population-based epidemiologic study of 814 community-dwelling men participating in the Massachusetts Male Aging Study. ED was defined according to a validated, discriminant-analytic formula based on questionnaire responses and categorized as moderate/complete ED vs. none/minimal. Multivariate logistic regression models (odds ratios [ORs] and 95% confidence intervals [CIs]) were used to estimate the association of risk factors with ED.

**RESULTS.** Among 814 men free of ED at T1, 22% developed moderate/complete ED at T2 (on average approximately 8.8 years later). In a multivariate model, sexual function variables captured at baseline were inversely associated with ED (e.g., more or similar level of sexual arousal compared to adolescence vs. less, OR=0.56, 95% CI: 0.34, 0.92; frequency of sexual thoughts at least 2-3 times weekly vs. less, OR=0.55, 95% CI: 0.33, 0.92) after adjustment for age, education, and other risk factors.

**CONCLUSIONS.** Our results indicate that in the context of other risk factors, sexual desire variables at baseline were associated with incident ED. This in turn suggests that indications of reduced function appear earlier than ED itself, and that there may be a time window for intervention before a more complete loss of erectile function.

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*Limit: 2,280 characters not including spaces, currently 1703*

**FIGURE.** T1 variables in final model of ED incidence at T2 in the Massachusetts Male Aging Study.

- Final model**
- Education
  - Fidgety, nervous, tense
  - Feeling that things are coming apart or out of control
  - During the last 6 months, trouble getting an erection before intercourse begins
  - Arousal levels compared to adolescence
  - Weekly frequency of sexual thoughts, fantasies, or erotic dreams
  - Weekly frequency of ejaculation by masturbation
  - Age
  - Body mass index
  - Number of medications
  - Heart disease
  - Diabetes
  - Very Good/Excellent Health (vs. Good/Fair/Poor Health)