Perspective
Volume 7:3, 2023

Journal of Interventional and General Cardiology

ISSN: 2684-4591 Open Access

Management of CVD and the Prevention of Cardiovascular Events

Sonal Owens*

Department of Pediatrics, University of Michigan, Michigan, USA

Introduction

Erectile dysfunction is a common condition that affects men of all ages, and it has been linked to various cardiovascular disease risk factors such as hypertension, dyslipidemia, obesity and diabetes. Patients with CVD often require medication to manage their condition, and adherence to medication is crucial for the prevention of CVD events. However, research has shown that ED can negatively impact medication adherence, which can lead to poorer cardiovascular outcomes. ED can have a significant impact on a patient's quality of life, self-esteem, and relationships. It can also have a negative impact on medication adherence, which can lead to poorer cardiovascular outcomes. Several studies have shown that ED is associated with lower medication adherence in patients with CVD. One study published in the Journal of Sexual Medicine found that men with ED were less likely to adhere to their prescribed medications for hypertension, diabetes, and dyslipidemia. The study included 163 men with ED and CVD who were prescribed medications for their condition. The researchers found that those who reported lower medication adherence also had higher levels of anxiety, depression and perceived stress.

Description

Another study published in the Journal of Urology found that ED was associated with lower medication adherence in men with a history of myocardial infarction. The study included 806 men who had experienced an MI and were prescribed medication to manage their condition. The researchers found that those with ED were less likely to adhere to their medication regimen than those without ED. Poor medication adherence is a major risk factor for cardiovascular events such as heart attack, stroke, and death. Several studies have shown that ED is also an independent risk factor for cardiovascular events, and it can have a negative impact on cardiovascular outcomes. One study published in the American Journal of Cardiology found that men with ED had a higher risk of cardiovascular events such as MI, stroke, and heart failure than those without ED. The study included 1,057 men with CVD who were followed for a median of 3.7 years. The researchers found that men with ED had a 1.6-fold increased risk of cardiovascular events, even after adjusting for traditional cardiovascular risk factors [1].

Another study published in the Journal of the American College of Cardiology found that ED was associated with a higher risk of death from cardiovascular disease. The study included 1,519 men with CVD who were followed for a median of 3.7 years. The researchers found that men with ED had a 1.7-fold increased risk of death from cardiovascular disease, even after adjusting for traditional cardiovascular risk factors. Improving medication adherence is crucial for the prevention of cardiovascular events in patients with CVD. Addressing ED can be an important part of improving medication adherence, as ED can negatively impact a patient's motivation to take their medication. One study published in the Journal of Sexual Medicine found that treatment for ED improved medication adherence in men with CVD. The study included 94 men with ED and CVD who were prescribed medication for their condition. The men were randomized to receive either sildenafil or placebo for 12 weeks. The researchers found that those who received sildenafil had higher medication adherence rates than those who received placebo [2].

Several treatment options are available for ED, including lifestyle changes, medications such as surgical interventions such as penile implants. These treatments can improve sexual function, quality of life and medication adherence in patients with ED and CVD. Erectile dysfunction is a common condition that affects millions of men worldwide. It is defined as the inability to achieve or maintain an erection sufficient for satisfactory sexual performance. ED is often associated with underlying cardiovascular disease and is considered a marker of increased cardiovascular risk. Adherence to CVD medication is critical for the prevention of cardiovascular events, such as myocardial infarction and stroke. However, several studies have shown that ED can have a negative impact on adherence to CVD medication, which can lead to an increased risk of cardiovascular events [3].

ED can have a significant impact on a man's psychological well-being, leading to feelings of anxiety, depression and low self-esteem. These psychological factors can contribute to a decreased motivation to adhere to CVD medication. Several studies have shown that men with ED have lower adherence rates to CVD medication compared to men without ED. For example, a study of 1,610 men with CVD found that those with ED were less likely to adhere to medication compared to those without ED. Effective communication with healthcare providers is critical for the management of CVD and the prevention of cardiovascular events. However, ED can make it difficult for men to discuss their CVD medication and treatment options with their healthcare providers. Several studies have shown that men with ED are less likely to discuss their CVD medication and treatment options with their healthcare providers compared to men without ED. For example, a study of 2,170 men with CVD found that those with ED were less likely to discuss their medication with their healthcare providers compared to those without ED [4].

CVD medication can have side effects that can contribute to a decreased adherence to medication. For example, several classes of medication used to treat CVD, such as beta-blockers and diuretics, can cause ED as a side effect. Several studies have shown that men who experience ED as a side effect of their CVD medication are less likely to adhere to their medication compared to men without ED. For example, a study of 167 men with hypertension found that those who experienced ED as a side effect of their medication were less likely to adhere to their medication compared to those without ED. Several treatment options are available for ED, including oral medications, such as sildenafil as well as injectable medications and penile implants. These treatments can be effective in improving erectile function and may also improve adherence to CVD medication. Several studies have shown that treatment of ED can improve adherence to CVD medication. For example, a study of 701 men with CVD found that those who received treatment for their ED were more likely to adhere to their CVD medication compared to those who did not receive treatment [5].

Conclusion

ED is a common condition that is often associated with underlying CVD. Adherence to CVD medication is critical for the prevention of cardiovascular events, but ED can have a negative impact on adherence to medication. Psychological factors, communication with healthcare providers and side effects of medication can all contribute to a decreased adherence to CVD medication in men with ED. In addition to medication and treatment options for ED, lifestyle modifications can also be effective in improving erectile function and adherence

***Address for Correspondence:** Sonal Owens, Department of Pediatrics, University of Michigan, Michigan, USA, E-mail: Owenssonal5@gmail.com*

Received: 29 April, 2023, Manuscript No. jigc-23-103662; **Editor assigned:** 01 May, 2023, PreQC No. P-103662; **Reviewed:** 15 May, 2023, QC No. Q-103662; **Revised:** 20 May, 2023, Manuscript No. R-103662; **Published:** 27 May, 2023, DOI: 10.37421/2684-4591.2023.7.187

to CVD medication. For example, regular exercise, a healthy diet, and smoking cessation can improve cardiovascular health and improve erectile function. Several studies have shown that lifestyle modifications can improve erectile function and adherence to CVD medication. For example, a study of 31 men with CVD and ED found that those who received a comprehensive lifestyle intervention, including exercise and dietary changes, had significant improvements in erectile function and adherence to CVD medication.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Mahmud, Azra and John Feely. "Acute effect of caffeine on arterial stiffness and aortic pressure waveform." *Hypertension* 38 (2001): 227-231.
2. Oster, Matthew E., Matthew J. Strickland and William T. Mahle. "Racial and ethnic disparities in post-operative mortality following congenital heart surgery." *J Pediatr* 159 (2011): 222-226.
3. Backes, Carl H., Clifford Cua, Jacqueline Kreutzer and Laurie Armsby, et al. "Low weight as an independent risk factor for adverse events during cardiac catheterization of infants." *Catheter Cardiovasc Interv* 82 (2013): 786-794.
4. Nembhard, Wendy N., Ping Xu, Mary K. Ethen and David E. Fixler, et al. "Racial/ethnic disparities in timing of death during childhood among children with congenital heart defects." *Birth Defects Res Part A Clin Mol Teratol* 97(2013): 628-640.
5. Laurent, Stephane and Pierre Boutouyrie. "Arterial stiffness and hypertension in the elderly." *Front Cardiovasc Med* 7 (2020): 544302.

How to cite this article: Owens, Sonal. "Management of CVD and the Prevention of Cardiovascular Events." *J Interv Gen Cardiol* 7 (2023): 187.