

## ERECTILE FUNCTION EVALUATION IN CORRELATION WITH SLEEP DISTURBANCES

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### ABSTRACT

**Introduction.** Obstructive sleep apnea (OSA), defined by frequent bouts of upper airway collapse while sleeping, affects 10% of middle-aged males. When an OSA event occurs, the oropharynx collapses, resulting in alertness, decreased oxygen saturation, and sleep fragmentation. Patients with OSA were reported to have erectile dysfunction (ED). Patients with OSA had an ED incidence that varied from 40.9 to 80%. OSA severity measured by the Apnea-Hypopnea Index (AHI) and oxygen saturation levels below 90% during sleep were linked to a changed bulbocavernosus reflex. **Methods.** The study included 32 men with snoring symptoms. Mean age was 45,56±9,09 years. Polysomnography records were done, measuring the oxygen level, heart rate and breathing during sleep. IIEF-5 and IPSS were done for clinical

symptoms. Additional, hormonal profile was performed. **Results.** Mean body mass index values was 34,04±6,60. Accordingly with IIEF-5 scoring, no one was found with severe ED, 6.3% with moderate ED, 56.3% with middle ED and 37,5% with absence of ED. Following IPSS results, mild lower urinary tract symptoms were found in 43,8% and 56,2% with moderate symptoms, severe symptoms were not reported. AHI mean value was 46,23±15,48 and mean oxygen desaturation index 39.73±22,63. Mean SpO<sub>2</sub> level was 90,72%±2,65 and lower SpO<sub>2</sub> mean level was 73,81±9,59. Heart rate mean values were reported being 69,47±7,63. Total testosterone was found to be low, mean values were 201±43,77. **Conclusions.** The data analyses showed an overage ED symptom associated with OSA in 62,6%. Obesity and low testosterone level could have a major impact on erectile function in patients.