

Editorial comments to paper published in this issue on pgs. 140–143

The article: "Is there a link between soft drinks and erectile dysfunction?"

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In addition to weight gain, an increased consumption of beverages high in sugar and low in nutritional value (those with significant sugar added i.e., soft drinks, juice, flavored water, coffee, and tea, including artificial sweeteners) are associated with the development of metabolic syndrome and type-2 diabetes [1]. A previous finding that soft drink intake is associated with increased serum triglycerides and decreased high-density-lipoprotein (HDL) cholesterol, both components of the metabolic syndrome (MetS), raises the question of whether other aspects of an unhealthy diet might be associated with MetS. It is proven, that a high intake of soft drinks and a low intake of fruit and vegetables was positively and independently associated with aspects of MetS [2].

Hypertension, hyperlipidemia, diabetes mellitus, and depression were prevalent in patients with erectile dysfunction (ED) [3, 4]. This evidence supported the proposition that ED shares common risk factors with these four concurrent conditions. As a pathophysiological event, ED could be viewed as a potential observable marker for these concurrent diseases (for diabetes mellitus especially in men under 46 years and probably aged between 46 and 65 year of life) [5]. This finding suggests that clinicians could include ED in the assessment profile of these concurrent conditions for earlier detection and treatment.

In the management of the chronic complications caused by diabetes mellitus, an important role is played to andrological problems, among them there are: 1) the hypogonadism in adult age (late onset hypogonadism); 2) the lower urinary tract symptoms (LUTS) correlated to the condition of prostatic hypertrophy; 3) the infections of the male genitourinary tract with different characterization for imaging respect to the non-diabetic population; 4) different sexual disorders (i.e. ED); and 5) implications over the male reproductive sphere [6]. Impotent men with diabetes present with worse ED than those without diabetes, which results in a worsened disease-specific health-related quality of life among diabetic men.

Although diabetic patients initially respond well to ED treatment, responses do not appear to be durable over time.

The above-mentioned review prepared by Adamowicz and Derwa has directly enriched the data relative to the heterogeneity of the clinico-andrological presentation of the effect of sugar-sweetened beverages consumption on male health [7].

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