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INTRODUCTION: Sexual dysfunctions (SD) are highly prevalent in the general population and the growing evidence linking SD to cardiovascular disease (CVD) in both sexes warrants recognition of this problem as significant public health concern. In fact, the time interval among the onset of erectile dysfunction (ED) and the occurrence of coronary artery disease symptoms and cardiovascular events is estimated at 2-3 years and 3-5 years, respectively. Recent studies indicate that the link between female sexual dysfunction (FSD) and CVD shares some similarities with ED and CVD in men. Recognizing SD as a sign of poor cardiovascular status could have a huge impact on preventive healthcare by providing a clinical tool for physicians to identify patients at an early stage prior to an adverse vascular event. Sexual health should be first inquired and studied in the primary care setting because General Practitioners (GPs) represent the first point of contact between patients and the healthcare system.

AIMS: To explore the correlations between cardiovascular disease and sexual dysfunction.

METHODS: Cross-sectional study conducted among male and female patients of two Lisbon Primary Health Care Centres, aged between 18-80 years old, aspiring to be sexually active, and with a clinical record. Structured interviews collected information concerning socio-demographics' variables, lifestyle, health conditions, knowledge and beliefs about SD and their treatments, and patient-physician relationship. The Index of Erectile Function (IIEF) and the Female Sexual Function Index (FSFI) were used to evaluate SD, with a cut-off score for SD of IIEF≤25 and FSFI<30.

RESULTS: Our sample included 323 participants (180 women), mean age 48(±16.84) years. Considering IIEF and FSFI total score, prevalence of SD was 37.1% (n=39) and 41.3% (n=50), in men (ED) and women respectively. Age and low educational attainment tended to be associated to higher levels of SD and lower intercourse satisfaction. Cardiovascular (CV) risk factors such as overweight and increased waist circumference, and established CVD, were associated with a significant poorer sexual function and satisfaction when comparing with apparently healthy individuals. The majority of patients thought that sexual problems should be addressed by GP, but in most cases, these were discussed by patient's own initiative. We found

an association between lower IIEF scores and help-seeking behavior between male participants.

CONCLUSION: Clustering of more than one CV risk factors was correlated with a decrease in sexual function in both sexes, and a decrease in sexual satisfaction in men indicating that prevention and management of these are important for male and female sexual health. As SD correlate with poorer global health and CV status and patients would like to see them addressed by their GP, efforts should be taken in order to focus GPs' attention to this area.