

Introduction

Hypertension is one of the most frequent chronic diseases in adults, therefore requiring an appropriate life term antihypertensive treatment to prevent cardiovascular diseases. However, actually about only 20% to 30% of hypertensive patients are under sufficient blood pressure (BP) control (**WHO/International Society of Hypertension, 2003**).

A high incidence of erectile dysfunction (ED) is reported in patients with cardiovascular diseases including hypertension. Decrease in penile artery circulation is one important etiologic factor for ED. (**Siroky and Azadzo, 2003**). Decreased peripheral circulation along with essential hypertension and cardiovascular diseases may be related to ED (**Jensen et al., 1999**).

The National Institute of Health define erectile dysfunction as "the inability to achieve or maintain an erection sufficient for satisfactory sexual performance" ED remains a largely under diagnosed condition, in part because of a reluctance by patients and physicians to discuss sexual matter candidly (**National Institute of Health, 1993**).

Sexual function was evaluated with the International Index of Erectile Function (IIEF) and its scoring system, which was found to be a reliable and valid measure of 5 relevant domains of sexual function in males (**Rosen et al., 1999**).

Scoring in the IIEF domain of erectile function allowed classification of each patient as having either normal erectile function (22 to 25), mild ED (17 to 21), mild to moderate ED (12 to 16), moderate ED (8 to 11) or severe ED (5 to 7) erectile dysfunction. (**Wagner et al., 2002**)

The Massachusetts Male Aging Study has shown that in men aged 40 to 70 years, the prevalence of ED is 52% (**Feldman et al., 2000**). This condition affects the quality of life of the patients and their wives or partners (**National Institute of Health, 2005**).