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**GENDER FEATURES OF SEXUAL DYSFUNCTION IN PATIENTS WITH HYPERTENSION**

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Currently, 30-45% of the world's population suffers from arterial hypertension (AH). By 2025, its prevalence in the worldwide is expected to increase by 15-20%. Elevated blood pressure (BP) is not only the world's leading risk factor (RF) for premature death due to stroke, but also an important RF for the development of atherosclerosis and its complications. Moreover, hypertensive patients, regardless of gender, have a high risk of developing sexual dysfunction.

Most clinical studies have examined the effect of hypertension on sexual function in men. In order to assess the degree of its severity the index of erectile dysfunction was used. The study of sexual dysfunction in hypertensive women is a poorly studied problem, therefore it attracts scientific and public interest. The difficulty in identifying sexual dysfunctions in women is primarily due to the imperfection of diagnostic methodological approaches in this area. Therefore, when studying the influence of cardiovascular pathology on the development of sexual disorders, especially in childbearing women, one should take into account hormonal and gynecological disorders. A relationship between men and women in the modern world, the problem of loneliness, multiple stress factors should not be underestimated as well. The sexual health of a woman or a man should not be considered separately from each other, but the couple should be perceived as a whole, given gender, rase / ethnicity of patients.

Among hypertensive patients, sexual dysfunction is detected in 44-48% of cases and is more pronounced in men. It was found that the prevalence of sexual dysfunction was higher in hypertensive women compared with normotensive women and could decrease with adequate blood pressure control. Older age, low education and depression have a negative impact on the sexual function of hypertensive middle-aged and elderly women.The main pathogenetic links between sexual dysfunction and somatic pathology are: a decrease of nitric oxide production, an increase in free radical ganeration, in peroxidation in the genital tissues, a decrease in synthesis of sex hormones. Development of the obesity in hypertensive patients worsens sexual dysfunction due to insulin resistance, atherogenic lipid profile and systemic inflammation. In addition, sexual dysfunction, especially in men, can be an early sign of serious complications of metabolic syndrome.

Antihypertensive treatment is very important for patients at risk of developing sexual dysfunction. Thiazide diuretics, aldosterone antagonists, β-blockers can have a negative effect on sexual function. Therefore, it is necessary to give preference to drugs which do not impact sexual function in these patients: ACE inhibitors, angiotensin II receptor blockers, calcium antagonists.

Conclusions: arterial hypertension is a risk factor that enhances sexual dysfunction in both men and women. Sexual disorders worsen significantly the quality of life of patients. Therefore, the detection of their causes as well as the development of preventive methods represent an urgent area for clinicians and researchers. Adequate control of hypertension with drugs that do not affect sexual function can have a large impact on the quality of life of hypertensive patients.

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