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Editorial Comment

An association between bicycling and erectile dysfunction (ED) has been described previously, but there are limited data examining this association in a random population of men. The authors analyse the data of the MMAS and conclude that there may be a reduced risk of ED in those who ride less than 3 h per week and ED may be more likely in bikers who ride more than 3 h per week.

Although, unfortunately the sample size is too small to reach enough power to give a definite decision on the case of bicycling and impotence, especially when details such as the time spent on a bicycle are discussed, this well written manuscript contains an important message that deserves attention and discussion. It provides data to support the fact that physical activity, ie bicycling, may reduce the risk of developing ED. Indeed, one of the most important aims of today's ED treatment should be adjustment of lifestyle and modification of risk factors where possible, such as lack of exercise.

In this holistic medical approach, the patient in general and the ED patient in particular should be

informed that daily exercise may have a profound favourable impact on both short- and long-term health and quality of life. As the authors state: 'physical activity is of major concern in the US: only about 15% of US adults engage in regular physical activity. And approximately 250 000 US deaths per year can be attributed to inactivity'. And bicycling may be the most feasible form of exercise.

Now it has become more clear that exercise in the format of bicycling may reduce the risk of ED, our efforts should be pointed towards the technical aspect of bicycling, such as: change of body position during cycling, the position of the handlebars, the height of the saddle, the downwards tipping of the nose of the saddle to produce a more horizontal, or even downward pointing position and the design of the saddle.

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