

LETTER TO THE EDITOR

LIST DO REDAKCJI

**ERECTILE DYSFUNCTION IN OBESE MEN WITH SUBJECTIVE TINNITUS:  
A SEDENTARY LIFESTYLE AS THE LINK BETWEEN THE TWO PROBLEMS  
THAT CAN BE SOLVED WITH EXERCISE TRAINING**

**ZABURZENIA EREKCJI U OTYŁYCH MEŹCZYŹN Z SUBIEKTYWNYMI  
SZUMAMI USZNYMI: SIEDZĄCY TRYB ŹYCIA JAKO CZYNNIK ŁĄCZĄCY OBA  
PROBLEMY, KTÓRE MOŻNA ROZWIĄZAĆ ZA POMOCĄ TRENINGU  
FIZYCZNEGO**

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**Dear Editor,**

Obese people are more likely to experience subjective tinnitus, which is the only audible perception of sound that patients describe in the absence of any disease [1]. Males with tinnitus have worse scores on many sexual function measures than males in good health [2]. A new study published in 2021 reported that erectile dysfunction (ED) and tinnitus are connected. Men with tinnitus and ED experience disruptions in penile and cochlear functions due to a sedentary lifestyle and cardiovascular/psychological issues that accompany it [3].

Treating tinnitus [4] and ED [5] together could be accomplished through an active lifestyle or consistent exercise. Physical exercise sessions not only improve tinnitus severity but also enhance distraction from concentration of hearing bad/continuous ear ringing, hence quality of life improves [6].

With exercise recommendations given to ED men with tinnitus to increase their levels of physical activity/exercise, exercise-induced improvements in patients' mood/self-esteem, depression/nervousness, low competence/self-concept, personality/behavioral vulnerabilities, and improved sleep complaints all help to ameliorate common psychological phenomena between tinnitus and ED.

Besides its ability to modify/correct cardiovascular risk factors (these factors are the main culprit for many chronic diseases that are difficult to be treated), exercise balances circulating levels of lipids within penile vessels, nitric oxide, local/chronic inflammatory reactions, relaxing hormonal and/or biochemical substances/compounds, and free oxidizing/harming radicals. These factors can all be interpreted as contributing to the

improvement of endothelial dysfunction-induced ED [5]. The anticipated improvement in endothelial dysfunction-induced tinnitus may be explained by the same mechanisms that explain the improvement in endothelial dysfunction-induced ED.

Despite the above-mentioned suggested importance of exercise training, patients with ED and tinnitus, physiotherapists and exercise health professionals do not pay as much attention to exercise training as a supplemental therapeutic option for correcting/modifying cardiovascular, psychological, and endothelial issues, common denominators between ED and tinnitus.

In conclusion, this letter to the Editor represents a reminder to exercise healthcare professionals working in the medical field to resolve the connection (*i.e.* the sedentary lifestyle) between ED and tinnitus by exercise recommendations. Future exercise research must concentrate on examining the impact of exercise on ED and tinnitus.

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