

ERECTILE DYSFUNCTION AND CARDIOVASCULAR DISEASE SHARE MANY IMPORTANT AND COMMON RISK FACTORS.

Erectile Dysfunction (ED) is a common condition that affects about 50% of men over the age of 40 at some time. It can be related to other health conditions so it's important to see a doctor if you have concerns.

ED can be caused by a number of factors. The most common causes are physical: high blood pressure (hypertension), heart disease, smoking, lack of exercise or high alcohol intake. Erections can also be affected by some medicines, surgery (i.e. prostatectomy) and nerve damage caused by diabetes, stroke or spinal cord injury. Psychological factors such as anxiety, stress, relationship problems and depression may also play a part.

Many health problems, including ED, can be treated. The key is to identify them early.



0800 CIALIS / 242547 www.cialis.co.nz

Cialis® is a **PRESCRIPTION MEDICINE** for the treatment of erection problems in men. **Cialis is an unfunded medicine. You will need to pay for it and a prescription charge will apply. Consult your doctor to determine if Cialis is right for you. Normal doctor's fees will apply.** Sexual stimulation is required for Cialis to work. **Do not use when taking nitrates for angina or where there is known heart disease like heart failure or heart rhythm disturbances, low or uncontrolled blood pressure.** Use with caution when taking alpha 1 blockers such as doxazosin. Caution in kidney or liver disease or conditions which predispose to persistent erection of the penis like certain blood disorders. Not to be used by women. Possible side effects are headache, indigestion, back & muscle pain, blocked nose, flushing and dizziness. Always read the label, use strictly as directed and if symptoms persist or you have side effects see your doctor. Contains tadalafil 2.5mg, 5mg, 10mg & 20mg. Maximum daily dose 5mg for continuous daily use. Maximum daily dose 20mg for on-demand use. For further product information check www.medsafe.govt.nz or call 0800 CIALIS / 242547. Eli Lilly, Auckland. CIALIS and the Cialis logo are registered trademarks of Eli Lilly and Company. TAPS CH2889. NZCLS00073. H&T ELI1520.

The Lilly logo is a stylized, cursive script of the word 'Lilly' in red.



MEN'S HEALTH CHECKLIST

This checklist has been prepared by Eli Lilly & Company (NZ) Ltd, manufacturers of Cialis®, in the interests of men's health and well-being.

CARDIOVASCULAR (HEART AND BLOOD VESSEL) DISEASE IS THE LEADING CAUSE OF DEATH IN MEN AND IS 2 TO 5 TIMES HIGHER FOR MIDDLE-AGED MEN THAN WOMEN.

Some of the most common risk factors for cardiovascular disease include:

- cigarette smoking
- high cholesterol
- high blood pressure
- diabetes
- abdominal obesity (waist circumference)
- lack of exercise.

Enjoy life, look after your health and have regular checkups.

Talking to your doctor is the best thing you can do to improve your health. It may help to complete the health questionnaire in this leaflet and take it to your doctor. It's an easy way to start talking about your health and includes some of the information your doctor will need to know.

MEN'S HEALTH CHECKLIST

1. Have you ever been told by a doctor that you have:

- | | YES | NO |
|--|--------------------------|--------------------------|
| • high blood pressure or hypertension? | <input type="checkbox"/> | <input type="checkbox"/> |
| • high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| • heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| • diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you ever had:

- | | YES | NO |
|--------------------------------------|--------------------------|--------------------------|
| • a heart attack? | <input type="checkbox"/> | <input type="checkbox"/> |
| • a stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| • lower abdominal or pelvic surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| • a spinal cord injury? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above, discuss a schedule of regular checks appropriate for you, with your Doctor.

3. Do you:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • currently smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| • have more than 4 alcoholic drinks a day? | <input type="checkbox"/> | <input type="checkbox"/> |
| • exercise less than 3 times weekly? | <input type="checkbox"/> | <input type="checkbox"/> |
| • experience stress or anxiety at work or in your relationship? | <input type="checkbox"/> | <input type="checkbox"/> |

4. Have you discussed prostate tests and examinations with your doctor?

- | YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

5. Have you noticed any lumps, spots or skin changes anywhere on your body?

- | YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

6. During sexual activity:

- | | YES | SOME-TIMES | NO |
|--|--------------------------|--------------------------|--------------------------|
| • is your erection firm enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • does your erection weaken too quickly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. If you experience erection problems, does this affect your relationship with your partner?

- | YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

8. If you were to spend the rest of your life with your sexual function the way it is now, would you be satisfied with that?

- | YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Talk to your doctor if you have any health concerns.