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EDITORIAL COMMENT



There is a plethora of population-based studies evaluating the relationship between male infertility and cardiometabolic conditions, including obesity, diabetes, and heart disease. These studies aim to better characterize this association, identify risk factors, and provide more effective patient counseling and subsequent treatments for high-risk infertile men.^{1,2} However, many of these studies have been hampered by homogeneity or a lack of sociodemographic data such as race, socioeconomic status, or geographic region.

The harbinger of this recent interest has been the seminal work of Eisenberg and Glazer et al, who elegantly demonstrated an increased risk of chronic nononcologic adverse outcomes, such as diabetes and heart disease, in infertile men.^{1,2} The researchers determined the multifactorial etiology of increased cardiometabolic risk in infertile individuals, and noted a plausible link between male infertility and risk factors such as BMI, obesity, and hypogonadism.³⁻⁷

In this article, the authors report on the incidence of future cardiometabolic disease in infertile men and hypothesize that this risk varies by sociodemographic factors. They analyzed outcomes extracted from a large United States' insurance-based database of 76,343 men (18–50 years) diagnosed with the male infertility diagnosis code, and assessed by the International Classification of Diseases, 9th edition between 2003 and 2016. A total of 183,742 males that underwent vasectomy served as controls for the sole presumption to be fertile. The cardiometabolic health outcomes were assessed by International Classification of Diseases, 9th edition diagnosis codes for diabetes, hypertension, hyperlipidemia, and heart disease. The main finding of this study (after adjusting for variables such as age, follow-up time, obesity, smoking, and health care utilization) was that male infertility demonstrated a higher risk of hypertension (HR 1.15, CI 1.13–1.18), diabetes (HR 1.5, CI 1.44–1.57), hyperlipidemia (HR 1.18, CI 1.16–1.21), and heart disease (HR 1.34, CI 1.25–1.45) compared to controls (vasectomy cohort). Similar associations were observed across all education, income, racial, and geographic strata. Taken together, this analysis demonstrates that infertile men are at a higher risk of cardiometabolic disease in the years following a fertility evaluation regardless of race, ethnicity, education, income, or geographical region.

These findings further confirm that, while infertile men are at higher risk of cardiometabolic disease, infertility status transcends socioeconomic status or geographic location and formulates the concept that male infertility is either a potential risk factor or biomarker for later health issues across all sociodemographic strata. Hence, this is of special interest when counseling young men with infertility on lifestyle modifications to mitigate the risk of future morbidity.

Nevertheless, the authors acknowledge the inherited biases and limitations of designing and conducting such a study, utilizing insurance claims data with the apparent lack of granular data on metabolic risk factors, such as family history and physical activity, as well as longitudinal follow-up. Additionally, the extraction of diagnoses requires correct coding of diagnoses in insurance claims and can be subject to bias of the provider.

This published study will likely add to the emerging chorus to exploit male infertility as a risk factor not only for underlying genitourinary malignancies⁸⁻¹² but also for cardiometabolic disease. As attractive as such finding appears, further data are necessary to confirm these findings and allow for a new horizon in the field of male infertility.

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