Published clinical practice guidelines have addressed antihypertensive therapy and sexual dysfunction (SD) in many different ways. Objectives: To evaluate guidelines that address antihypertensive drug-associated SD, guideline recommendations and recent guideline trends. Methods: Thirty national and international guidelines for hypertension management in adults that had been published in the English language since 2000 were systematically reviewed. Results: The issue of SD has been overlooked completely in summary guide compared with primary full report publications and has been inconsistently recognized by many recently updated guidelines. Thiazide-class diuretics and β-blockers were identified as offending agents in approximately 50% of the guidelines (14/30) each, whereas centrally acting sympathoplegics were identified in 20% (6/30). There is no clarity on β-blockers and thiazide-class diuretics because one third of the guidelines are vague about individual β-blockers and diuretics, and there is no statement on third-generation β-blockers and thiazide-like diuretics because one third of the guidelines are vague about individual β-blockers and diuretics, and there is no statement on third-generation β-blockers and thiazide-like diuretics that can improve erectile function. Therapeutic issues such as exploring SD in clinical history, assessing SD prior to and during treatment with antihypertensives, substituting the offending medications with alternatives that possess a better safety profile, intervening with phosphodiesterase-5 inhibitors, and avoiding the concomitant use of nitrovasodilators are superficially addressed by most guidelines, with the exception of 2013 ESH/ESC and 7th JNC recommendations. Conclusions: Hypertension treatment guidelines have generally marginalized the issue of antihypertensive-associated SD. Future guideline revisions, including both full and summary reports, should provide a balanced perspective on antihypertensive-related SD issues to improve treatment compliance by patients and their quality of life.