40
Sexual Counseling of the Cardiac Patient

Tiny Jaarsma and Elaine E. Steinke

Introduction

It is often expected that among seriously ill patients sexuality is not important. However, satisfaction with sexual functioning is recognized as a component that influences quality of life. Studies show that patients who are chronically or critically ill are concerned about sexual dysfunction. Sexual function has been studied in some chronic disease states, especially in diabetes, cancer, spinal cord injury, and some cardiac diseases. For example, sexual function in patients after myocardial infarction (MI) or after coronary artery bypass grafting (CABG) has been studied since the 1970s and 1980s. More recently sexual function in patients with heart transplantation or heart failure has been studied. It is known that there are many important links between sexual activity and heart disease:

• Heart disease can result in both reduced sexual activity and increase sexual dysfunction, for example due to fear or symptoms.
• Heart disease and erectile dysfunction share important risk factors such as diabetes and hypertension.
• Sexual activity, like all forms of exertion and/or stress, may trigger cardiac symptoms.
• Medications used to treat heart disease may impair sexual function.
• Drugs that are used to treat sexual dysfunction may have serious interactions with medications used to treat heart disease.

All these complicated relationships can keep healthcare providers from addressing the issue of sexuality in patients with heart disease. Healthcare providers may believe that discussing sexuality causes anxiety in the patient, that patients do not want to talk about it, or that another healthcare provider has discussed it. In this chapter we will discuss problems reported by cardiac patients related to resuming sexual activity, facts and myths related to sexual activity, and give some practical pointers in discussing sexuality with cardiac patients.

Problems

Cardiac patients often are worried about a safe return to sexual activity. They worry about the effect of the condition on sexual activity, the effect of sex on the heart, symptoms that may occur during sexual activity, and possible effects of medication.1–3 Partners of cardiac patients also may be worried and may be overprotective. Some problems in returning to sexual activity are general to (cardiac) patients (Table 40-1), while others might be more disease specific.

Return to sexual activity might be stressful for both for patient and partner, including experiences of fear, anxiety, and overprotectiveness.

Cardiac patients also often report erectile difficulties. Vascular disease is a common cause of sexual dysfunction and can be assumed to be present in a proportion of the patients with heart disease. Steinke (2003) found that the areas of greatest concern reported by ICD patients were
Myocardial Infarction

Myocardial infarction patients may have all the concerns described in Table 40-1. Specifically patients after an MI might fear a reinfarction and/or sudden death during intercourse.

Coronary Bypass Surgery

Patients recovering from bypass surgery or other cardiac surgery may have specific concerns about pain and support of incisions during sexual activity. In addition, changes in body image due to the operation may play a role in returning to sexual activity.

Heart Failure

From descriptive studies it is known that a considerable number of patients report a marked decrease in both sexual interest and the frequency of sexual relations caused by their heart failure. Symptoms of dyspnea and fatigue may hinder sexual activity. A relationship between higher levels of daily functioning and fewer sexual problems has been established, and a relationship between the number of co-morbidities and sexual problems.1,5 Patients might fear deterioration as a result of sexual activity and death during intercourse.

Implantable Defibrillators

In addition to the general problems mentioned earlier, ICD patients and their partners often have concerns related to device discharge with sexual activity. Patients are concerned that sexual activity will trigger the device and may avoid sexual encounters. They also fear touching others when the device fires.6

Partners of ICD patients are also known to report a lack of interest in sex after the ICD was implanted. Spouses often describe fear and anxiety about cardiac arrest and ICD firing, often resulting in overprotectiveness towards their partner. Patients and partners may have been in a stressful period before the ICD implantation in which they also had reduced sexual activity.

Myths and Misconceptions

Myth 1: Sex and sexuality are the same.
Truth: The term “sex” is often used to refer to the sex act, whereas sexuality reflects both the psychosocial and physical aspects of intimacy. Engaging in sex can be fun, passionate, and has been called a “restorative force” that can be both healing and energizing.7

Myth 2: Older adults with cardiac disease are less interested in information on resuming sex.
Truth: Older adults have many of the same questions and sexual concerns as younger individuals. Studies with cardiac patients have shown that many older adults continue to be sexually active well into the 8th decade of life.2,8

Myth 3: Sex after a heart attack often causes sudden death.

TABLE 40-1. Problems of cardiac patients and partners related to sexual activity

<table>
<thead>
<tr>
<th>Psychological problems</th>
<th>Erectile difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>General anxiety</td>
<td></td>
</tr>
<tr>
<td>Fear of symptoms (chest pain, dyspnea)</td>
<td></td>
</tr>
<tr>
<td>Fear of death</td>
<td></td>
</tr>
<tr>
<td>Worries about the effect of medication on sexual function</td>
<td></td>
</tr>
<tr>
<td>Change of self-esteem</td>
<td></td>
</tr>
<tr>
<td>Stress for couples</td>
<td></td>
</tr>
<tr>
<td>Overprotectiveness</td>
<td></td>
</tr>
<tr>
<td>Lack of communication</td>
<td></td>
</tr>
<tr>
<td>Symptoms (chest pain, fatigue, dyspnea)</td>
<td></td>
</tr>
</tbody>
</table>

Erectile difficulties

Reduced sexual desire

Effect of cardiovascular medications

Men:
- Decreased or absent libido
- Difficulty in maintaining and erection
- Priapism
- Premature retrograde ejaculation

Women:
- Decreased vaginal lubrication
- Decreased or absent libido
- Inability to achieve orgasm

overprotectiveness by the partner (56%) and erectile difficulties (57%).4