

Sexual activity declines for heart attack patients not getting doctors' advice

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Sexual activity declines in the year after heart attack for patients who don't get instructions from their doctors about when it's safe to resume sex, researchers reported at the American Heart Association's 11th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke.

In a study of 1,184 male and 576 female [acute heart attack](#) patients, nearly half the men and about a third of women reported receiving discharge instructions on resuming [sexual activity](#). Even fewer — less than 40 percent of men and less than 20 percent of women — talked about sex with their physicians in the year following their heart attack.

One year after heart attack, more than two thirds of the men reported some sexual activity, and about 40 percent of the women reported sexual activity. Men were 1.3 times and women 1.4 times more likely to report a loss of sexual activity after one year if they didn't receive information on when to resume sexual activity.

"Sexuality is an important part of life throughout life, and most heart attack patients are sexually active" said Stacy Tessler Lindau, M.D., lead author of the study and associate professor of obstetrics/[gynecology](#) and medicine-geriatrics at the University of Chicago. "For the most part, physicians just aren't discussing this topic with their patients after a heart attack."

Most participants were assessed at one month and again at one year

following their heart attack regarding level of sexual activity both before and after heart attack. Researchers set up gender-separate models to predict the frequency of sexual activity at one year following a heart attack in those who were sexually active prior to or since their heart attack. Male participants (average age 59 years) were more likely to be married than women participants (average age 61 years) and were more likely to be sexually active prior to the heart attack. Even after adjusting for these differences, patients who had been given instructions about resuming sexual activity at hospital discharge were more likely to engage in such activity over the following year.

The study was part of TRIUMPH (Translational Research Investigating Underlying Disparities in Recovery from Acute Myocardial Infarction: Patients' Health Status). Participants were asked questions about their sexual activity prior to and after having a heart attack.

"As survival after a heart attack continues to improve, it is important to begin studying the outcomes of patients who survive; their symptoms, function and quality of life," said John A. Spertus, M.D., M.P.H., Clinical Director of Outcomes Research at Saint Luke's Mid America Heart Institute/UMKC and Principal Investigator of the TRIUMPH Study. "To date, few studies have examined whether patients who survive a heart attack resume sexual activity."

"Little is known about what happens to patients' sexuality and sexual function after a heart attack, particularly for women" Lindau said.

"While most hospitals have a regimented process of presenting discharge information to patients after heart attack, the question of when it's safe to resume sexual activity after heart attack is not always addressed."

Even when it's discussed, the researchers aren't sure what's being said.

"We don't yet know the content or value of the instructions patients are receiving," she said

The consensus among physicians is that it's safe to resume sexual activity after a heart attack once the patient feels better and is capable of performing moderate exercise.

"The likelihood of dying during sexual intercourse, even among people who have had a heart attack, is really small," Lindau said.

Some physicians are reluctant to discuss sex with patients who are older, aren't married or belong to a conservative religious group, she said. "But in the case of sexuality, stereotypes don't work. Older patients may not be married but still have an intimate romantic partner."

Physicians need to bring up the subject, even if it's not part of a routine discharge check list, because "not raising the question of sexuality leaves the door closed."

Noting their data are preliminary, Lindau said further study is required to determine what information the patients were given by their physicians, what patients need to know, and how to tailor information for patients so that they will feel free to ask questions and to seek help.

"Often physicians are focused on saving lives, and sexual health may not be valued as much as medications and other treatments to prevent further progression of their coronary disease," she said. "Doctors need to be proactive and help patients recover their whole lives after [heart attack](#). Physicians need to assess a patient's sexual history to ensure all aspects of a patient's physical and emotional well-being are addressed. This is an essential part of healthcare."

Provided by American Heart Association

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