

# Physicians should counsel patients about sex life after cardiac event

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This infographic from the article outlines healthcare professionals are urged to counsel heart and stroke patients on how to resume a healthy sex life. Credit: Source: American Heart Association/European Society of Cardiology Consensus Statement; E. Steinke

Healthcare professionals are urged to counsel heart and stroke patients on how to resume a healthy sex life, according to a joint statement published in the American Heart Association journal *Circulation* and the *European Heart Journal*. It is the first scientific statement to offer detailed guidance for patients.

"Patients are anxious and often afraid sex will trigger another cardiac event – but the topic sometimes gets passed over because of embarrassment or discomfort," said Elaine Steinke, A.P.R.N., Ph.D., lead author of the statement and professor of nursing at Wichita State University in Kansas.

The statement is the first to provide "how to" information about resuming sexual activities and applies to patients who have had a heart attack, [heart transplant](#), stroke, received an implanted heart device or have other [heart conditions](#), as well as their partners.

Past recommendations focused on when to resume sex, risks with sex, and managing medications.

Among the recommendations, healthcare providers should:

- routinely assess all patients after a cardiac event and during follow-up visits to determine if the patient is healthy enough to resume sexual activities;
- give individualized, structured counseling based on specific needs and medical condition;
- discuss recommended positions, how to be intimate without having sexual intercourse and when to resume sexual activity; and counsel all patients regardless of gender, age and [sexual orientation](#).

"There are many barriers or misconceptions that inhibit discussions

about sex. Some healthcare professionals may believe the patient does not want this information, but we have found it is easier for the healthcare provider to start the discussion than for the patient to bring up these issues", said Tiny Jaarsma, R.N., N.F.E.S.C., co-chair of the task force on behalf of the European Society of Cardiology's Council on Cardiovascular Nursing and Allied Professions and a professor at the Linköping University, Sweden.

"Time constraints or just plain embarrassment should not be an excuse for avoiding these topics that are essential to the cardiac patient's mental and physical health," said Jaarsma.

Exercise stress testing is recommended for some patients to determine if the heart is strong enough to resume sexual activity. Physical activities such as brisk walking may be suggested for some heart patients before resuming sexual activity. Patients may be advised that the stress of extramarital [sexual activity](#) could pose a health risk for people with heart disease, the authors note.

In addition, while heart medications can affect sex drive and function in both men and women, patients should talk to their healthcare provider before stopping any medications, according to the statement. A healthcare provider can determine if sexual problems are caused by the drug or an underlying condition such as depression.

The recommendations were developed from evidence-based research on sex counseling.

"Starting a conversation about sex can be easily included in patient discussions, particularly when discussing sex as part of recommendations for exercise. All healthcare providers should be ready and willing to address these areas," Steinke said. That includes cardiologists, primary care practitioners, nurses, nurse practitioners and physical therapists.

Providers may need additional training on sex counseling, she said.

Provided by American Heart Association

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