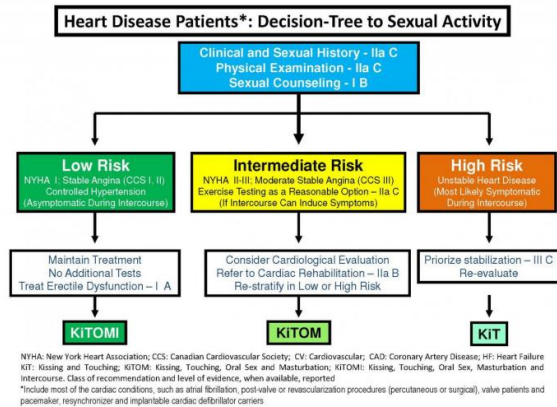


What sex is safe for heart patients: A new approach using the KiTOMI model

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Heart Disease Patients: Decision-Tree to Sexual Activity.
Credit: *Canadian Journal of Cardiology*

Changes in sexual satisfaction and decreases in sexual activity are often reported by heart patients. Both patients and partners may have misconceptions about the perceived dangers of sexual activities and commonly restrict their activities. However, in a new study in the *Canadian Journal of Cardiology*, researchers provide a comprehensive and updated review of the relevant literature and offer evidence- and expert-based practical recommendations regarding sexual activity in heart patients.

"Our extensive literature review enabled us to dismiss several myths regarding the advisability of sexual activity in heart patients," commented lead author Ricardo Stein, MD, DSc, of the Cardiology Division of the Federal University of Rio Grande do Sul, Brazil. "Overall, the risk of death during sex is very low for most clinically stable heart patients, and interestingly, even much lower for the women."

Sexual activity, particularly coitus, is a major aspect of health-related quality of life and is often

considered the most pleasant and rewarding form of exercise performed. Sexual activity is typically well-tolerated by most clinically stable heart patients, who are typically advised to participate in exercise programs as part of their recovery plan. Occurrence of [sudden cardiac death](#) is very rare, corresponding to less than 2% of all exercise-related deaths.

Counseling regarding how to gradually resume habitual sexual activity is critical for patients who have experienced a cardiac event or undergone a cardiac procedure. Sexual activity encompasses several behaviors such as kissing (Ki), touching (T), oral (O), masturbation (M) and vaginal/anal intercourse (I). The authors propose the acronym KiTOMI to represent these behaviors.

"Our KiTOMI model will allow healthcare professionals to provide very simple and objective advice to their patients," explained lead investigator Claudio Gil S. Araújo, MD, PhD, of the Heart Institute Edson Saad, Federal University of Rio de Janeiro, and the Exercise Medicine Clinic - CLINIMEX. "In almost every case some type of sexual activity would be permitted. For patients whose condition is more debilitated, KiT would be the best initial option, progressively advancing to KiTOM until all KiTOMI activities are allowed."

Sexual Activity vs Walking Comparing efforts

SEXUAL ACTIVITY	WALKING
• Kissing or Touching	• Slowly
• Oral sex and Masturbation	• Regular pace
• Intercourse (initial/middle phases)	• Little bit faster
• Orgasm (10-30 seconds)	• Faster (as to cross a street)
• After orgasm	• Very easy pace

* The intention is that the bar color represents the exercise intensity, with darker meaning more intense

Sexual Activity vs Walking: Comparing Efforts. Credit:
Canadian Journal of Cardiology

Co-investigator, Aline Sardinha, PhD, also of the Federal University of Rio de Janeiro, noted that "Cardiac anxiety, the fear of cardiac-related stimuli and sensations, which are perceived as negative or dangerous, is common in heart patients and surely interfere with the resumption of a normal and regular sexual life." The authors emphasize the importance of sexual counseling to provide reassurance and reliable information for patients and their partners, including the proper use of medications to treat erectile dysfunction.

Recommendations resulting from this study are summarized in the following Decision Tree, which evaluates the patient's heart condition according to widely-accepted definitions, places the patient in one of three risk groups, and defines the advisable [sexual activities](#) for each group.

Putting these recommendations into perspective, the researchers equated various sexual activities with walking at different speeds, noting for example that orgasm is equivalent to a brisk walk across a street.

"Professional sexual activity advice should be offered similar to advice regarding the return to work and enrollment in an exercise program," emphasized Dr. Araújo. "KiT activities should be a component of positive sexual behavior toward a healthier sexual life and should be recommended for virtually all [heart patients](#) regardless of sexual orientation. Often considered 'taboo,' an objective discussion of sexual behavior in heart disease has often been put aside. Healthcare providers must break this vicious cycle."

More information: Ricardo Stein et al. Sexual Activity and Heart Patients: A Contemporary Perspective, *Canadian Journal of Cardiology* (2015). [DOI: 10.1016/j.cjca.2015.10.010](https://doi.org/10.1016/j.cjca.2015.10.010)

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