

Cardiac rehabilitation linked to improved sexual functioning and frequency

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A new systematic review of the literature comparing the sexual health of patients with cardiovascular disease (CVD) who attended cardiac rehabilitation (CR) with patients who did not, found that rehab attendance is associated with improved sexual function and sexual frequency. Published in the *Canadian Journal of Cardiology*, the study validates the benefit of exercise training and points to the need for more high quality research to better understand the role of counseling and other therapies in easing the sexual repercussions of a cardiac event. The investigators also conclude that more evidence is needed to clarify whether CR has an impact on sexual satisfaction, sexual activity resumption, and other aspects of sexual health.

"As patients live longer with chronic CVD, it is important to focus not just on clinical effectiveness of interventions, but also to understand how interventions affect patients' quality of life. We know that sexual activity is important to patients as it allows them to feel well and vital and close and connected with their partner. Evidence shows that patients with CVD suffer from decreased sexual activity due to [physical limitations](#), medication side effects, and psychological barriers. Although CR has been shown to improve mortality and morbidity, this is the first review to explore its effects on sexual health outcomes," said lead investigator Karen L. Tang, MD, MSc, FRCPC, Assistant Professor, Departments of Medicine and Community Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada.

This comprehensive review of the published literature identified 341

potentially relevant published studies, of which 14 met criteria to be included in this investigation. A variety of sexual health outcomes were assessed, including sexual resumption after a cardiac event, sexual function (primarily relating to erectile dysfunction), sexual frequency, and sexual satisfaction. The results indicate that there may be potential benefits from CR on sexual outcomes. Of six studies pertaining specifically to sexual function, three showed improvement after CR, two showed mixed results, and one showed worsened [sexual function](#). Interestingly, the effects on sexual health do not appear to depend on sex-specific counseling.

According to the investigators, CR may provide the perfect opportunity to address the sexual health of patients with CVD. Similar to assessing outcome measures, such as physical limitations and exercise capacity, it is important for physicians to ask about a patient's sexual health before and after CR attendance. In addition, the majority of CR programs in this review included lifestyle and risk factor reduction counselling components. Given their holistic nature, attendance in CR programs would also be a good time to address physical and psychological barriers to sexual activity.

The investigators also explore the question of whether exercise training in CR influences sexual health outcomes by increasing cardiovascular and muscle functioning. They identify this as a topic for further study.

"Understanding the importance of sexual health and the potential impacts that CR has on sexual outcomes are imperative in improving patient quality of life after a cardiovascular event. We need to more effectively examine how CR might be used and innovated to improve quality of life outcomes like sexual health," commented Dr. Tang.

Noting that the National Institutes of Health's Obesity-Related Health Interventions Trial (ORBIT) framework responds to well-defined needs,

the investigators suggest conducting an assessment of physical and psychological barriers to [sexual activity](#) in CVD patients before and after an intervention. This view is echoed in an accompanying editorial by Claudio Gil Soares de Araújo, MD, Ph.D., Exercise Medicine Clinic—CLINIMEX, Rio de Janeiro, Brazil. "Whether sexual counseling should become a formal part of a comprehensive CR program, and if so, how should it be implemented, are still under debate. However, [health professionals](#), and in particular, cardiologists, should be aware of the need to discuss and offer prompt and adequate advice regarding sexual life for patients with heart disease. This could be carried out by the CR team or, if felt appropriate, by referral to a professional specialist in sexuality."

More information: "The Effect of Cardiac Rehabilitation Attendance on Sexual Activity Outcomes in Cardiovascular Disease Patients: A Systematic Review," *Canadian Journal of Cardiology*, doi.org/10.1016/j.cjca.2018.08.020

The accompanying editorial is "Sexual Counseling in Cardiac Rehabilitation: An Urgent Need for More Consideration and Study," *Canadian Journal of Cardiology*, doi.org/10.1016/j.cjca.2018.09.001

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