Sexual dysfunction common in people with coronary heart disease, but few cardiovascular changes actually occur during sexual activity

10.1136/eb-2014-101787

Elaine E Steinke
School of Nursing, Wichita State University, Wichita, Kansas, USA


Implications for practice and research

- Risk of myocardial infarction (MI) or arrhythmia with sexual activity is low, despite anxiety expressed by patients.
- Sexual counselling is needed to assist patients who wish to be sexually active and maintain the quality of their sex life.
- Further research is needed to identify the most efficacious sexual counselling interventions.

Context

Patients with post-MI often report physical and psychological concerns related to sexual activity.1 Anxiety stems from fear of MI or presumed risks, while physical concerns often result from sexual problems, sexual dysfunction and changes in sexual activity.1–4 Bispo and colleagues conducted an evidence-based review that analysed the risks associated with post-MI sexual activity and sexual dysfunction.

Methods

This integrative literature review was conducted using LILACS, MEDLINE and PubMed databases. Inclusion criteria were: no restriction by type of study; published in Portuguese, Spanish or English language between 2000 and 2011; and topics related to MI, cardiovascular changes or sexual dysfunction. Search terms included ‘myocardial infarction’, ‘sexual behaviour’, ‘sexual dysfunction’ and ‘psychological’. One hundred and sixty-five papers were identified. Each one was examined in relation to its identification (authors, authors’ background, year, database and periodical) and paper characteristics (title, objective, study design, results and conclusions). Twenty papers were analysed for this review.

Findings

Of the 20 papers, 8 were related to cardiovascular risks and sexual activity, 10 were linked to post-MI sexual dysfunction and 2 covered both topics. The findings illustrate that the risk of sexual activity triggering MI or arrhythmia is low, that those less physically active are at greater risk, and that regular exercise is protective. MI was less common among those having sex with a stable sexual partner, when conducted in a familiar, stress-free environment, and when excessive alcohol or food was not consumed prior to sex. Sexual dysfunction frequently occurred with comorbid conditions, such as diabetes, hypertension and smoking, as well as with certain medications. Fear of another MI or sudden death, anxiety and depression were all psychological contributors.

Competing interests None.

References