Editorial Material: 20 Things You Didn't Know About Sex and Heart Disease

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20 Things You Did Not Know About Sex and Heart Disease

Tiny Jaarsma and Elaine Steinke

1. What is sex? Although we think the opposite, there actually is not a general definition or understanding of what sex is. To most people, sexual activity means sexual intercourse, while others also include touching, holding, caressing and kissing.
2. In talking to their patients it is best to use language that fits your patient, so when you discuss sex avoid words such as coitus, libido or orgasm. Patients often use- the strangest descriptions for their genitals such as 'down there' (genitals), 'the little one' (penis), or 'twat' (vagina).
3. The amount of energy needed for sexual activity is often compared with the same amount of energy needed to climb 2 flight of stairs (3 METS), or gardening. This requires less energy compared to activities such as scrubbing the bathroom/bathtub (6.5 METS) or line dancing (4.5 MET), but less than bird watching (2.5 MET).
4. Older adults are often sexually active into their 80's or 90's, although we tend to believe they don't have sex and have the misconception of 'dirty old men' when sexual interest is expressed by men.
5. Likewise, women should not be viewed as a 'hooker' or 'oversexed' if they express sexual interest. Women need information specifically addressed to their concerns, including addressing sexual problems such as vaginal dryness, decreased libido, or orgasmic problems.
6. Fear, anxiety, and depression are related to sexual problems. These psychological stresses can reduce sexual interest and sexual performance, e.g. performance anxiety. At the same time not being able to have sex as wanted might cause stress and depression.
7. The risk of a myocardial infarction (MI) with sexual intercourse is quite low. Sexual activity is the cause of about 1% of all acute MIs. The absolute risk increase for MI associated with 1 hour of sexual activity per week is estimated to be 2 to 3 per 10 000 person-years. Those who are sedentary have a higher risk of MI with sexual activity (relative risk 4.4) than did those who are physically active (relative risk 0.7).
8. Although sudden death during intercourse seems the most ideal circumstance to die (some have called this 'death in the saddle') this risk is actually very low. In an autopsy report of 5559 instances of sudden death, (0.6%) reportedly occurred during sexual intercourse.³⁴ Two other autopsy studies reported similarly low rates (0.6%–1.7%) of sudden death related to sexual activity.
9. Of the subjects who died during coitus, 82% to 93% were men, and the majority (75%) were having extramarital sexual activity, in most cases with a younger partner in an unfamiliar setting and/or after excessive food and alcohol consumption.
10. Advising patients that they can engage in sex if they can climb 2 flights of stairs may not work – some patients may never have been able to climb two flights of stairs! What you

can suggest is that is that sexual activity is equivalent to walking at a pace of 3 to 4 miles per hour.

11. Erectile dysfunction (ED) is often a predictor of cardiovascular disease and vessel health, as well as ED can occur as a result of vascular disease. So, if you male patient says he 'can't keep his penis up' then assess for both CVD and ED. Be aware that some men use different terms to refer to their penis!
12. Taking 'the blue pills' or phosphodiesterase -5 (PDE5) inhibitors can be considered in cardiac patients, but need to be taken carefully. Careless use or combining them with nitrates might result in hypotension and death.
13. ICD shocks occasionally occur with sexual activity. Patients will not hurt their partner if a shock occurs, but they should follow the advice for any other shock, for example to stop and rest, seek emergency treatment for sustained arrhythmias, and report the ICD shock to their physician.
14. Patients with MI, ICD, and other cardiac conditions often have considerable fear and anxiety about resuming sex and the frequency of sexual activity and sexual satisfaction may decline. Some cease all sexual activity, but needlessly so. Talk to them!
15. If a patient asks you about sex and their heart problem – don't run away! The answer may be easier than you think. Two recent scientific statements from the American Heart Association and the European Society of Cardiology provide practical guidance for nurses and other health care professionals. 1, 2
16. An easy way to discuss sex is within the context of exercise, and naturally follows a discussion of exercise recommendations. A sample script might go like this, "As you resume your usual physical activity, you may be wondering about sexual activity. Sexual activity is another form of exercise that is important for us to discuss. What questions or concerns do you have about resuming sexual activity and your heart problem?" You can then discuss any recommendations individualized to the patient's cardiac condition as discussed in the guidelines.
17. Even with heart failure, patients can have sex. Patients with mild heart failure (I) may be able to engage in sexual intercourse without difficulty, while those with an HF exacerbation or more severe HF (II) may need to refrain from sex or have further testing to determine readiness for sexual activity.
18. For those with congenital heart disease the ability to be sexually active depends if the patient is stable or has decompensated or advanced heart failure, valvular disease, or uncontrolled hypertension; these may limit the ability to engage in sexual intercourse until further evaluated. For those engaging in sexual activity, addressing anxiety, body image concerns, and for women family planning is important.
19. Patients and partners believe that if the nurse does not ask about sex that it is prohibited. Patients may be afraid that they will embarrass the health care provider, and at the same time the health care provider is afraid to embarrass the patient, and so we each keep each other silent about it.

20. When deciding whether to talk about sex or not with your patients, put yourself in their 'shoes'. If you had a heart problem, wouldn't you want to know how to maintain your sexual relationship with your partner?

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