Counseling on Sexual Activity after Acute Myocardial Infarction: Are We Overlooking It?

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Abstract

Acute myocardial infarction (AMI) causes significant changes in the life of patients, who face physical and psychological challenges. These include reduction in sexual activity, a factor that influences the quality of life. It is therefore important that health professionals be able to advise patients on the resumption of sexual activity after AMI and how to do that safely. This study is designed to emphasize the neglected need for healthcare professionals to perform such guidance properly, thus contributing to the quality of life of the patient.

Keywords: Sexual behavior; Myocardial infarction; Sexual dysfunction, physiological; Rehabilitation

Introduction

Chronic non-communicable diseases (CNCDs) are the leading causes of morbidity and mortality worldwide, representing a major global health problem.¹ The rates of these diseases have been rising rapidly in recent years, strongly impacting the quality of life of individuals and raising the index of premature deaths, with adverse economic impacts.¹

The CNCDs include diseases of the cardiovascular system, particularly coronary artery disease (CAD) and acute myocardial infarction (AMI). These constitute the first cause of death in the world and in Brasil.¹ They are also the third leading cause of hospital admissions in the country and AMI represents the largest number of deaths from ischemic heart disease.²

AMI causes considerable changes in the life of the patient, who is faced with physical and psychological challenges.³ These changes include reduced functional capacity, limited social life and harm to the quality of life, as well as reduction of sexual activity. The main dysfunctions observed are: erectile dysfunction, impotence, decreased libido and sexual satisfaction, consequent reduction of weekly frequency and sexual quality of life.³⁻⁶ Combined with this, individuals are afraid of symptoms such as dyspnea, fatigue, pain, palpitations and fear the occurrence of new events.⁴ In this respect, sexuality becomes an important factor to be considered.³

Individuals with sexual dysfunction often have questions and are influenced by popular myths, establishing a vicious circle. While the relationship of sexual satisfaction with health and quality of life is unquestionable, manifestations of human sexuality are mostly disregarded by doctors and health professionals. Such omission is influenced by the fact that this issue, from a social and historical perspective, is permeated by taboos and prejudice, such as myths about sexual performance after cardiac events,³ favoring feelings of insecurity and fear.⁵⁻⁶
Taboos and prejudice can also be observed in the patients themselves, who are often reluctant to discuss sexual problems, which can increase anxiety and lead to reduced sexual activity. However, doubts about the estimated time of sexual abstinence, potential risks for new events, intensity and frequency of sexual activity are common and should be further clarified during hospitalization and at discharge, since most post-AMI patients are interested in maintaining an active sexual life.

In order to emphasize the neglected need for health professionals to provide proper sexual orientation after an AMI, we chose for conducting a non-systematized literature survey, in which the articles were selected through searches on PubMed, LILACS and SciELO, using the following descriptors: counseling/, sex counseling/, sexual dysfunction, myocardial infarction/, cardiac rehabilitation. The relevant articles had direct a relation with the theme were considered.

A study conducted by Brännström et al., from 2007 to 2009, in 13 hospitals in Sweden, with 115 patients after the first AMI and their partners, found that only 41.0% of the patients interviewed and 31.0% of their partners said they had received some sort of information about sexual activity, yet, they described it as limited.

Recent longitudinal prospective study by Lindau et al. in 127 hospitals in the United States and Spain, with 2349 women and 1152 men post-AMI with average age of 48 years showed that most patients interviewed said it was appropriate for doctors to discuss sexual health with their patients (89.0% women, 94.0% men) and expressed the need to discuss issues related to sexual life after AMI (84.0% women, 91.0% men).

This study showed that one month after AMI, only 12.0% of women and 19.0% of men received from their doctor some information about sexual activity. By conducting an analysis by country, it was found that, in the US, patients who say they received some information were responsible for initiating the discussion; in Spain, discussions were initiated by the doctor.

In Brazil, the reality is an even bigger source of concern. A cross-sectional study conducted by Lunelli et al., between June and July 2005, with 96 patients who were on the sixth day after AMI, showed that only 4.0% received any counselling on sexual activity by health professionals during hospitalization.

According to De Souza et al., advice and prescriptions in clinical practice in the outpatient environment aim to meet the immediate needs of patients, not considering important aspects that emerged during treatment, such as resumption of sexual activity. However, although there are myths and difficulties in studying the relationship of sexual life and cardiac patients, the scientific literature provides sufficient support for professionals about the resumption of sexual activity.

It is suggested that advice on the resumption of a sexually active life be given by the nursing staff. It should be noted, however, that this is the responsibility of all health care professionals who work in the rehabilitation of these patients.

According to the studies presented, it is observed that advice on the resumption of sexual activity after AMI seems to be routine among all health professionals involved with the patient. However, resumption to sexual activities after cardiac events deserves a careful approach, leading to the patients’ safe return to their sexual life and helping to reduce the high prevalence of sexual dysfunction. Similarly, in addition to receiving information on going back to work and engaging in exercise programs, it is important that the patients receive appropriate advice on sexual activity, since compromised sexual activity adversely affects the quality of life of these patients.

It is very important that health professionals be able to advise patients on the resumption of sexual activity after AMI and how to perform such activities safely. In this regard, health education associated with scientific information is an appropriate strategy in the training of health professionals for advising individuals post-AMI. Advice may be verbal and/or written and must be relevant to the profile of patients and/or the health services that they are attending in order to generate positive results.

Potential Conflicts of Interest
This study has no relevant conflicts of interest.
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Academic Association
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References