Promoting Sexual Health in Cardiac and Pulmonary Patients

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Presented to The Minnesota Association of Cardiovascular and Pulmonary Rehabilitation
Cardiopulmonary Rehabilitation, October 2, 2015
St. Louis Park, MN
I Have No Disclosures

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Objectives:

#1. To discuss the importance of incorporating human sexuality and sexual health into the care of cardiac and pulmonary patients

#2. To describe the impact of illness and the process of having the conversation about sexuality, with our patients, following a cardiac or pulmonary event

#3. To identify medications and other agents that affect sexual performance in cardiac and pulmonary patients.
Objectives:

#4. To discuss safe guidelines for returning to sexual activity after a cardiac or pulmonary event

#5. To discuss the role of the cardiac rehab professional in promoting sexual health by providing individualized treatment, planning, care, referral, resources, and follow-through.
The Challenge of Talking to our Patients about Sex

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“Sexuality is a basic human right and a fundamental part of a full and healthy life”

Sexuality involves every aspect of our total being—Including our attitudes, beliefs, values, and behaviors, regarding our self-concept, and our roles as male or female. It involves every part of who we are and must be involved in discussing an individual’s overall health.

(World Association for Sexual Health, 2008)
SEXUAL HEALTH

The ability for an individual to enjoy his/her own sexuality to the fullest without guilt or without exploitation of another person.

SEXUAL HEALTH CARE

Sexual health care is giving the patient the right to enjoy his/her own sexuality to the fullest without imposing our own values and beliefs onto them or they imposing their values and beliefs on us, as their health care provider.

(World Association for Sexual Health 2008)
We express our sexuality in many ways:

• By the way we present ourselves
• By our dress and make-up
• By non-verbal communication
• By our value system and by expressing our beliefs
• By our sexual behavior

(Woods, NF, 1984; Mayo Clinic, cardiac teaching manual, Steps to Heart Health, 2011)
Normal Sexual Changes Throughout the Life Cycle:

• Young adult years
• Adult years
• Middle years
• Later years

(Woods, NF. 1984. Sexuality Across the Lifespan)
Young adult years (end of adolescence to beginning of parenthood)

- Biologic changes
- Psychological changes
- Sexual concerns:
  - Learning to receive & give love
  - Choosing a lifestyle (partner, alone)
  - Developing meaningful relationships
- Sexual problems:
  - Intimacy versus isolation
  - Depression/anxiety
  - Impotence in men/Women may become non-orgasmic
  - Sexual inadequacy felt

(Woods, NF. 1984. Sexuality Across the Lifespan)
Adult years (time devoted to parenting and marital consolidation)

- Biologic changes
- Psychological changes
- Sexual concerns:
  - Pregnancy
  - Illness
  - Injury
- Sexual problems:
  - Disruption of communication patterns

All causing Changes in self-image & self concept

(Woods, NF. 1984. Sexuality Across the Lifespan)
Middle years (time between age 50 and retirement)

- Biologic changes
- Psychological changes
- Sexual concerns
  - Most changes at this time:
    - menopause
    - monotony in sexual relationships, with more time together as a couple, rekindling communication
- Sexual problems
  - Depression due to hormonal changes
  - More critical of those close (spouse)

(Woods, NF. 1984. *Sexuality Across the Lifespan*)
Later years (retirement years to death)

• Biologic changes
• Psychological changes
• Sexual concerns
  • DO HAVE NEEDS!
  • May lose partner
• Sexual problems
  • Loneliness
  • Isolation
  • Feelings of unfullfillment

(Woods, NF. 1984. Sexuality Across the Lifespan)
Having the conversation with our patient and their partner, about their sexual concerns, medications that can affect their sexual performance, and safe guidelines for sexual activity, following a cardiac or pulmonary event is CRUCIAL in giving holistic, quality care.
Tips for the Health Professional in Promoting Sexual Health in our Patients

• Sexuality & sexual relations are as essential and natural as sleep

• Talk with patients as though sex & sexual activity is a natural part of life, and include within discussion about regular physical activity

• We MUST have the conversation with our patients about sexual activity, when appropriate, not assuming someone else will do it.

A discussion about sexual activity, is appropriate for men and woman, of all ages, who have CVD.

(Levine et al. 2012. Circulation; 125: 1058-1072)
Tips for the Health Professional in Promoting Sexual Health in our Patients

• It is okay to tell the patient and their partner, up front, that this is a sensitive and private topic.

• Open, honest communication is KEY, when dealing with highly sensitive and emotional topics.

• Encourage couples to openly communicate about how they are feeling and when they are ready to resume sexual activity.

• Talking to our patients about returning to normal activities, relationships, and returning to their sexual relationships, tells them that we are concerned about them as whole beings.
Tips for the Health Professional in Promoting Sexual Health with our Patients

• Physical touch has no substitute. It provides us with strength and energy.

• Patients and their partners should seek advice from a health professional, they trust, one who is safe to talk with, and someone who knows what the patient’s medical situation is.
Assessing the Sexual Health of Patients (Use the PLISSIT Model)

• **Permission (P)**- always ask your patient for permission to take a sexual history from them, or talk about sex

• **Limited information (LI)**- we should only give specific, limited information to the patient, and we should try to dispel misconceptions

• **Specific suggestions (SS)**- always tailor our care specific to each patient’s needs

• **Intensive therapy (IT)**- for those with special needs for therapy, not just experiencing the “normal” sexual changes with aging.

Assessing the Sexual Health of Patients (Use the PLISSIT Model)

Patients who may need specific referral, might be those with:

- Disturbances in one or more phases of the sexual response cycle (desire, excitement, orgasm, resolution)
- History of sexual abuse, depressive disorders, dysfunction or other sexual problems that require management by a specialist
- Those with psychiatric concerns impacting their sexuality
- **Chronic medical conditions that affect sexual desire and function.**

Cardiac and Pulmonary Disease may threaten one’s self-image and ability to function sexually.
Impact of illness

• Depersonalization of the ill patient
• Body image and self-concept
• Psychological immobility
• Impact of emotional responses to illness on patients’ sexuality
Impact of illness

“The most prevalent sexual dysfunction in men with acquired cardiovascular disease is erectile dysfunction.”


“The situation of sexual concerns, in women with heart disease, is less studied, but it seems inhibited sexual desire is a likely the most prevalent.”

Impact of illness

- 40%-75% of heart patients, who were sexually active, at the time of their heart attack diagnosis, **DO** return to having sexual relations as they had, previously.

- 50% report that while continuing to enjoy sex, they do so less frequently, than before their heart attack, as they are fearful for up to six months, after their heart attack.

- After MI, 25% of patients report that they stop having sex.

(Altiok & Yilmaz. 2011; Sex Disabil; 29: 263-273)
Impact of illness

• While CABG has more immediate sexual affects than PTCA, the sexual effects of both procedures, even out within fifteen months of the procedure.

• In 200 men and women going through bypass surgery or PTCA, at the event and again 8 years later:
  • 77% of women and 52% of men reported “no problems”, with sexual satisfaction before the procedure,
  • 8 years later, 70% of women and 59% of men reported being satisfied with their sex lives.

(Harvard Heart Letter, May 2008)
Impact of illness

• Decreased frequency of sex, less satisfaction & loss of sexual interest were reported in Heart Failure patients, at 3 and 9 months after a hospital admission
  

• 59% of Heart Failure patients reported sexual problems, primarily problems with erectile function

• As Heart Failure progresses, patients also report that their sexual activity has reduced or completely ceased, as a result of their illness.
  
  (Hoekstra. *Heart*. 2012; 98: 1647-1652)
Impact of illness

• “Cardiovascular symptoms, such as dyspnea, palpitations, or angina during sex rarely occur in patients who do not experience similar symptoms during exercise levels representing moderate exertion.”

• Heart failure (HF) patients may be reluctant to initiate discussion regarding sexuality, may be unaware of options for treatment, and may be intentionally non-adherent to their HF medications, which influence the patient’s sexual dysfunction.

(Jaarsma. Journal of Cardiovascular Nursing. 2010; 25: p. 149)
Impact of illness

• Sexual functioning in married life has been shown to be an important component when measuring quality of life in patients with heart and pulmonary disease, as well as and other chronic illness.

• Sexual functioning also plays a central role in the holistic guidance and recommendations that health care professionals offer in treatment & counseling, following a cardiac or pulmonary event.

(Fluchter, et al, 2003; Steinke & Wright, 2006; Timmins & Kaliszer, 2003)
Impact of illness

• Sexual activity is an important component of quality of life in both men and women with chronic illness, particularly in patients suffering from chronic respiratory failure.

• “Despite a significant increase of dyspnea sensation, during sexual performance in a specific patient, this was not associated with oxygen desaturation, but, on the contrary, with an increase of SaO2.”

Impact of illness

• Severity of impotence or erectile dysfunction (ED), in men who have COPD exceeded that of age-matched controls, occurring to a moderate to severe degree in 57% of COPD participants versus 20% of age-matched controls. Overall, in this study, 87% of study participants, who had COPD, had some degree of ED.

Impact of Illness

• The threat to life and functional decline that accompany COPD and pulmonary disease puts enormous pressure on couples

• “Some individuals respond to the stress of a serious lung disease by an increased desire for affection, intimacy, and physical expression of sexuality.”

• “Others may suffer loss of sexual desire, emotional alienation, and diminished ability to physically perform.”

(Lamb, 2001, pp.309-115)
Impact of illness

• “Chemotherapy drugs in treating lung cancer can cause a variety of physical and emotional changes that affect all aspects of patients’ lives, including their sexuality. Alterations in physical appearance can significantly influence people’s perceptions of their sexual identities, attractiveness, and worthiness.”

Impact of Illness

The effects of chronic pulmonary disease on older adults may follow a pattern of taking a profound toll on an adult’s sex life.


COPD symptoms like wheezing, coughing, and shortness of breath will almost certainly change the way, in which the patient and their partner express themselves sexually

(Kam. WebMD, 2010)
Barriers to providing sexual health care

- Hospital environment
- Beliefs/values of patient/staff
- Communication
- Receptivity
HOSPITAL ENVIRONMENT

- Lack of privacy
- Patient/nurse schedule
- Shortened hospital stay
- Loss of identity
BELIEFS/VALUES of Patients/Staff

- Religious
- Cultural
- Sexual orientation
- Body image
- Comfort level with own sexuality
- Coping skills
COMMUNICATION

- Foreign language
- Unfamiliar accents
- Slang terms
- Comfort level with sexual terminology
- Poor communication skills
- Speech pathologies
RECEPTIVITY

- Readiness to learn
- Level of rapport
- Acceptance of condition
- Recognition of need to learn/adapt
- Self-efficacy
General Guidelines for Discussing Sexuality, within an Assessment & Individual Treatment Plan (ITP) by the Cardiac and Pulmonary Professional
PROVIDE PRIVACY

• Wait for roommate to be absent
• Be aware of other family members present when discussing sensitive issues
• Arrange to use conference or other room as needed
SET ASIDE TIME FOR DISCUSSION

• Make an appointment with the patient and partner
• Be on time for the appointment
• Do not appear rushed
• Arrange for another colleague to cover your other patients for a period of time, when possible
EXPLORE LANGUAGE BARRIER AHEAD OF TIME

• Arrange for interpreter if needed
• Try to be aware of slang terminology used
• Don’t insist on talking about sexual issues if the patient is not receptive
• Provide written material if available
• Use correct anatomical terms but explain them as needed
• Avoid medical jargon
REASSURE CONFIDENTIALITY

• Close door
• Be honest about your reporting responsibility
• Try to remain a liaison on sexuality issues for your patient
• Tell them what you will be sharing with the doctor/other staff
• Do not write in the chart during the discussion
• Be specific about what you are going to talk about
PRACTICE GOOD COMMUNICATION SKILLS

• Speak in general conversational tone
• Try to establish rapport
• Be empathetic and understanding
• Show acceptance
• Use open-ended statements/questions
• Clarify your perceptions
BEGIN WITH NON-THREATENING, BUT RELATED TOPICS

• Physical activity patterns
• Nitroglycerine use
• Physical activity guideline instruction after cardiac & pulmonary event
• Sexual activity guidelines after cardiac & pulmonary event
BE NON-JUDGEMENTAL

• Scrutinize your sexual beliefs and values
• Try to keep your value judgement to yourself
• Role-play sexuality discussions with your colleagues
• Adapt your instructions to the patient’s personal lifestyle and stated needs
Beliefs, values, and attitudes of Health Care Professionals, may affect appropriate patient care:

- Cultural upbringing
- Changing views of sexuality today
- Importance of the health professional’s role in quality of care given
Health professionals must develop an ability to deal with their own sexuality on three levels:

- Knowledge
- Skills
- Comfort
Sexual Concerns, Education & Counseling
Address Psychogenic Factors

- Provide reassurance of low risk regarding “Triggers”:
  - Sexual activity likely contributor to onset of MI only 0.9% of the time
  - Coital death rate, only 0.6%-1.7% of all sudden death cases
- Regular exercise and medical therapy modulate MI risk during coitus
- Cardiac & pulmonary rehabilitation programs
- Address psychiatric issues

(Levine et al. 2012. *Circulation*; 125: 1058-1072)
Enhancing Pulmonary Function

• Pulmonary rehabilitation programs, featuring exercise, respiratory muscle training, educational components and psychological interventions have repeatedly shown beneficial outcomes in improving physical function in patients with lung disease.

(Casaburi, 2006; Lacasse et. al., 2006; Sanchez, et. al., 2001; Reishtein, 2004)
Enhancing Pulmonary Function

9 Tips for Better Sex & Intimacy when an individual has COPD:

#1. “Get Fit”: Join Pulmonary Rehabilitation
#2. “Pick the Right Time”
#3. “Rid Your Bedroom of Irritants”
#4. “Get a Fan”
#5. “Take Your Medication Before Sex”

(Kam. WebMD, 2010)
Enhancing Pulmonary Function

#6. “Consider Using Supplemental Oxygen”

#7. “Don’t’ be Afraid to experiment”

#8. “Take a Break”

#9 “Remember Your goal”

(Kam. WebMD, 2010)
Cardiopulmonary Reconditioning Exercises are initiated to increase overall activity tolerance

- Fear of dyspnea & reduced exercise tolerance in patients with COPD, who are often limiting factors in their participation in sexual activity.

- Energy conservation techniques & breathing retraining can be coordinated with sexual activity.

- Education is critical to assure to the patient that well-tolerated exercise may include dyspnea.

- Dyspnea during sex is not more dangerous than during other well-tolerated exercise.

Metabolic Expenditures (METS)

- Sexual intercourse study found average expenditure of 2.0-5.4 METS
- Daily life activities as measured by METS
  - Light housework (make bed) 2-4 METS
  - Heavy housework (sweeping) 3-6 METS
  - Walking (flat surface) 3-5 METS
  - Walking upstairs 6-8 METS
  - Jogging 7-15 METS

(Bohlen, 1984; Levine et al. 2012. Circulation; 125: 1058-1072)
Using Treadmill Results

- If able to achieve 5-6 METS without evidence of ischemia, then felt not to be at high risk for developing myocardial ischemia during sexual activities.

- This activity is comparable to climbing two flights of stairs, taking a brisk walk, or scrubbing a floor symptom-free.

(Bohlen et al., 1984; Levine et al. 2012. Circulation; 125: 1058-1072)
Sexual Activity and Cardiovascular Disease: General Recommendations

“Men & women with stable CVD who have minimal symptoms during routine activities, can engage in sexual activity, including patients with:

1. Canadian Classification System class 1 or 2 angina;
2. New York Heart Association (NYHA) class I or II heart failure;
3. Mild to moderate valvular disease;
4. No symptoms after MI”

(Levine et al. 2012. Circulation; 125: p.1060.)
Sexual Activity and Cardiovascular Disease: General Recommendations

“Men & women with stable CVD who have minimal symptoms during routine activities, can engage in sexual activity, including patients with:

5. Successful coronary revascularization
6. Most types of congenital heart disease (CHD), and
7. Ability to achieve ≥ 3 to 5 METS during exercise stress testing without angina, ischemic electrocardiographic changes, hypotension, cyanosis, arrhythmia, or excessive dyspnea.”

(Levine et al. 2012. Circulation; 125: p.1060.)
Sexual Activity and Cardiovascular Disease: General Recommendations

“In patients with unstable or decompensated heart disease (i.e., USA, decompensated heart failure, uncontrolled arrhythmia, or significantly symptomatic and/or severe valvular disease), sexual activity should be deferred until the patient is stabilized & optimally managed.”

(Levine et al. 2012. Circulation; 125: p.1060.)
Sexual Activity Recommendations: Cardiovascular & Pulmonary Disease: General Recommendations

Where and Under What Conditions is Having Sex, after a Cardiac or Pulmonary Event, the Safest?

- During a time of day when the patient is most rested, planning ahead, as with other exercise
- With the individual’s regular sexual partner
- In a comfortable room and comfortable temperature
- 2-3 hours after a heavy meal or after drinking alcohol
- Trying positions that do not put stress on the chest, after cardiovascular surgery, or that do not exacerbate symptoms of COPD or other pulmonary diseases
- Seek recommendations, levels of safe activity, and counseling in Cardiac and Pulmonary Rehabilitation
- Use medications to full advantage, taking as prescribed & counseling regarding those that affect sexual performance

Medications Affecting Sexual Performance

- Anti-hypertensives
- Anti-anginals
- Diuretics
- Beta Blockers
- Calcium Channel Blockers
- ACE Inhibitors

- Anti-depressants
- Phosphodiesterase-5 Inhibitors
- Other Agents
- Cigarette smoking
  - Alcohol
  - Recreational drugs
  - New generation drugs, (Methamphetamines)
Categories of Drugs that Most Commonly Affect Sexual Performance/Sexual Response

A complete list of medications that cause Erectile Dysfunction, and other sexual performance problems is compiled by the National Library of Medicine, and is available at:


(Goodell, 2007. Nursing Clinics of North America; Opie & Gersh, 2009. Drugs for the Heart)
Categories of Drugs that Most Commonly Affect Sexual Performance/Sexual Response

1. **Anti-hypertensives**- Almost all antihypertensive medications can affect sexual performance
   
   Negative effects of anti-hypertensive drugs, affecting quality of life include:
   
   - Weight gain
   - Diabetes
   - During exercise, the B-blockers may reduce the work possible by 15% and increases the sense of fatigue, which may affect the self-image and self-efficacy in performing both physical activities and sexual activities.

2. **Anti-anginas**- Individuals cannot take nitrates within 24 hours of taking a Phosphodiesterease 5 Inhibitor

   (Goodell, 2007. Nursing Clinics of North America; Opie & Gersh, 2009. Drugs for the Heart)
Categories of Drugs that Most Commonly Affect Sexual Performance/Sexual Response

3. **Diuretics**-Low dose chlorthalidone was the only one of several anti-hypertensive agents that doubled impotence.

4. **Beta blockers**
   - In pulmonary disease B-blockers are used in low doses for patients with reversible bronchospasms. (In patients with asthma, no B-blocker is considered safe.)
   - In cardiovascular disease, B-blockers are used for treating hypertension and effort anginas. But, they can be very dangerous in patients with sick sinus syndrome.
   - May induce Diabetes-affecting quality of life
   - May cause impotence in men

Categories of Drugs that Most Commonly Affect Sexual Performance/Sexual Response

5. Calcium channel blockers-
   • Verapamil and Diltiazem may cause an amplified interaction or response, by increasing the blood levels of Viagra, when both are given together

6. ACE inhibitors-particularly, captopril, potentiate the effects of Viagra

7. Anti-depressants- used to alleviate Psychosis, anxiety, and depression (such as SSRIs can effect sexual performance

(Goodell, 2007. Nursing Clinics of North America; Opie & Gersh, 2009. Drugs for the Heart)
8. Phosphodiesterase-5 Inhibitors

• Absolutely contraindicated with nitrates

• In stable coronary artery disease
  - Discuss risks between primary provider & patient making the best decision, for the patient

• Assess exercise capabilities

• Inform all CAD patients of interaction between nitrates and PDE-5 inhibitors

• If patient has a PDE-5 ordered, Viagra (Sildenafil), or Levitra (Vardenafil)
  - **Inform no nitrates for 24 hours

• Cialis (Tadalafil),
  - **has a longer half-life, and nitrates CAN NOT be given for 48 hours, after
Other Agents Affecting Sexual Performance

1. Cigarette Smoking
   - Smoking is the #1 Risk Factor for Heart Disease and COPD, constricting arteries in the heart and lungs. COPD is widely considered to be a smoker’s disease because approximately 85% of individuals diagnosed with COPD are current or former smokers.

2. Alcohol
   - Alcohol is a dilator and causes the heart and lungs to work harder.

(Goodell, 2007. Nursing Clinics of North America; Opie & Gersh, 2009. Drugs for the Heart)
Other Agents Affecting Sexual Performance

3. Recreational Drugs (use of narcotics, cocaine, & marijuana)
   ▪ These drugs can cause sudden death rhythms and significantly affect cardiac and respiratory hemodynamics

4. New generation drugs that will impact sexual function, such as methamphetamine
   ▪ These drugs may also cause sudden death rhythms and significantly affect cardiac and respiratory hemodynamics

(Goodell, 2007. Nursing Clinics of North America; Opie & Gersh, 2009. Drugs for the Heart)
Categories of Drugs that Most Commonly Affect Sexual Performance/Sexual Response Positively:

- Low-dose Testosterone has been shown to have an effect on body composition (vs. wasting), as well as quality of life, sexuality, and psychological symptoms in patients with COPD.

(Svartberg, et al., 2004, Respiratory Medicine. 98, 906-913.)
Categories of Drugs that Most Commonly Affect Sexual Performance/Sexual Response Positively:

- Sildenafil, a Phosphodiesterase~ PHDE5, treats erectile dysfunction and pulmonary hypertension, positively, while causing a dangerously low blood pressure, in individuals taking Nitroglycerine.

Having Discussions with Our Patients About Their Sexual Concerns
Manifestations of threat, to our patient, & to their self-esteem, due to illness, might be:

- Overt sexual behavior
- Verbal abuse of others
- Feelings of guilt
- Psychological impotence
- Feelings of rejection
- Response of all emotions involved in a crisis situation
Vital to the care of any patient who is acting out sexually is to let them know that we like and respect them as individuals. It is their behavior that makes us uncomfortable and imposes on our rights.
Dialogue to use when talking to your patients about their sexuality and sexual activity might include:

“I feel it is important for you to know that you can resume a normal sexual relationship, after your heart or pulmonary event. You may need to gradually return to your normal activity, but it is very important to feel close, touch, caress, and embrace, which are all acts of intimacy. Sexuality is about who you are as a male or female, and what makes you the person your are. This is an important discussion to have with your significant other.”
Dialogue to use when talking to your patients about their sexuality and sexual activity might include:

- Wasow suggested that health professionals should say exactly what they want the patients to hear and to tell the patient they have the right, to change their mind:

  “I am going to ask you some questions that might seem more personal than other questions. These questions relate to sexuality, body image, and relationships. If I get into an area that is uncomfortable for you, it is ok for you not to answer. Just because I ask a question, it does not mean that you have to answer.”

(Wasow, 1982; Higgins et al., 2006)
"Then I take it you'd rather not explain where little ostriches come from..."
Giving our patients and their significant others, holistic care, through the inclusion of sexual health care, individualized treatment, and referral, when needed & appropriate, is the responsibility of each cardiac professional.
As Healthcare Providers, We Want to Influence Quality of Life, as Well as Quantity of Life
Thank You!

For any questions, please contact:

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