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Review

Sexual Activity and Heart Patients: A Contemporary Perspective

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ABSTRACT

Sexual activity (SA) encompasses several behaviors such as kissing (Ki), touching (T), oral (O) stimulation, masturbation (M), and vaginal/anal intercourse (I). The acronym KiTOMI is proposed here to represent these behaviors. SA, particularly coitus, is a major aspect of health-related quality of life and is often considered the most pleasant and rewarding exercise performed during an entire lifetime. Although several studies have been conducted on sexuality, relatively limited information is available regarding SA in patients with heart disease. Moreover, the level of evidence of this limited information is nearly always B or C. This article provides a comprehensive and updated review of the relevant literature and offers evidence and expert-based practical messages regarding SA in patients with heart disease. Considering the rationale for exercise prescription, SA is typically well tolerated by most clinically stable patients with heart disease. Even in

RÉSUMÉ

L'activité sexuelle se décline en plusieurs comportements, notamment le fait de s'embrasser (*kissing* – Ki), de se toucher (T), d'avoir un contact oral (O), de se masturber (M) et d'avoir un rapport vaginal ou anal (*intercourse* – I). L'acronyme KiTOMI, tiré de la terminologie anglaise, est proposé ici pour représenter l'ensemble de ces comportements. L'activité sexuelle, et plus particulièrement le coït, est un aspect important de la qualité de vie liée à la santé et est souvent citée comme l'activité la plus plaisante et la plus gratifiante de toute une vie. Plusieurs études ont été effectuées sur la sexualité, mais nous ne possédons que très peu d'information sur l'activité sexuelle des patients atteints d'une maladie cardiaque et la qualité de ces données est généralement de niveau B ou C. Cet article vous offre une revue détaillée et à jour de la documentation médicale pertinente, en plus de fournir des preuves factuelles et des suggestions pratiques de la part de spécialistes au sujet

A substantial increase in research regarding human sexuality has occurred in the past 50 years. Sexual activity (SA) is a broad concept that varies considerably among cultures and encompasses several behaviors including kissing (Ki), touching (T), oral sex (O), masturbation (M), and intercourse (vaginal or anal) (I).[1] This article uses several acronyms, including KiT for kissing and touching, KiTOM when oral stimulation of genitals and masturbation are also included, and KiTOMI for the same activities with the addition of intercourse. SA can be performed in several ways: alone, by couples or in a group setting, heterosexual, homosexual or bisexual sex, stable or casual relationships, in marital or extramarital conditions, and in conditions in which commercial sex workers serve as partners.

Most studies regarding SA are focused on physiological, psychological, and social areas and involve healthy and unhealthy individuals of all age groups. However, there is a relative lack of data regarding SA in patients with heart disease. This gap in the literature has been corroborated by analyzing the level of evidence in a total of 70 recommendations recently proposed in 2 American Heart Association documents,[2,3] in which 24 (34%) and 49 (70%) of them were considered, respectively, as B evidence (limited populations evaluated or data derived from a single randomized trial or nonrandomized studies, or both) and C evidence (very limited populations evaluated or only consensus opinion of experts, case studies, or standard of care).

Sexual health is a major component of quality of life in the general population, as well as in patients with heart disease.[4] Moreover, sexual health appears to influence physical health for both the individual and his or her partner. For both patients and their partners, a combination of physical and psychological factors may contribute to an impairment of the full expression of sexuality and sexual dysfunction.[5] Evidence suggests diminished SA as patients tend to be psychologically distressed and fear unpleasant symptoms or a potential heart attack during sex.[2,6,7] Unfortunately, most studies have focused on sexual dysfunction and cardiac risks; limited attention has been devoted to the health benefits of sexuality in patients with heart disease.

Providing evidence-based sexual counselling to individuals with heart disease, especially after an acute event, may be a crucial factor in determining quality of life and safety and should

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more debilitated and sicker individuals, KiT activities would most likely be feasible and desirable. The absolute risk of major adverse cardiovascular events during SA is typically very low. Even lower death rates have been reported for specific groups, such as women in general, aerobically fit men, and asymptomatic young adults with congenital heart disease. Finally, we emphasize the relevance of sexual counselling for patients and their partners, including the proper use of medications to treat erectile dysfunction. Counselled patients will be reassured and adequately informed regarding how to gradually resume habitual SA after a major cardiac event or procedure, starting with KiT and progressively advancing to KiTOM until all KiTOMI activities are allowed.

de l'activité sexuelle à l'intention des personnes souffrant d'une maladie cardiaque. L'activité physique étant encouragée chez ces patients, l'activité sexuelle est en général bien tolérée par la plupart des patients atteints d'une maladie cardiaque dont l'état est stable sur le plan clinique. En fait, même chez les personnes les plus affaiblies et malades, le fait de se toucher et de s'embrasser est habituellement possible et tout à fait souhaitable. En effet, le risque d'être victime d'un événement indésirable grave de nature cardiovasculaire au cours d'une activité sexuelle est en fait très faible. De plus, le risque de mortalité est plus faible encore chez les femmes en général, les hommes ayant une bonne capacité aérobique et les jeunes adultes atteints d'une cardiopathie congénitale, mais asymptomatiques. L'article met également l'accent sur l'importance, tant pour les patients que pour leurs partenaires, d'être bien conseillés en matière de sexualité, y compris sur la prise adéquate des médicaments destinés à traiter le dysfonctionnement érectile. Il est important que les patients soient informés et rassurés sur la reprise graduelle de leurs activités sexuelles suivant un événement cardiaque grave ou une importante intervention cardiaque. Ils pourront ainsi reprendre tout doucement leurs activités sexuelles en renouant avec le toucher et les baisers, progresser ensuite à la stimulation orale et à la masturbation pour finalement en arriver à la reprise des relations sexuelles complètes.

be incorporated into clinical practice.[8] Patients with heart disease need advice pertaining to the resumption of SA, similar to the guidance they receive regarding work, exercise, and other daily activities. Indeed, sex is a specific form of planned and intentional physical activity and could be considered exercise.[9] A better understanding of the potential risks and benefits of SA is needed for health professionals to provide appropriate sexual counselling for this population. There are several review or opinion articles that have discussed aspects of sexuality in patients with heart disease.[9-32] Nevertheless, although it is not possible to exhaustively review all aspects of SA in patients with heart disease in a single article, there are several opportunities to consolidate the different sources of information available and to revise several unexplored or partially explored aspects.

This article aims to provide a comprehensive and updated review of the relevant literature as well as offer both evidence- and expert-based practical messages regarding SA in patients with heart disease.

Epidemiology of SA

SA is very frequent in adults; however, there are substantial variations worldwide. Data from 2006-2008 in the US National Health Statistics Reports indicate that lifetime vaginal intercourse is reported by nearly all 25-44—year-old adults.[33] Considering a conjugal sexual life that is initiated at 25-30 years of age and lasts 40-50 years, with an assumed average frequency of 1-2 times/week, it is possible to estimate approximately 3000-5000 lifetime incidences of sexual intercourse.

However, in later life, SA tends to be less frequent and more often dysfunctional,[34] as corroborated by data from 31,742 men aged 53-90 years in the Health Professionals follow-up study.[35] An increased percentage of men reported poor and very poor scores regarding sexual desire, the quality of erections, and the ability to reach orgasm; rates were 10%-15% for 50-59—year-old individuals and increased to 40-65% for individuals $>$ 80 years old. Notwithstanding, approximately 10% of men in their 80s still report good or very good scores of sexual functioning. In The Global Study of Sexual Attitudes and Behaviors,[36] a survey of men and women aged 40-80 years in 29 countries on 5 continents, aging significantly increases the probability of finding sex unpleasurable, including erectile and lubrication difficulties.

SA and cardiovascular physiology

Masters and Johnson's pioneering work regarding the human sexual response, published nearly 50 years ago,[37] proposed 4 psychological and physiological phases: arousal, plateau, orgasm, and resolution. Data regarding sexuality suggests that men and women exhibit differences in sexual functioning; furthermore, evidence has also fostered an increasing recognition of the importance of an integrative approach, rather than a strictly physiological approach, to understand sexual behavior.[38] This contemporary perspective provides a theoretical framework for the current understanding, diagnosis, and treatment of sexual dysfunction.[38,39]

During SA, energy expenditure and oxygen requirements increase, with maximal levels reached during orgasm. To meet these increasing demands, cardiorespiratory responses are evoked, and ventilatory and hemodynamic changes occur. The collection of valid and reliable physiological data during SA faces methodological constraints. Thus, most available information has been obtained from a rather limited number of individuals,[40] as highlighted by Stein in 2000.[41]

As early as 1932, Boas and Goldschmidt reported heart rate (HR) changes during coitus by using a rudimentary cardiotachometer,[42] which was linked by 100-ft cables to 3 electrodes placed on the participant's chest. Since then, several better controlled studies have subsequently been reported using primarily married couples who engaged in intercourse in their habitual bedroom as participants.[14,43-50] These studies considered different types of SA, from self-masturbation to intercourse, as well as distinct male and female body positions

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