

EPIDEMIOLOGY & RISK FACTORS

Perceived Sexual Difficulties and Sexual Counseling in Men and Women Across Heart Diagnoses: A Nationwide Cross-Sectional Study



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ABSTRACT

Background: Ischemic heart disease and heart failure often lead to sexual difficulties in men, but little is known about the sexual difficulties in women and patients with other heart diagnoses or the level of information patients receive about the risk of sexual difficulties.

Aim: To investigate perceived sexual difficulties and associated factors in a mixed population of men and women newly diagnosed with heart disease and provide insight into sexual counseling and information given by health care professionals.

Methods: This article reports on a cross-sectional, questionnaire study sent to a randomly selected sample of men and women newly diagnosed with heart failure, ischemic heart disease, atrial fibrillation, or heart valve surgery. Eligible patients were identified by diagnosis using the Danish National Patient Register, which contains all diagnoses.

Outcomes: Sexual difficulties were self-reported using single-item questions, and factors associated with sexual difficulties were collected from the survey and national registers.

Results: The study population consisted of 1,549 men and 807 women (35–98 years old) with heart failure ($n = 243$), ischemic heart disease ($n = 1,036$), heart valve surgery ($n = 375$), and atrial fibrillation ($n = 702$). Sexual difficulties were reported by 55% of men and 29% of women. In a multiple regression analysis, difficulties in men were associated with being older (≥ 75 years old; odds ratio [OR] = 1.97, 95% CI = 1.13–3.43), having heart failure (OR = 2.07, 95% CI = 1.16–3.71), diabetes (OR = 1.80, 95% CI = 1.15–2.82), hypertension (OR = 1.43, 95% CI = 1.06–1.93), receiving β -blockers (OR = 1.37, 95% CI = 1.02–1.86), or having anxiety (OR = 2.25, 95% CI = 1.34–3.80) or depression (OR = 2.74, 95% CI = 1.38–5.43). In women, difficulties were significantly associated with anxiety (OR = 3.00, 95% CI = 1.51–5.95). A total of 48.6% of men and 58.8% of women did not feel informed about sexuality, and 18.1% of men and 10.3% of women were offered sexual counseling.

Clinical Implications: Heart disease increases the risk of sexual difficulties and there is a need for improved information and counseling about sex and relationships for patients.

Strengths and Limitations: This large nationwide survey of men and women combined a survey with administrative data from national registries. However, this study used non-validated single-item questions to assess sexual difficulties without addressing sexual distress.

Conclusion: More than half the men and one fourth the women across common heart diagnoses had sexual difficulties. No difference was found among diagnoses, except heart failure in men. Despite guidelines recommending sexual counseling, sexual difficulties were not met by sufficient information and counseling. **Rundblad L, Zwisler AD, Johansen PP, et al. Perceived Sexual Difficulties and Sexual Counseling in Men and Women Across Heart Diagnoses: A Nationwide Cross-Sectional Study. J Sex Med 2017;14:785–796.**

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INTRODUCTION

Sexuality is an important aspect of a person's well-being and perceived difficulties in sexual activity are associated with a lower quality of life.^{1,2} Sexual dysfunctions are considered highly prevalent in men and women with cardiovascular disease.^{3–6} *Dysfunction* is defined as distressing disturbances in the sexual response cycle⁷ (ie, desire, arousal, and orgasm).⁸ Without an indication of distress, the term *sexual difficulties* can be applied. These can arise from various biopsychosocial factors in men and women.

Heart disease and sexual difficulties can be caused by disease in peripheral arteries^{4,9,10} and other diseases affecting vascular endothelia (ie, diabetes or hypertension).¹⁰ Some cardiovascular drugs cause adverse effects on patients' sexuality.¹¹ Psychological distress, anxiety, or depression commonly seen after being diagnosed with cardiovascular disease also can affect patients' sexuality in a bidirectional manner^{10,12} and antidepressants are well-known mediators of sexual difficulties.¹³ Sexual difficulties are more common in patients living alone or those with marital problems, especially women.^{10,12}

Most studies of sexual difficulties in patients with heart disease report on patients with myocardial infarction or heart failure⁴ and, apart from studies concerning men with erectile dysfunction (ED), the studied groups are often small and selective. Men are examined more often than women, and focus is often limited to ED.^{2–4,6,9} The questions and scales used to measure difficulties also differ, restricting comparison of prevalence.¹⁴ To our knowledge, there are no studies investigating the impact of different heart diseases on sexual function in men and women. Therefore, there is a need for large population studies (including men and women) to provide comparable estimates of prevalence across diagnoses.

Sexual counseling is essential in cardiac rehabilitation for patients to resume sexual activity,¹⁵ regain quality of life, and decrease the risk of new myocardial infarction.^{12,16} Health care professionals responsible for cardiac rehabilitation often fail to address sexual issues.¹⁶

The aims of this study were to investigate perceived sexual difficulties and associated factors in a mixed population of men and women newly diagnosed with heart disease and provide insight into sexual counseling and information given by health care professionals.

METHODS

Study Population

This cross-sectional study is based on data from the large Danish survey, Living With Heart Disease,¹⁷ conducted by the Danish Heart Foundation and the National Institute of

Public Health, University of Southern Denmark in October 2014. The questionnaire consisted of 87 items and was sent to a randomly selected sample (N = 5,000) of men and women (35–98 years old) who had received a diagnosis of ischemic heart disease, heart failure, atrial fibrillation, or underwent heart valve surgery in a Danish hospital during 2013. Data were collected from October 2014 through December 2014. A detailed description of the methods can be found elsewhere.¹⁸

Sexual Difficulties

Patients' sexual difficulties were evaluated through three questions: (i) Because of your heart disease, have you experienced a lack of or decreased sexual desire? (ii) Because of your heart disease, have you been nervous about having sex? (iii) Because of your heart disease, have you experienced physical problems in having sex, such as troubles getting an erection, lack of orgasmic sensation, or lack of becoming lubricated? The answers were categorized into three groups: yes ("yes, all the time," "yes, often," "yes, once in a while," or "yes, but rarely"), no, or not relevant.

Patients were defined as having at least one sexual difficulty if they had answered "yes" to any of the questions and were otherwise considered to have no sexual difficulties if they had answered "no" to any of the questions. Patients' responses were considered "not relevant" if they used this response to all questions. The rest were considered "missing."

Information and Counseling

Two questions in the questionnaire addressed information and counseling about sexuality and relationships: (i) Do you feel informed about how your disease could affect your sexuality and relationships, without having to seek the information yourself? Patients could give a graded response, but for simplification, the answers were trichotomized: yes ("yes, greatly," "yes, to some degree" or "yes, to a lesser degree"), no ("no, not at all"), or do not know. (ii) Have you, in relation to your heart disease, received counseling on sexuality and relationships by your doctor, at the hospital, or in your municipality? Answers were sorted as yes ("yes, and I did accept the offer" or "yes, but I did not accept the offer"), no, or do not know.

Covariates

The following covariates were chosen because other studies have shown them as being potential risk factors for sexual difficulties.^{1,9,11–13,19}

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