

## SEXUAL MEDICINE

## Attitudes and Performance of Cardiologists Toward Sexual Issues in Cardiovascular Patients

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## ABSTRACT

**Introduction:** The aim of the present study was to evaluate the attitudes and performance of cardiologists regarding sexual issues in patients with cardiovascular diseases.

**Methods:** A nationwide survey was conducted in a sample of cardiologists, representative of Iranian cardiologists, in 2015.

**Main Outcome Measures:** Appropriate questionnaires were developed and used to ask participants about their attitudes, performance, and barriers regarding discussing sexual issues with patients with cardiovascular disease.

**Results:** The study population consisted of 202 cardiologists (138 men and 63 women) with a mean age of 44.25 years (SD = 8.45). Overall, 93.15% of cardiologists agreed with the importance of discussing sexual issues with their patients with cardiovascular diseases. Almost 76.7% of cardiologists agreed they had a responsibility to deal with patients' sexual problems, and 79.9% of them were aware of the association of cardiovascular disease with sexual problems of cardiac patients, but only 33% of them were confident in their knowledge and skills in this regard. Only 10.6% of cardiologists reported they frequently or always assessed sexual problems with their patients, but 51.50% of them stated they were responding to patients' questions about sexual problems. There was a significant association between performance and responsibility.

**Conclusion:** The results of this study indicate a gap between cardiologist's attitudes and their actual performance and that their professional responsibility to address patients' sexual issues is a significant parameter for better performance.

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**Key Words:** Sex; Attitude; Performance; Cardiologists; Sexual Issues; Cardiovascular Diseases; Barrier; Sexual Dysfunction; Counseling

## INTRODUCTION

Sexuality is a lifelong human experience that has major positive effects on physical and psychological well-being.<sup>1</sup> Likewise, sexual dysfunction can have a negative effect on emotional health and the quality of interpersonal relationships.<sup>2</sup> Although sexuality might not always be the first priority for patients with cardiovascular disease (CVD), it is a part of everyone's life and sexual satisfaction is a major component of quality of life. Sexual problems, such as a decrease in libido, cessation of intercourse, or

erectile dysfunction (ED) in men and pain during intercourse or decreased vaginal secretion in women, can frequently occur in relation to some diseases, including CVD.<sup>3,4</sup> There are numerous studies that have reported on the high prevalence of sexual dysfunction in men and women with CVD.<sup>5–8</sup> There is an association between sexual problems and CVD including physical vascular causes.<sup>4</sup> Psychological concerns about a cardiac event or sudden death during sexual activity are the most common stressful problems in patients with CVD and their partners. They worry about their sexual activity and need counseling services and education for this issue.<sup>9,10</sup> There is evidence suggesting that some medications for cardiac patients, including lipid-lowering drugs and  $\beta$ -blockers, can have side effects on sexual function in these patients.<sup>11</sup> In addition, recent studies have suggested a strong association between sexual dysfunction and comorbid conditions such as diabetes mellitus, dyslipidemia, hypertension, and heart surgery in patients with CVD. The high prevalence of various risk factors of sexual dysfunction in this group of patients indicates the importance of this issue and suggests the need for regular follow-up visits.<sup>12–14</sup>

Received May 31, 2016. Accepted September 19, 2016.

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<http://dx.doi.org/10.1016/j.esxm.2016.09.002>

Recent guidelines on sexual activity in patients with CVD have recommended that sexual counseling should be considered an important part of cardiac rehabilitation services.<sup>4,15</sup> Previous researchers have reported that sexual counseling for cardiac patients who experience sexual dysfunction might decrease the patients' fear of sexual activity and enhance the quality of life of these patients and their partners.<sup>15,16</sup> However, most patients and health professionals avoid talking about sex issues owing to some barriers, including embarrassment, lack of knowledge or training, cultural background, religious beliefs, and negative attitudes about sexuality.<sup>15,17</sup>

The prevalence of coronary heart disease in Tehrani adults has been reported to be 21.8% (22.3% in women and 18.8% in men).<sup>18</sup> In a population-based study in Iran, the prevalence of sexual dysfunction in 2,626 women 20 to 60 years old was 31.5%.<sup>19</sup> The prevalence of ED in 2,674 men 20 to 70 years old from 28 counties in Iran was 18.8% and hypertension and coronary artery disease were significantly associated with ED.<sup>20</sup> Iran is a large country with different ethnicities and cultures. Racial, ethnic, and cultural distinctions have been cited as the reasons for differences in the prevalence rates of sexual disorders.<sup>21</sup> In a study conducted by Hashemi et al<sup>22</sup> of women living in different geographic regions of Iran, the prevalence of sexual disorders was affected by their attitude toward sexual function.

Cardiologists play an important role in assisting cardiac patients who experience sexual dysfunction to learn how to live with their disability and return to normal sexual activity.<sup>4,23,24</sup> Therefore, it is necessary that cardiologists assess these problems in this group of patients. Lack of such provision could have long-term side effects for patients and their partners. To the best of our knowledge, no study has assessed cardiologists' attitudes toward and performance of discussing sexual issues in Iran. Only one study was carried out in Kerman, Iran, and it concerned the knowledge and attitude of nurses toward sexual activity.<sup>25</sup> Therefore, the aim of the present study was to evaluate the attitudes and performance of cardiologists concerning sexual issues in patients with CVD; thus, we examined whether cardiologists in Iran assessed sexual problems with their patients and, if not, their reasons for not doing so.

## METHODS

### Sampling

A multistage sampling method was used for the selection of study subjects. Because several ethnicities with different native languages and cultures are distributed throughout Iran (eg, Baluchs live mostly in the southeast and Turks live mostly in the northwest), we selected Iran's geographic areas. Therefore, in the first step, Iran was divided into six regions (northeast, northwest, central, southwest, southeast, and Tehran). In the next step, two provinces were selected randomly from each region and then one city from each selected province was randomly chosen (except Tehran, which had been selected as a region). Almost 1,600

cardiologists were members of the Iran Society of Cardiology in March 2015. A list of the names and addresses of cardiologists in the study area was used to invite participation and questionnaires with a study information sheet were mailed to the individuals on the list. They completed questionnaires and returned them by mail. The study was granted ethical approval by the Shahid Beheshti University of Medical Sciences (Tehran, Iran) in April 2015.

### Questionnaires

Demographic and professional data included age, sex, marital status, level of education, duration of practice in cardiology, and region of activity.

Three questionnaires were used to assess the participants' attitudes, performance, and barriers to addressing sexual issues. Because of the different cultures and religions in Iran, we decided to develop appropriate questionnaires to gather useful information. For this purpose, a literature review and discussions with the research steering committee were performed while building the questionnaire forms. In addition, we obtained feedback on a draft version from five cardiologists and further revised the questionnaire. A panel of experts (five cardiologists and five psychiatrists) was assembled and their quantitative and qualitative viewpoints were collected and analyzed to measure the face and content validity of the instrument. The internal consistency of the questionnaires was calculated by the Cronbach  $\alpha$  value, and, to determine the temporal reliability of the questionnaires, 30 cardiologists completed them within 2 weeks.

The attitude questionnaire consisted of nine items. Cardiologists were asked to rate their agreement with each item on a five-point Likert scale (completely disagree = 1, disagree = 2, no comment = 3, agree = 4, completely agree = 5). This questionnaire consisted of four subdomains. The subdomain of overall view (the first six items) focused on the importance of the sexual issues of cardiac patients and sexual instruction (eg, the importance of elderly patients' sexual issues). The overall view score was calculated by adding the scores of six questions related to this subdomain. Three items on the attitude questionnaire focused on the cardiologists' awareness of the association between CVD and the sexual problems of cardiac patients and presumed responsibility and confidence in sexual health care (subdomain of awareness, responsibility, and confidence, respectively). The total attitude score was calculated by adding the scores of all nine questions. Minimum and maximum possible scores of attitude questionnaire were 9 and 45, respectively. A higher score reflected the responder's more positive attitude toward the importance of patients' sexual issues and greater awareness, responsibility, and confidence in dealing with sexual issues.

The performance questionnaire consisted of 10 items on a five-point Likert scale focusing on the practice of conducting a sexual assessment and counseling of patients (never = 1, rarely = 2, sometimes = 3, frequently = 4, always = 5). The possible minimum and maximum performance scores were 10 and 50,

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