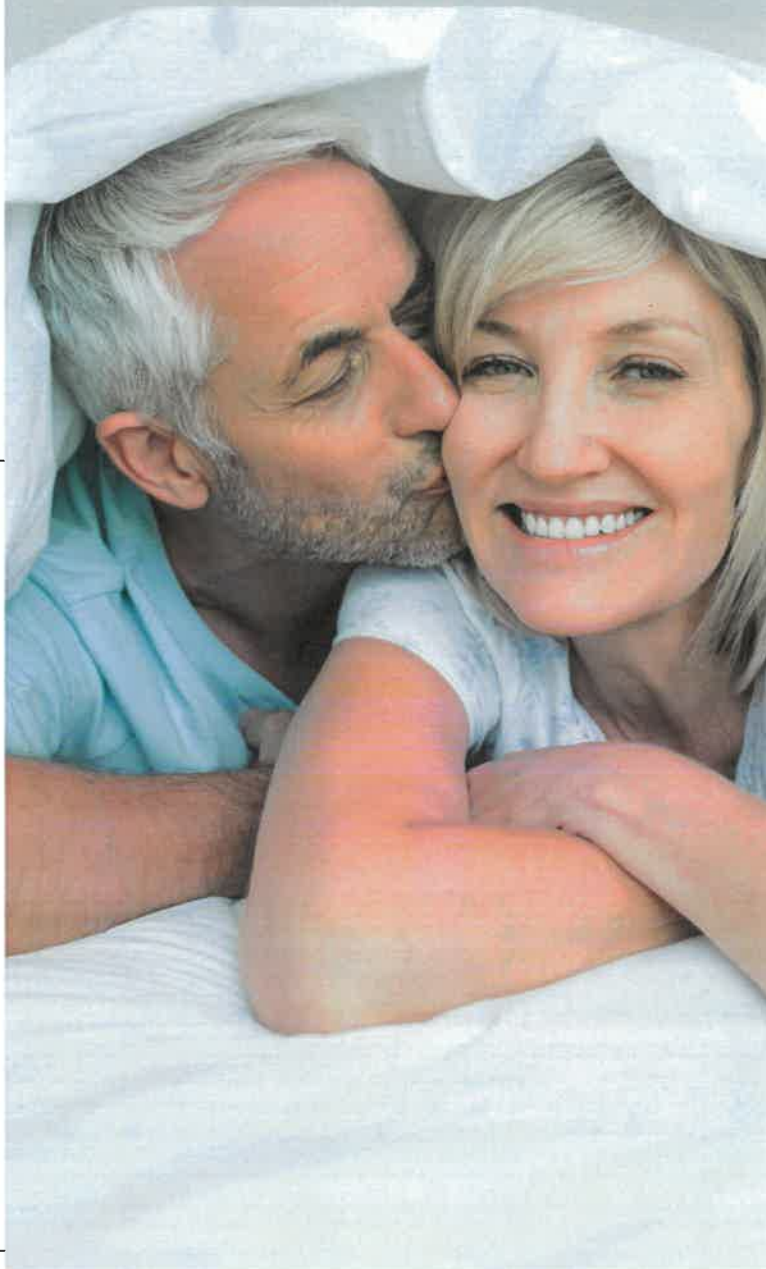




A Guide to Sex and Intimacy for People Living with Cardiovascular Disease.

The  CHARMS Study

The  CHARMS Study



Living Well With Heart Disease: Resuming Sex

Do you or a loved one have heart disease? Have you had a heart attack or heart surgery? Do you have an implantable cardioverter defibrillator (ICD). Or, do you have heart failure or congenital heart disease?

If so, you may be concerned about resuming sexual activity. Stop worrying. Your peace of mind is why we created this booklet to help answer some of your questions and concerns.

You should have open and honest talks with your partner about sex. Your partner may be worried about how sex may affect your heart too. This is normal. When you and your partner feel better about sexual activity, other areas of your lives may improve.

It's normal to be worried about having sex after a heart problem. Talk to your healthcare provider about your concerns. He or she will review your medical history and give you a medical exam. This will include checking your heart rate and blood pressure. You may also take an exercise stress test. These results will help decide if you are ready to resume sex and what activities are safe for you.

The Effects of Sexual Activity on the Body

After having a heart problem, you may be more aware of changes in your heartbeat, breathing, and muscle tightening or tension. All of these things are normal during sex. People who've had a heart attack, heart surgery, or other heart problems respond just like other people.

During sex:

- As you get aroused, your breathing rate slowly gets faster. Your skin gets flushed. Your heart rate and blood pressure get slightly higher.
- As you get more excited, both your heart rate and blood pressure may rise even more.
- During orgasm, you release the tension. After orgasm, your heart rate, blood pressure and breathing rate will return to normal levels.

These physical changes happen over a short period of time. This is especially true during orgasm when it takes the most energy for sex.

Sex has little risk if you can do moderate exercise without having any heart problems. Some examples are chest pain, difficulty breathing, irregular heartbeat, and others. If you cannot do moderate exercise, your healthcare provider may refer you to cardiac rehabilitation. Regular physical activity helps lower your risk of heart problems during sexual activity. This is important for those who already have heart disease.

Common Myths and Misconceptions

Myths about sex and heart disease can create fear and slow recovery.

Myth: Impotence (inability for men to get an erection) and lack of sex drive always occur with heart disease.

Truth: Lower sex drive and performance are common with heart disease. This may be because of anxiety and depression. Medications and other medical conditions can also play a role.

Myth: Sex after a heart attack often causes another heart attack.

Truth: Not true! A person with no symptoms from a previous heart attack is at low risk for another heart attack during sex. Check with your healthcare provider to evaluate your risk for heart attack or other problems with sex.

Myth: Having some alcohol is a great way to get ready for sex.

Truth: Avoid alcohol before sex. Alcohol is a strong depressant. It may hurt your sexual performance.

Myth: Male hormones (testosterone) can always increase the sex drive in men.

Truth: Testosterone should only be taken by prescription, and be prescribed by the healthcare provider familiar with your medical history and all of your medicines. Testosterone can cause harmful side effects. It can interact with some medicines and it should not be used if you have certain medical conditions.

Myth: Hormone therapy treatment (estrogen and progesterone) improves sexual satisfaction for women who've gone through menopause.

Truth: No major studies have reported this to be true. Estrogen taken vaginally often works as treatment for vaginal dryness and pain with intercourse, often seen during or after menopause. It helps lubricate the vagina, making intercourse more comfortable.

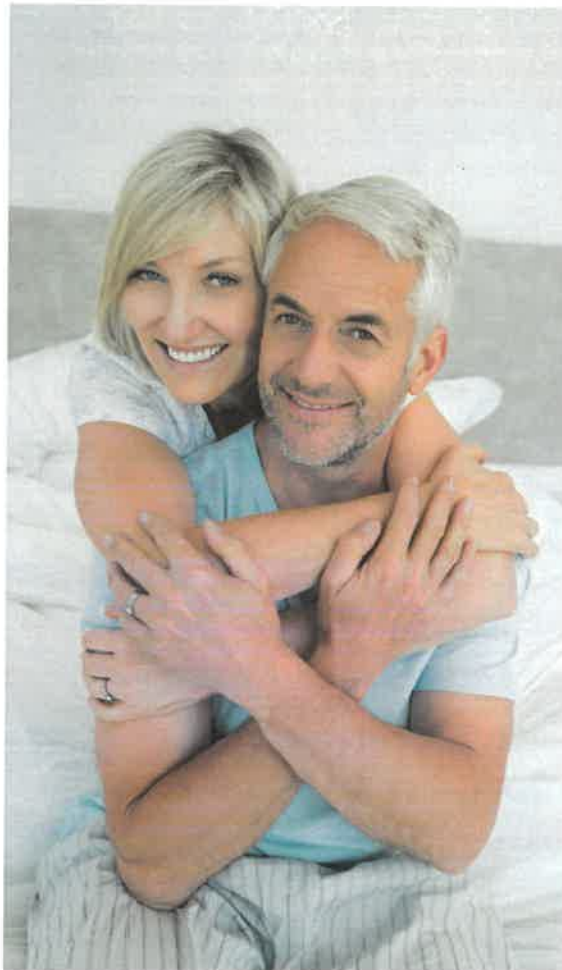
Topical estrogens are believed to pose less risk for women with heart disease than hormone replacement therapy.* There are also other vaginal creams and gels available that do not contain estrogen.

Myth: It's best for the heart patient to be on the bottom during sex.

Truth: Use a position that does not cause shortness of breath or tiredness, limit breathing, or cause discomfort or stress to the body or surgical site. In most cases, you can use a position that feels right to you. Stop and rest if you have shortness of breath during sexual activity. A semi-reclining position can be helpful if you tend to get short of breath.

Myth: Herbs will help improve my sexual performance.

Truth: Not so fast! Many herbal medicines are advertised for the treatment of sexual problems. Some of these may contain substances that can interact with heart medicines, can elevate or reduce blood pressure, or have been linked with bad outcomes in patients with coronary artery disease. Talk to your doctor before taking any other medicines.



Emotional Challenges

Many people have sex as often as they did before their heart problem. But some are less active. Emotional and mental factors, such as anxiety and depression, can lower sexual interest and ability. Medical care, time and counseling can help. While you are recovering from a heart attack or heart surgery, you may:

- Be depressed, sad, and afraid.
- Have trouble sleeping or sleep too much, especially during the day.
- Eat more or less than usual.
- Gain or lose weight and be less interested in life.
- Feel tired all the time (especially after activity).

These feelings are common. In most cases, they go away as you recover. But problems with sex may increase if you stay depressed. Loss of desire often comes from the fear that sex will cause a heart problem. This may have a poor affect your sex life and that of your partner.

If you are feeling depressed, talk with your healthcare provider about treatment options. These may include medication and/or counseling.

Managing Medication Challenges

Many medicines may affect sex drive and sexual function. These can include:

- Blood pressure medicines
- Fluid pills (diuretics)
- Sedatives and antidepressants
- Some medicines used for chest pain or irregular heartbeat

Some medicines made it hard for men to have or keep an erection. Some men also may have premature ejaculations, or none at all. Women may not have enough vaginal fluid. This can make intercourse painful. Some women may not get sexually aroused, or may be unable to have an orgasm. But don't stop taking your medication without talking to your healthcare provider! Don't be shy or embarrassed to talk about it. Changing the drug type or dose may solve the problem.



Tips to Get You Started

Resuming sex often helps you feel emotionally closer to your partner. It lets you rekindle tenderness and romance. Sex after a heart attack, heart surgery or other heart problem may ease stress and boost your self-esteem. Most people think sexual activity means intercourse. But you can express your interests in sex in many ways. You may just want your partner near you. Or, you can touch, hold and caress without the goal of orgasm. You and your partner can feel loved and secure without feeling pressure to perform. You can slowly return to your full sex life.

Here are some tips to make resuming sex easier:

- Plan a daily routine of healthy eating, physical activity, rest and medication.
- Exercise to feel better and be more confident. Try aerobic activities like brisk walking, jogging, swimming, bicycling and dancing. These can lower your chance of rapid heart rate, shortness of breath or chest pain during sex. Talk with your healthcare provider before getting started.
- Avoid alcohol before sexual activity.

- Be patient with yourself. Your emotions may change quickly from tears to laughter or from happiness to anger. These sudden mood swings don't usually last long. Try to understand your emotions and be patient with each other. A good sense of humor helps.
- Avoid rushing into sex to prove things are "back to normal." You or your partner may be a little anxious about sex. Take your time and ease back into sexual activity.
- Don't expect too much at first. Resume sex slowly and allow it to happen naturally.
- Begin with things such as hugging, kissing, and touching. These help you see how well you can tolerate sexual activity. Then, progress to things such as masturbation (self or mutual), oral sex, and then intercourse.
- Choose a time when you're both rested and free from stress.
- Wait two to three hours after eating a full meal before having sex. This gives you time to digest your food. Like other physical activities, digesting food requires more blood. When you use a lot of blood to digest food, your heart works harder to have blood for other activities that need it.
- Choose a familiar, peaceful place where you won't be interrupted.
- Take your medicines as prescribed.
- Use a position that does not restrict your breathing or cause you pain. If it's hard to breathe, you and your partner may want to sit in a chair facing each other. Use a broad-based chair low enough to let you both rest your feet flat on the floor. Using pillows so that you are more upright in a semi-reclining position can help as well.

If You Have Angina

Your heart beats faster and harder during sex. Your skin can also become flushed and moist. These changes are normal. They are not symptoms of heart strain. But watch for symptoms of angina pectoris (chest pain due to coronary heart disease).

Angina symptoms can include:

- Squeezing, burning, pressure, heaviness or tightness under the breastbone that can spread to your left arm, back, throat or jaw.
- Shortness of breath or feeling very tired.

Managing Angina Symptoms

Before resuming sexual activity, talk to your doctor about what to do if you have angina during sex. You may need to make changes in your daily routine, reduce your activity, rest and take medicine if directed to by your healthcare provider.

You may be prescribed a nitrate medication called nitroglycerin. If you have chest pain during sex, stop and rest, and take your medicine as directed. If this doesn't relieve your angina symptoms, immediately call 9-9-9 or your emergency response number.

Men on nitrates can't take oral drugs that help with erectile dysfunction because the combination can cause dangerous drops in blood pressure.

Sex After a Heart Attack

Most people can have sex within a few weeks after a heart attack. If you do not have chest pain, shortness of breath, or heart rhythm problems, you can usually return to sexual activity after one to two weeks. If you had complications while in the hospital, you may need to wait longer. You may also need an exercise stress test to see if sexual activity is safe for you. Talk to your health care provider. As you start to feel stronger, you will begin to feel ready to have sex.

Here are some tips to help you to return to sexual activity:

- Use a position of comfort and one that does not restrict your breathing.
- Stop and rest if you have chest pain or symptoms of angina. If you have been prescribed a medicine, such as nitroglycerine, for chest pain, take the medicine. If your pain doesn't stop in a few minutes, seek emergency care.
- Avoid anal sex as this may cause chest pain. Talk to your healthcare provider before you have anal sex.
- Avoid stimulants or cocaine. These may cause chest pain and, in some cases, a fatal heart attack.

Sex After Heart Surgery

After heart surgery, sex can be resumed in about six to eight weeks if an open surgical approach was used. This means the surgeon accessed your heart through an incision in your chest and breastbone (sternum). It takes more time for the incision and breastbone to heal. So delaying sexual activity is important.

If you had a less invasive heart surgery, you may be able to have sex sooner. Talk to your health care provider to discuss the best time for you to return to sexual activity.

Here are some tips to help you to return to sexual activity:

- Avoid positions that put strain on the chest incision, or causes discomfort or shortness of breath.
- Find a comfortable position and use pillows for support.
- Women may find it helpful to take a mild pain reliever before sex for mild breast discomfort, if needed.
- Remind your partner that it is unlikely that they will harm you during sex.

Sex and Heart Failure

If you have heart failure, being able to have in sex depends on your symptoms and the severity of your heart failure. Those with mild heart failure can usually safely have sex. If you have more severe heart failure symptoms, sex should be avoided until your condition is stable and well managed. Your health care provider will tell you when it is safe to resume sexual activity. Some patients with heart failure may not be able to have intercourse, but may be able to engage in other activities such as hugging, kissing, or sexual touching. Sexual activities such as mutual masturbation, oral sex, or sexual intercourse may not be possible if you cannot engage in moderate exercise.

Here are some tips to help you to return to sexual activity:

- Start with things such as hugging, kissing, and touching. See how well you do with these activities first.
- Use positions that help you breathe more easily, such as a semi-upright position. This requires less effort than the on-bottom position. Use pillows for support.
- Stop and rest if you have shortness of breath or pain.
- Take your diuretic at a time that it will not interfere with sex.

Sex with an Implantable Cardioverter Defibrillator (ICD)

Your healthcare provider may tell you that you can safely have sex after having an ICD implanted if moderate physical activity does not cause heart rhythm problems. You may worry that the ICD might go off during sexual activity. This can occur, but it is not common.

Here are some tips to help you to return to sexual activity:

- Be well rested and relaxed before sexual activity. This will help you be more ready for sex and less anxious.
- Do regular physical activity. Exercise builds tolerance for sexual activity. It also helps you feel more confident and less anxious.
- Use a position that avoids strain on the incision site where your ICD was implanted.
- Tell your partner that an ICD shock during sex will not harm them.
- Stop and rest if a shock occurs during sexual activity. If you are not having other symptoms and your heart rate goes back to normal, you don't need to report the shock to your health care provider right away. Report it later though. If your symptoms don't go away or the ICD continues to go off, seek emergency help.

Sex and Congenital Heart Disease

Most people with congenital heart disease can have sex if they do not have:

- severe heart failure.
- symptoms with or severe valve disease.
- uncontrolled heart rhythm problems.

If you have some of these problems, talk to your health care provider about the safety of sexual activity for your condition.

If you are a woman with congenital heart disease, discuss birth control and pregnancy planning with your health care provider. A complicated pregnancy could put you at risk.



Coping as a Couple

Your partner may also be anxious or depressed about your condition. Your feelings—as well as those of your partner—can add stress to your relationship. Both of you should accept, respect and try to understand what the other is feeling. Your partner plays a big part in how you adjust.

Your partner may struggle to find a balance between being overprotective and not helping enough. In many cases, partners are overprotective. They don't like to make demands and risk upsetting or injuring you. Or they don't let you return to normal activity. Your partner may feel guilty about your heart disease and wonder if it could be their fault.

Your partner may be concerned about the risk of heart symptoms during sex. He or she may worry about sexual problems and other relationship issues. Your partner may feel angry and frustrated.

Unresolved issues can lead to more complex physical, emotional, and social problems.

Communication Is the Key

Couples who discuss their sexual needs and concerns seem to cope better. Good communication may lead to resuming sex earlier and enjoying it more. You both may wish to talk about your fears and concerns with your healthcare provider.

Considering ED Medication

Erectile dysfunction (ED) is common in men who have heart disease or who've had a heart attack. Usually this is due to fear of another event. But in many cases, there's an organic (natural) cause.

Your healthcare provider must review your medical history, current medicines and other aspects of your health to decide if it's safe for you to take ED medications. Tell your healthcare provider about all medicines you are taking. This includes over-the-counter drugs, supplements, vitamins and herbs. Some of these may interact with the ED drug and cause harmful side effects.

There are several medicines that can be prescribed to treat ED. They can often work if there's an organic problem. But discuss the risks, benefits and safety with your healthcare provider.

In some cases, ED medicines shouldn't be used. For example, **people taking nitrates should never use them**. Combining these drugs can cause abnormally low blood pressure that can be life-threatening.

ED medicines haven't been widely tested on people with all types of heart disease. So it's best to discuss your options with your healthcare provider.

For More Information

This booklet was produced for the CHARMS study,
by researchers at the Health Behaviour Change
Research Group, School of Psychology, NUI Galway.

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[REDACTED]
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[REDACTED] This study is no longer active.
Information in this booklet was
correct at time of production in 2016.

Irish Heart Foundation National Heart & Stroke Helpline

The Irish Heart Foundation's helpline nurses
can answer your questions about sex and
intimacy with heart disease. They can add to
the information you have already received and
guide you through all your questions and
concerns about heart disease and stroke.

Tel: [REDACTED] 01 6685001

Email: helpline@irishheart.ie

Monday – Friday [REDACTED] 9am-1pm



Heart Attack Warning Signs

Some heart attacks are sudden and intense, but most of them start slowly, with mild pain or discomfort. Here are some of the signs that can mean a heart attack is happening.

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath.** This may occur with or without chest discomfort.
- **Other signs.** These may include breaking out in a cold sweat, nausea or lightheadedness.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.



Stroke Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, or trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance or coordination
- Sudden, severe headache with no known cause

F.A.S.T. is an easy way to remember how to recognize a stroke and what to do. Spot a stroke **FAST**: **F**ace drooping, **A**rm weakness, **S**peech difficulty, **T**ime to call 9-9-9.

Dial 9-9-9 Fast

Heart attack and stroke are life-or-death emergencies — every second counts. If you suspect you or someone you are with has any of the symptoms of heart attack or stroke **immediately call 9-9-9 or your emergency response number** so an ambulance can be sent. Don't delay — get help right away!

For a stroke, also note the time when the first symptom(s) appeared. If given within three hours of the start of symptoms, a clot-busting drug may improve the chances of getting better faster.



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Funding for this study was provided by the Health Research Board
(HRA-2014-HSR-519).

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