

Sex and Heart Disease

Introduction

Do you or a loved one have cardiovascular disease? Have you had a heart attack? Or heart surgery?

If so, you may be concerned about your ability to resume sexual activity. Stop worrying. There's great news - you can still enjoy sex!

This booklet will answer some of your questions.

Sex and Your Heart

To most people, sexual activity means sexual intercourse. But sex is much more than that. You can express your interests in sex in many ways. You may just want your partner near you. Or you may like to touch and hold.

Several physical changes occur during sex. For example,

- As you get aroused, your breathing rate slowly increases. Your skin gets flushed. Your heart rate and blood pressure become mildly elevated.
- As you get more excited, sexual tension builds. Both your heart rate and blood pressure rise even more.
- During orgasm, you release pent-up tension. Your heart rate increases to about 90-145 beats per minute. After orgasm, your heart rate, blood pressure and breathing rate gradually return to resting levels.

All these responses are normal during sex. In fact, you may not even notice them. People who've had a heart attack or heart surgery respond like other people.

Sex After a Heart Attack or heart surgery

You can most likely resume sex as soon as you feel ready. But ask your doctor or nurse first.

Usually both men and women resume sex within a few weeks after a heart attack or heart surgery. Many have sex as often as before. But some are less active. This may be due to anxiety, depression or lack of desire. Medical care, time and counseling should help.

When you recover from a heart attack, you may be more aware of your heartbeat, breathing, and muscle tightening or tension. This is normal, so don't worry. 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 don't need a lot of energy for these activities, and you can start soon after you leave the hospital. You can gradually return to your full sex life. As you get more confident, you'll feel more at ease with yourself and your partner.

Intercourse takes slightly more energy than other sexual activities. Your doctor may tell you to wait until you feel stronger before you start back. Most people can resume sex about four to six weeks after a heart attack. It usually takes two to three weeks after heart surgery.

If you're not sure you're ready for sex, a doctor can give you an exercise test to check your physical capacity. Your heart rate and blood pressure can help you and your doctor decide if you're ready. If symptoms occur during sex, you should stop and rest, then tell your doctor.

Psychological factors can reduce sex interest and capacity. After you recover, 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 within a few months after a heart attack or surgery. Problems with sex may increase if you stay depressed.

This loss of desire often stems from a false fear that sex will cause a heart problem. That's why a couple may stop having sex for months or even years.

It doesn't have to be this way. Talk to your doctor about counseling. People who stay depressed longer than three to six months after a heart attack or surgery have far less sex and enjoy it much less than those whose depression lifts earlier.

What About Medicines?

Many medicines for heart problems can affect sexual desire and how you perform. These include:

- Blood pressure medicines.
- Fluid pills.
- Tranquilizers and antidepressants.
- Some medications used for chest pain or Irregular heartbeat.

These medications may affect sex drive and sexual function. Men may be unable to have or maintain an erection (impotence). Some men also may have premature ejaculations or none at all.

A woman may not have enough vaginal fluid, which can make intercourse painful. Some women may not get sexually aroused or may be unable to have an orgasm (orgasmic dysfunction).

But these changes may be due to something else, so don't stop taking your medicine. When you talk to your doctor, don't be shy or embarrassed. Often a change in drug type or dosage may end the problem.

Coping as a Couple

Often heart patients aren't the only victims of heart disease. Their partners can also be anxious or depressed. Your feelings - as well as those of your partner - can add tension to your relationship. Both of you should recognize, respect and try to understand what the other is feeling.

Often a patient's partner struggles to find a balance between being over-protective and not helping enough. In most cases, partners are over-protective. They don't like to make demands and upset the recovering person. Or they don't let the person return to normal activity. Sometimes they may feel guilty about their partner's heart disease and torment themselves by wondering if it's their fault.

A heart attack or heart surgery may or may not change you and your partner's lifelong roles. Either way, your partner will play a big part in how you cope and adjust.

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

If a couple had sexual problems before a heart attack or heart surgery, they may get worse afterward. Talk about your feelings, possible causes of problems, and potential solutions. Unresolved issues can lead to more complex physical, emotional and social problems. Couples who discuss their sexual needs and concerns seem to cope better. Good communication may lead to resuming sex earlier and enjoying it more. A couple also may talk about their concerns and fears with a nurse or doctor.

Resuming sex

Resuming sex often helps you feel emotionally closer to your partner. It lets you rekindle tenderness and romance. Sex after a heart attack or surgery may ease stress and boost your self-esteem. Here are some ways to make resuming sex easier:

- Have a healthful daily routine of diet, exercise, rest and medicine.
- Exercise to feel better and be more confident. Aerobic exercises include walking, jogging, swimming, bicycling or dancing. These activities can decrease your chance of rapid heart rate, lack of breath or chest pain during sex. Talk to your doctor first.
- If you smoke, quit.
- Be patient with yourself. Try to understand your emotions. You or your partner may feel vulnerable after a heart attack or surgery. Your emotions may change quickly from tears to laughter or from happiness to anger. These sudden mood swings are usually temporary. Try to be patient with each other. A good sense of humor helps.
- Avoid rushing into sex to prove things are "back to Normal." If you and your partner have sex before you're ready, your fears may not go away. In fact, they may cause even more problems.
- Don't expect too much at first. Most people must adjust to sex after a heart attack or heart surgery. Resume sex slowly and allow it to happen naturally.
- Choose a time when you're both rested and free from stress.
- Wait one 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 must work harder to supply blood for other activities that need it.
- Choose a familiar, peaceful place where you won't be interrupted.
- Take prescribed drugs before having sex.

After a heart attack or heart surgery, most people don't change sexual positions or the way they engage in foreplay. However, some changes can be helpful.

For some, it's more comfortable for the heart patient to be on the bottom. But you may feel discomfort from an incision after heart surgery. If so, lie on your side facing your partner or with him or her in front or behind. These positions put less pressure on the chest wall and make breathing easier.

If breathing is difficult, you and your partner may want to sit in a chair facing each other. It's best to use a broad-based chair low enough to let you both rest your feet flat on the floor.

Your nurse or doctor can help you discuss your sexual preferences and alternatives. Masturbation helps some people regain self-confidence and may help ease the transition to intercourse. It causes less cardiac response and takes less of the body's energy. Oral-genital sex doesn't unduly stress the heart, but anal intercourse may lead to irregular heart rhythms.

What If You Have Symptoms During Sex?

Your heart beats faster and harder during sex and your skin can become flushed and moist. These changes are normal, not symptoms of heart strain. You may have symptoms of angina pectoris (chest pain due to coronary heart disease).

Angina symptoms that show the heart can't handle the workload include:

- Feeling pressure, pain or discomfort in the Jaw, neck, arm, chest or stomach.
- Marked shortness of breath.
- Very rapid or irregular heartbeats.

If you have any of these symptoms during sex, tell your partner, reduce your activity, rest, and take medicine if your doctor asks you to. Nitroglycerin tablets, taken three times over 12-15 minutes, may help. When the symptoms go away, you may resume sexual activity.

If medicine doesn't relieve your symptoms or if they start again after resuming sex - get medical help.

Tell your doctor if

- it's hard for you to sleep or rest after sex.
- you notice a change in the place, number of times or severity of angina.
- you're very tired.

You may need to make a small change in your daily routine or medicine. Your doctor may suggest that you place nitroglycerin (or an equivalent) under your tongue 15-20 minutes before sex.

What About Viagra?

Sexual dysfunction is common in men who have coronary artery disease or who've had a heart attack. Usually this is due to fear of another event, but in at least 10-15 percent of cases there's an organic cause.

Sildenafil (brand name Viagra) is a new drug used to treat male impotence. While this drug can be effective when there's an organic problem, people with heart disease should talk to their doctors about the benefits and risks of using it.

In some cases Viagra shouldn't be used. For example, people taking nitrates shouldn't use it. Combining these two drugs can cause abnormally low blood pressure that's life threatening.

Viagra also can be potentially hazardous to people with

- Active coronary ischemia.
- Congestive heart failure and borderline low blood volume and low blood pressure.
- Complicated, multi-drug antihypertensive therapy regimens.
- Other medications that may affect the metabolic clearance of Viagra.

This information is meant as a warning, not a prohibition. Viagra hasn't been extensively tested on people who have heart disease, so don't use Viagra without your doctor's specific advice.

Even people who don't have heart disease can have problems with sex. If this is true for you, talk about your feelings, possible causes of problems and potential solutions. If you don't deal with these issues, they can lead to more complex physical, emotional and social problems. If you decide not to have sex, that's OK, too.

When To Seek Counseling

If questions about sex become a major concern, you and your partner can ask your doctor or nurse. You may ask alone or as a couple.

Some couples don't like to discuss sexual desires and concerns with each other or with a counselor. But you and your partner can benefit when you do.

Myths and Misconceptions

A lot of myths about sex and heart disease can create fear and delay recovery. Here are some common myths and truths:

Myth: Men and women become impotent as they get older. Impotence and lack of sex drive always occur when they have heart disease.

Truth: Older men may get an erection more slowly, but they often have sex longer and control their ejaculation better than younger men. After menopause, a woman can still enjoy sex. Both men and women can resume a normal sex life after a heart attack or heart surgery.

Myth: Sex after a heart attack often causes sudden death.

Truth: This rarely happens. A new partner or extramarital sex may cause more stress.

Myth: Alcohol is a great stimulant for sex.

Truth: Small amounts of alcohol may help reduce tensions, fears and guilt. This may help how you perform and feel. But alcohol is a strong depressant. It may hurt your performance even more. The long-term effects of alcohol are serious. Alcoholics who become impotent may not recover even after they stop drinking.

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

Truth: Men whose male hormone level has dropped can have more sex drive and ability. This occurs after they take a drug called testosterone. But this drug doesn't help men who have normal levels of this hormone in their blood.

Myth: Female hormones (estrogen therapy) will improve sex drive for women who've gone through menopause or don't have enough of these hormones.

Truth: No studies have reported that estrogens improve women's sex drives. But these hormones (as well as creams) may lubricate the vagina and make it easier for the penis to enter. Women thus may find sexual intercourse more comfortable.

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

Truth: Studies show that there's no advantage to being on top or bottom.

Myth: The heart rate response is a lot lower when one masturbates compared to when one has sex.

Truth: The heart rate response is lower when you masturbate, but not a lot lower.

Myth: The decline in sex drive and function after a heart attack is due to the heart not responding to the physical demands of sex.

Truth: Except in a few cases, a heart attack's impact on sex drive and function is psychological, not physical. The physical demands of sex are moderate. They're similar to walking up two flights of stairs at a brisk pace.

Myth: If angina occurs during sex, you shouldn't have sex anymore.

Truth: Chest pains during sex are rarely severe enough to cause someone with heart disease to stop having sex. Your doctor may have you take medicine regularly to stop chest pains. He or she also may tell you to work out more often or take an exercise test to help find any physical problems.

Conclusion

When you and your partner feel better about sex, other areas of your lives may improve. Heart disease may alter your life in ways you don't like. But it also can allow you to reflect on what's important. Take advantage of it. How you relate to your family and friends may get even better.