Sex Therapy for Cardiac Patients

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TSE: ***Sex Therapy for Cardiac Patients.*** *Sexual activity, which is part of activities of daily living (ADL), is important in relation to the persons' quality of life and self-perception. Patients with cardiac problems commonly avoid sexual activity mainly because of fear of recurrent heart attack. As our rehabilitation emphasize on psychosocial aspects, our aim is to provide knowledge on sexual intimacy and advice on how to engage in sexual activity safely. In this way, sexual activity would not be a hindrance to cardiac patient. (J HK Coll Cardiol 2006;14(Suppl 2):B92-B93)*

Cardiac rehabilitation, occupational therapy, sex therapy

摘要

性生活是日常生活的一部份，它與人類的生活質素及自我價值，有莫大的關係。心臟病患者通常會逃避性生活，主要原因是恐懼心臟病因此而再一次復發。性康復治療在社會和心理的層面上，提供親密關係和安全性生活的知識，減低心臟病患者在性生活上的障礙。

關鍵詞：心臟病復康　職業治療　性治療

Importance of Sex

Sex, an important aspect of everyone's activities of daily living (ADL), directly related to persons' quality of life. As an ADL, occupational therapists work with patients in all functional area including sexual functioning. Sex plays an important portion for couples to share their love and to enhance intimacy. Without sex, persons may feel incapable of loving and being loved. Men may feel a loss of their sense of masculinity and women may decrease the self-perception of attractiveness. The sense of isolation and of being valueless may be occurred.[1]

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Myth of Sexual Activities among Cardiac Patients

Patients who have suffered from a heart attack fear about the danger of having sex would induce sudden death in the arms of their own lovers. They believe in the myth that sex is too demanding to the heart and then avoid any sexual activity. Therefore, it is worth for us to provide proper sexual education to the patients in cardiac rehabilitation.

Sex Therapy for Cardiac Patients

The acronym PLISSIT stands for permission, limitation information, special suggestions and intensive therapy. Basing on PLISSIT Model for Sex Counseling,[2] we provided "Special Suggestions" on the knowledge of sexual engagement and on safety tips for resuming sexual life to patients.

The maximal heart rate with sexual activity is around 120 beats per minutes (less if the patients taking heart rate retarding drugs such as beta-blockers) and the maximal heart rate is last for 3 minutes. The metabolic equivalent of sexual activity is equated with an exercise workload of 2 to 3 METs in the pre-orgasmic phase and 3 to 4 METs during the orgasmic stage.[3] Patients with 5 to 6 METs on the exercise tolerance test without ischaemic change could resume normal sexual activities.[4] The oxygen consumption to the heart is similar to climbing two flights of stairs within 10 seconds without having chest discomfort. In general, patients can resume their planned sex life with their longstanding partners after 4 to 6 weeks post myocardial infarction, angioplasty or coronary artery bypass graft surgery.

Tips help patients to resuming sexual activities after heart attack or surgery:

1. Start with masturbation may help to regain confidence to achieve orgasm and ease the transition to intercourse. These cause less cardiac response and take less metabolic consumption.
2. Choose a time when the patients feel relax and energetic. Avoid hurry. Postpone sex until after resting if the patients feel tired.
3. Avoid sex for 3 hours after big meal or drink.
4. Start in familiar & relaxed environment. Strange environments may induce more stressor.
5. Keep comfortable room temperature. Avoid extremely hot or cold.
6. With caring and longstanding own partners is preferred.
7. Start with foreplay is desirable and acts as warm-up exercise.
8. Positions should be comfortable, relaxing, stress free and permit unrestricted breathing. For example, woman-on-top position.
9. Prepare nitroglycerine on bed-side for emergency use.
10. Avoid self adjusting medication without discussing with doctor (e.g. decrease dosage of beta-blockers, use of Sildenafil or herbal medicine)

An individual or couple "Intensive Therapy" on sexual therapy will be also provided after completing the whole cardiac program if indicated.

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