Facing the Taboos: Sexual Activity and Cardiovascular Disease
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The CHARMS Study

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Molly’s research has primarily been in developing health behaviour interventions (e.g. secondary prevention of heart disease; self-management of diabetes) within health care settings. She works with a number of multidisciplinary research teams, and is interested in the processes involved in developing behavioural interventions and testing these in real world settings. She has managed a number of randomized controlled trials of behavioural interventions and has published her work widely. Molly was awarded a HRB Research Leader Award in 2013 and since January 2014 has held a full-time research leadership role at the School of Psychology, as Director of the Health Behaviour Change Research Group.
Sex and Cardiovascular Disease?

Physiological: generalised endothelial dysfunction

Psychological: fear, anxiety and depression

Pharmacological: betablockers and diuretics
Clinical Interventions

• Lifestyle modifications (diet, physical activity, weight loss)
• Pharmacotherapy
• Regaining sexual function may be important behaviour change motivator for patients (Gupta et al, 2011)
AHA and ESC Guidelines

Sexual Counselling for Individuals With Cardiovascular Disease and Their Partners

A Consensus Document From the American Heart Association and the ESC Council on Cardiovascular Nursing and Allied Professions (CCNAP)

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Sexual counselling describes an interaction between provider and patients where the provider provides information on sexual concerns and safe return to sexual activity, assessment, support, and specific advice related to psychological and sexual problems (Steinke et al., 2013).
1. Sexual counselling should be tailored to the individual needs and concerns of patients with CVD and their partners/spouses.

2. Healthcare professionals working with patients with CVD may need education and training in sexual assessment, communication techniques, and sexual counselling (Class I; LOE C).

3. Structured strategies, such as the use of the PLISSIT model and assessment tools, can be useful in assessing psychosexual concerns of patients with CVD (Class IIa; LOE C).

4. Patients with CVD and their partners may want to discuss sexual issues and their associated psychological concerns (Class I; LOE C).

5. Psychological factors including fear, anxiety, and depression can adversely influence participation in sexual activities in patients with CVD (Class I; LOE B).

6. Sexual counselling interventions with patients with CVD can improve the frequency of sexual intimacy and the quality of sexual functioning and should be offered regardless of age, gender, culture, or sexual orientation, using a team approach when possible (Class I–IIa; LOE B).

7. Cognitive-behavioural techniques, patient education, and therapeutic communication strategies have been used successfully in sexual counselling with cardiac patients (Class IIa; LOE B).

8. Sexual counselling content appropriate for all patients with CVD includes a review of medications and potential effects on sexual function, any risk related to sexual activity, the role of regular exercise in supporting intimacy, use of a comfortable familiar setting to minimize any stress with sexual activity, use of sexual activities that require less energy expenditure as a bridge to sexual intercourse, avoidance of anal sex, and the reporting of warning signs experienced with sexual activity (Class IIa; LOE B–C).

9. Specific recommendations by cardiovascular diagnosis should be incorporated in sexual counselling, for example, fear of ICD discharge with sexual activity or appropriate sexual activities in patients with heart failure with reduced exercise capacity (Class IIa–IIb; LOE B–C).

10. RCTs using a specific sexual counselling intervention with patients with CVD and their partners would be useful in determining efficaciousness in reducing the incidence or severity of specific physical and psychological variables.
Does Sexual Counselling Happen?

General practitioner views about discussing sexual issues

The CHARMS Study: cardiac patients’ experiences of sexual problems following cardiac rehabilitation

Molly Byrne¹, Sally Doherty², Andrew W Murphy³, Hannah M McGee² and Tiny Jaarsma⁴
Does Sexual Counselling Happen?

- Sexual problems were common among patients attending cardiac rehabilitation

- For the majority of patients, discussion of sexual problems or concerns did not happen
The Taboos

- Sex!
- Sex and the older person
- Male and female sexuality
- Sex outside of marriage
- Masturbation
- Anal sex
- Ethnicity, religion, and culture
The CHARMS Intervention

The CHARMS intervention is a complex, multilevel intervention designed to increase the provision of sexual counselling in cardiac rehabilitation, and improve sexuality-related outcomes for patients with cardiac disease.

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Implementing international sexual counselling guidelines in hospital cardiac rehabilitation: development of the CHARMS intervention using the Behaviour Change Wheel

J. Mc Sharry, P. J. Murphy and M. Byrne
The CHARMS Intervention

1. The Staff Intervention

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Staff Intervention Manual

Revised February 10th 2012
The CHARMS Intervention
2. The Patient Booklet

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

The CHARMS Study
The CHARMS Intervention

2. The Patient Booklet

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 by your healthcare provider.

You may be prescribed a nitrate medication called nitrates. If you have chest pain during sex, stop and rest. Take the medicine. If the pain doesn’t stop in a few minutes, seek emergency care.

Men on nitrates can’t take nitrates 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 healthcare provider. As you start to feel stronger, you will begin to feel ready to have sex.

**Here are some tips to help you 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 nitrates, for chest pain, take the medicine. If your pain doesn’t stop in a few minutes, seek emergency care.
- Avoid sexual 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 healthcare provider to discuss the best time for you to return to sexual activity.

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

- Avoid positions that put strain on the chest incision, or cause 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.
- Explain 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 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 healthcare 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 return to sexual activity:**

- Start with things such as hugging, kissing, and touching. See how well you do with those 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.
The CHARMS Intervention
3. The Patient Intervention

- An educational session delivered to patients as a part of phase-III cardiac rehab (approx. 30 mins)
- Delivered by a staff member
- All patients and partners invited to attend
The CHARMS Intervention
4. The Awareness Raising Poster

Sexual problems are common with heart disease - but help is available.

Talk to a member of staff if you have concerns about sex after a heart problem.
The Pilot Study

- Will the intervention be acceptable to staff members?
- Will the intervention be acceptable to patients?
- How could the intervention be improved?
- Will it be possible to evaluate the effectiveness of the intervention in an RCT?
The Pilot Study

The CHARMS intervention was implemented in two cardiac rehabilitation centres beginning in April 2016.
The Pilot Study

- Staff members in both centres were asked to complete questionnaires at (3 time points), and to take part in semi-structured interviews (2 time points)

- Patients were asked to complete questionnaires (2 time points), and to take part in semi-structured interviews (2 time points)
The Pilot Study

• Reactions to the staff intervention were positive:

• *The training was very beneficial and I’m far more aware of it now. I’m far more aware of what I should do...before it was ‘go back to your GP’ and it was like ‘shoo’...Whereas now I'm more inclined to follow it up, say okay you have come to me with this let’s talk about it and try to make sure it’s followed up on. Like take the reins....So no, it has made a huge difference, its subtle but I think it’s significant.*
Some staff were clear that they were going to continue with the CHARMS intervention, even when the research finished

*It is something I am going to keep going...the information is good, it goes across to the patients well and I’m definitely going to continue with it...no matter what happens with the research I wouldn’t go back, it has to continue...I’ll never not include it.*
The Pilot Study

- How receptive were patients to the intervention?

![Pie chart showing participation rate: 60% Participated, 40% Refused]
The Pilot Study

- Patient feedback about the need for the research was immediate:

- The study and discussion is absolutely applicable to those of us who have had heart/failure/surgery. Sexual activity is as important as breathing and a satisfactory healthy love life and sexual health is most applicable.
The Pilot Study

• The directness of the patient intervention in talking about sexual matters was well-received:

• *The presentation I think was well structured because it started off very general and then kind of opened up some of the more kind of salient points and it didn’t really shy away from too many things. That’s the way I kind of felt. That whoever had presented it had just said* ok listen we’re all grown up here, let’s not try to use too many euphemisms, let’s just get in here and call a dog a dog...
The Pilot Study

- One of the biggest benefits pointed out by patients was the realisation that they were not alone:

  - You could say ‘yeah part of that’s me, glad now it’s up there, I’m not the only one suffering this' … Believe it or not, it does take a weight off your shoulders because you know you are not the only one
The Pilot Study

• One the whole, patients just felt this was a normal and necessary part of rehab:

• Yes I do think it fits. *Because it’s just one other aspect of having a coronary event*. Now we’ve had a lecture of some sort after every exercise session. ... So it fits in with all the rest of them.
Facing the Taboos
Participants’ Experiences of a Sexual Counseling Intervention During Cardiac Rehabilitation

A Nested Qualitative Study Within the CHARMS Pilot Randomized Controlled Trial

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The CHARMS pilot study: a multi-method assessment of the feasibility of a sexual counselling implementation intervention in cardiac rehabilitation in Ireland

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