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Facing the Taboos: Sexual Activity and Cardiovascular Disease

EuroHeartCare 2018

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The CHARMS Study

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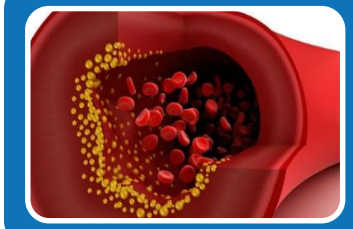
Molly's research has primarily been in developing health behaviour interventions (e.g. secondary prevention of heart disease; self-management of diabetes) within health care settings. She works with a number of multidisciplinary research teams, and is interested in the processes involved in developing 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.

HEALTH BEHAVIOUR CHANGE
RESEARCH GROUP

NUI Galway
OÉ Gaillimh

HRB Health Research Board

Sex and Cardiovascular Disease?



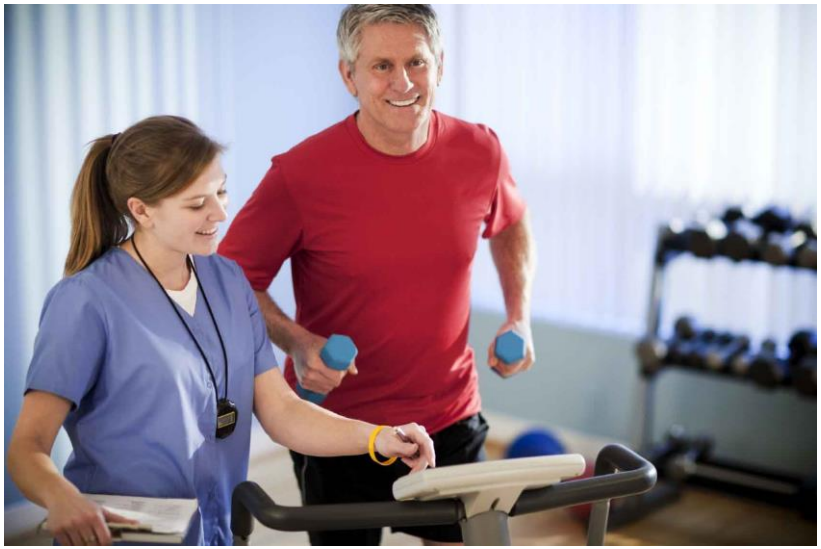
Physiological: generalised endothelial dysfunction

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

European Heart Journal
doi:10.1093/eurheartj/eht270

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)

Elaine E. Steinke, PhD, APRN, FAHA, Chair, Tiny Jaarsma, PhD, RN, FAHA, NFESC, Co-Chair, Susan A. Barnason, PhD, RN, APRN-CNS, CEN, CCRN, FAHA, Molly Byrne, BA, MSc, PhD, Sally Doherty, PhD, CPsychol, Cynthia M. Dougherty, PhD, ARNP, FAHA, Bengt Fridlund, PhD, RN, RNT, NFESC, Donald D. Kautz, PhD, RN, CRRN, CNE, Jan Mårtensson, PhD, RN, NFESC, Victoria Mosack, PhD, APRN, and Debra K. Moser, DNSc, RN, FAHA, on behalf of the Council on Cardiovascular and Stroke Nursing of the American Heart Association and the ESC Council on Cardiovascular Nursing and Allied Professions (CCNAP)

AHA and ESC Guidelines

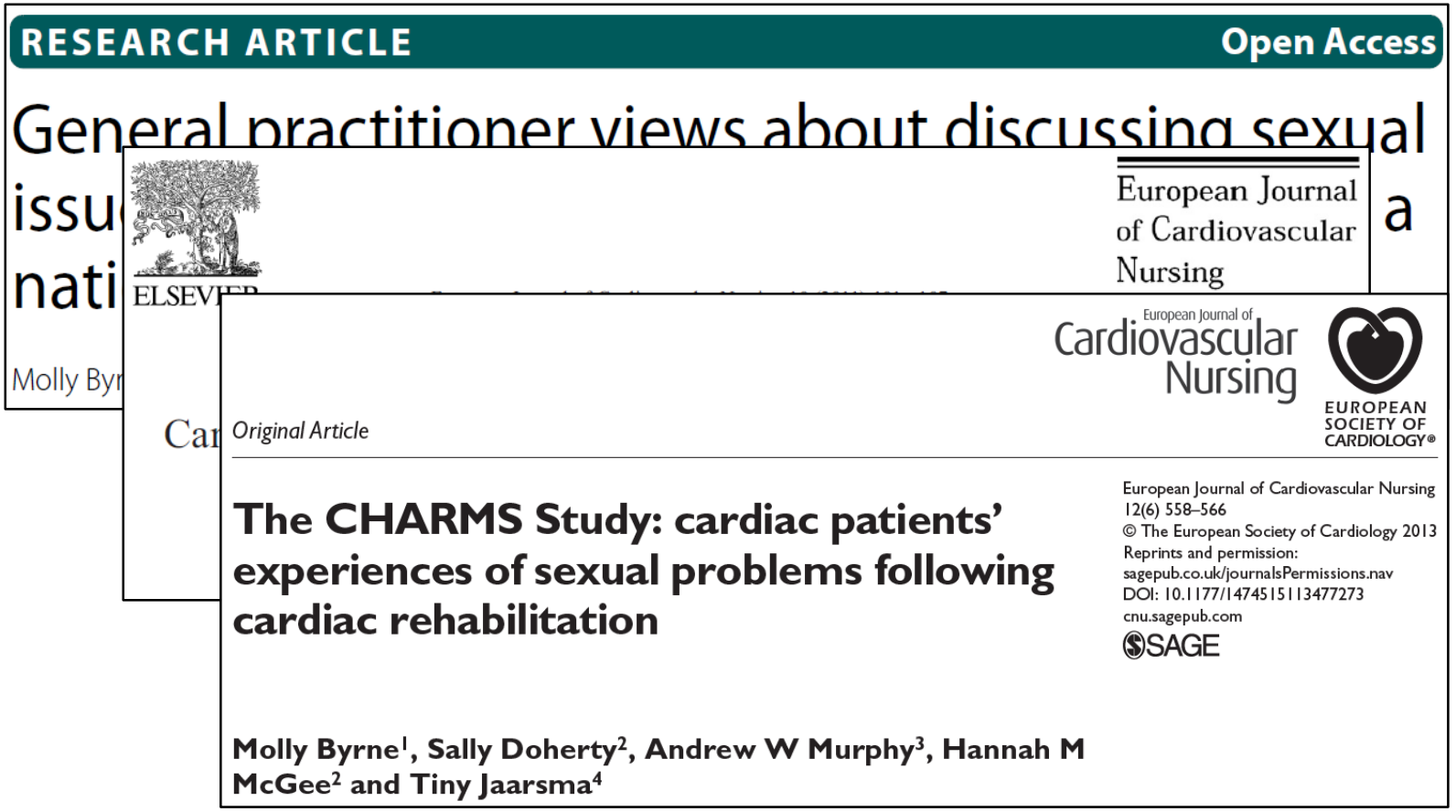
Sexual Counselling

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).

AHA and ESC Guidelines

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?



Does Sexual Counselling Happen?

- Sexual problems were common among patients attending cardiac rehabilitation

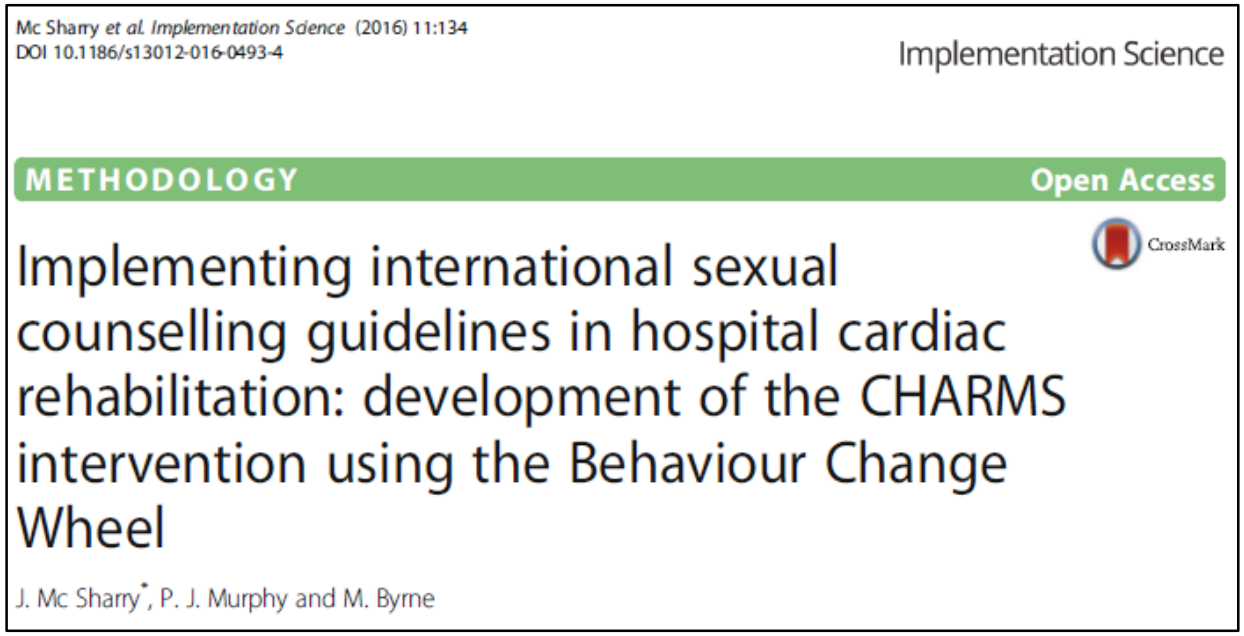
- For the majority of patients, discussion of sexual problems or concerns did not happen

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.



Mc Sharry *et al. Implementation Science* (2016) 11:134
DOI 10.1186/s13012-016-0493-4

Implementation Science

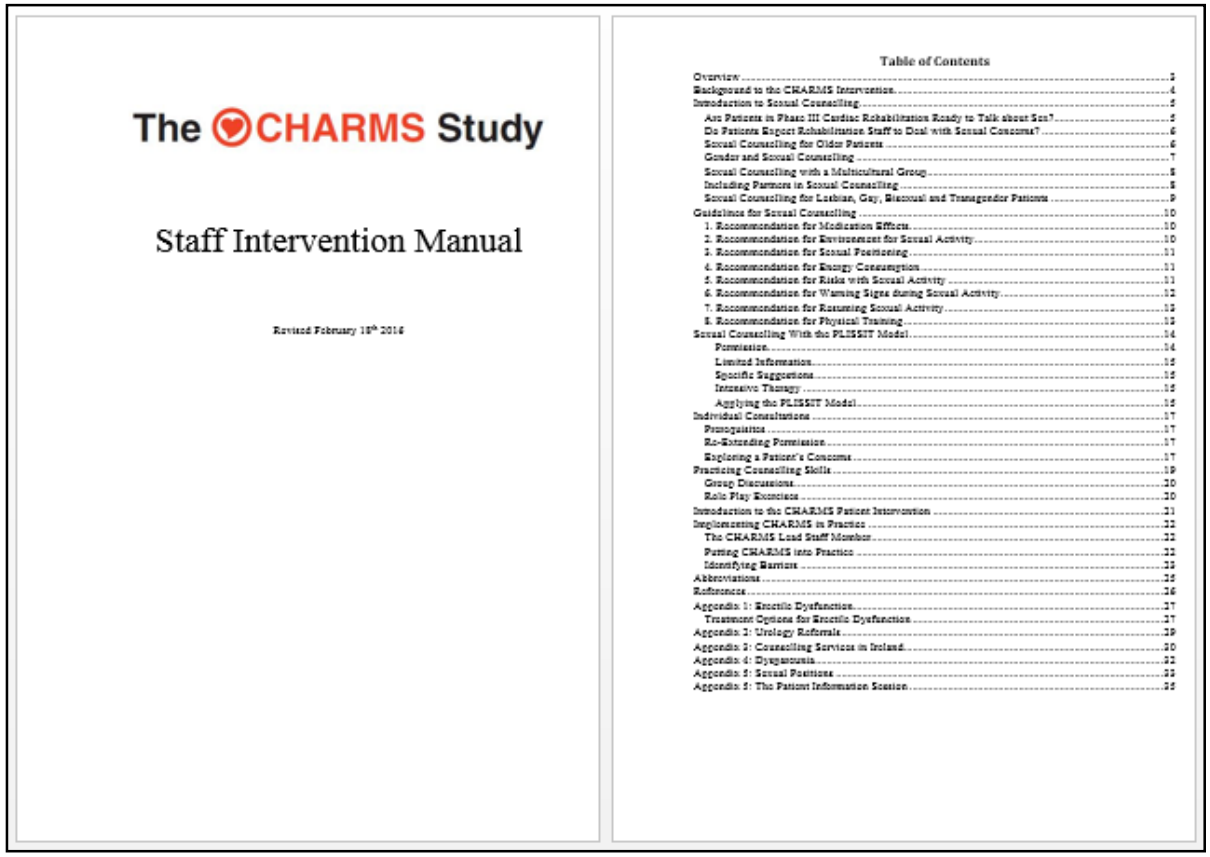
METHODOLOGY Open Access

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



The CHARMS Study

Staff Intervention Manual

Revised February 18th 2016

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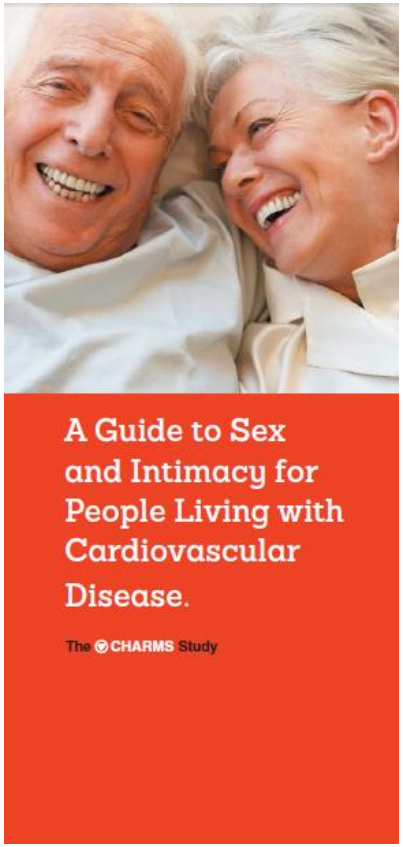
The CHARMS Intervention

2. The Patient Booklet



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 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.

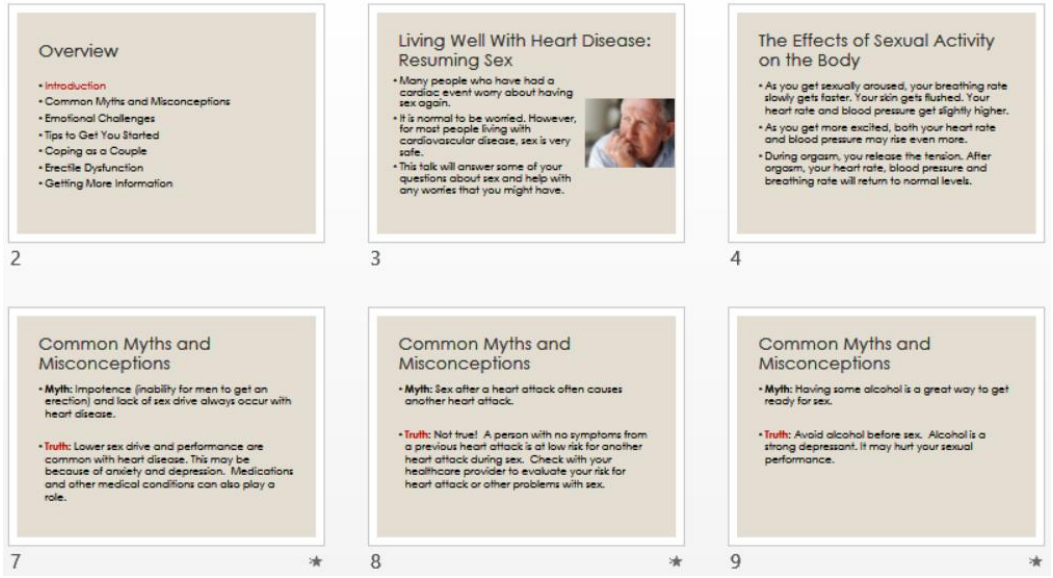
Here are some tips to help you to return to sexual activity:

- 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.

The CHARMS Intervention

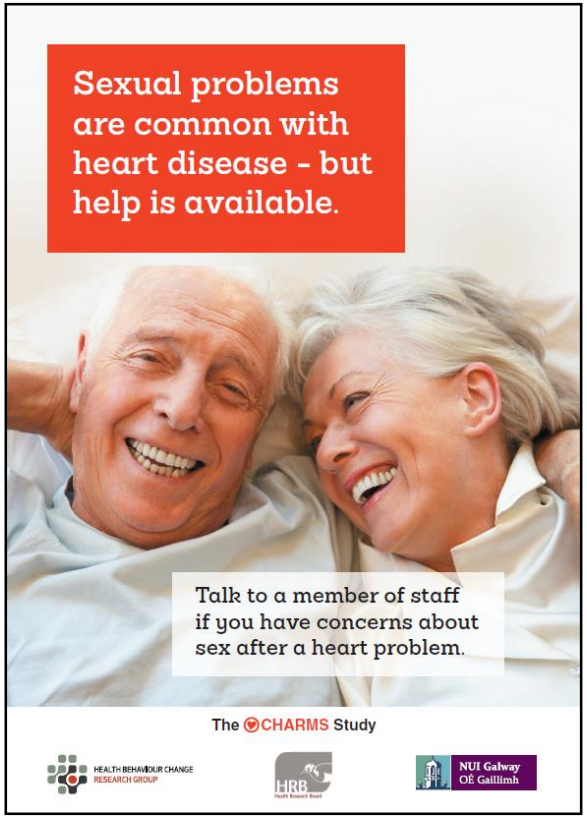
3. The Patient Intervention

- 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



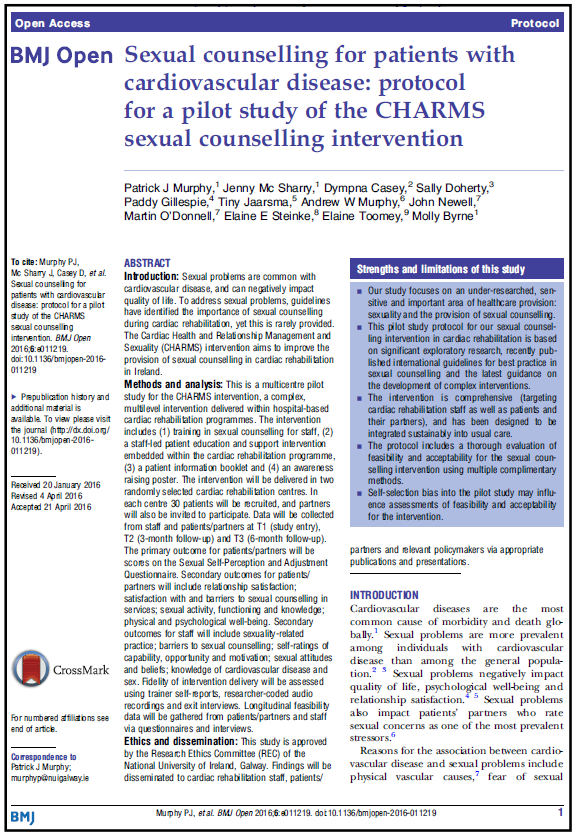
The CHARMS Intervention

4. The Awareness Raising Poster



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?



Open Access Protocol

BMJ Open

Sexual counselling for patients with cardiovascular disease: protocol for a pilot study of the CHARMS sexual counselling intervention

Patrick J Murphy,[1] Jenny Mc Sharry,[1] Dympna Casey,[2] Sally Doherty,[3] Paddy Gillespie,[4] Tiny Jaarsma,[5] Andrew W Murphy,[6] John Newell,[7] Martin O'Donnell,[7] Elaine E Steinke,[8] Elaine Toomey,[9] Molly Byrne[1]

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ABSTRACT

Introduction: Sexual problems are common with cardiovascular disease, and can negatively impact quality of life. To address sexual problems, guidelines have identified the importance of sexual counselling during cardiac rehabilitation, yet this is rarely provided. The Cardiac Health and Relationship Management and Sexuality (CHARMS) intervention aims to improve the provision of sexual counselling in cardiac rehabilitation in Ireland.

Methods and analysis: This is a multicentre pilot study for the CHARMS intervention, a complex, multilevel intervention delivered within hospital-based cardiac rehabilitation programmes. The intervention includes (1) training in sexual counselling for staff, (2) a staff-led patient education and support intervention embedded within the cardiac rehabilitation programme, (3) a patient information booklet and (4) an awareness raising poster. The intervention will be delivered in two randomly selected cardiac rehabilitation centres. In each centre 30 patients will be recruited, and partners will also be invited to participate. Data will be collected from staff and patients/partners at T1 (study entry), T2 (3-month follow-up) and T3 (6-month follow-up). The primary outcome for patients/partners will be scores on the Sexual Self-Perception and Adjustment Questionnaire. Secondary outcomes for patients/partners will include relationship satisfaction; satisfaction with and barriers to sexual counselling in services; sexual activity, functioning and knowledge; physical and psychological well-being. Secondary outcomes for staff will include sexuality-related practice; barriers to sexual counselling; self-ratings of capability, opportunity and motivation; sexual attitudes and beliefs; knowledge of cardiovascular disease and sex. Fidelity of intervention delivery will be assessed using trainer self-reports, researcher-coded audio recordings and exit interviews. Longitudinal feasibility data will be gathered from patients/partners and staff via questionnaires and interviews.

Ethics and dissemination: This study is approved by the Research Ethics Committee (REC) of the National University of Ireland, Galway. Findings will be disseminated to cardiac rehabilitation staff, patients/ partners and relevant policymakers via appropriate publications and presentations.

Strengths and limitations of this study

- Our study focuses on an under-researched, sensitive and important area of healthcare provision: sexuality and the provision of sexual counselling.
- This pilot study protocol for our sexual counselling intervention in cardiac rehabilitation is based on significant exploratory research, recently published international guidelines for best practice in sexual counselling and the latest guidance on the development of complex interventions.
- The intervention is comprehensive (targeting cardiac rehabilitation staff as well as patients and their partners), and has been designed to be integrated sustainably into usual care.
- The protocol includes a thorough evaluation of feasibility and acceptability for the sexual counselling intervention using multiple complimentary methods.
- Self-selection bias into the pilot study may influence assessments of feasibility and acceptability for the intervention.

INTRODUCTION

Cardiovascular diseases are the most common cause of morbidity and death globally.[1] Sexual problems are more prevalent among individuals with cardiovascular disease than among the general population.[2 3] Sexual problems negatively impact quality of life, psychological well-being and relationship satisfaction.[4 5] Sexual problems also impact patients' partners who rate sexual concerns as one of the most prevalent stressors.[6]

Reasons for the association between cardiovascular disease and sexual problems include physical vascular causes,[7] fear of sexual

The Pilot Study

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

ST. JAMES'S HOSPITAL

Galway University Hospitals

Ospidéil na h-Ollscoile Gaillimh

UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL

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.*

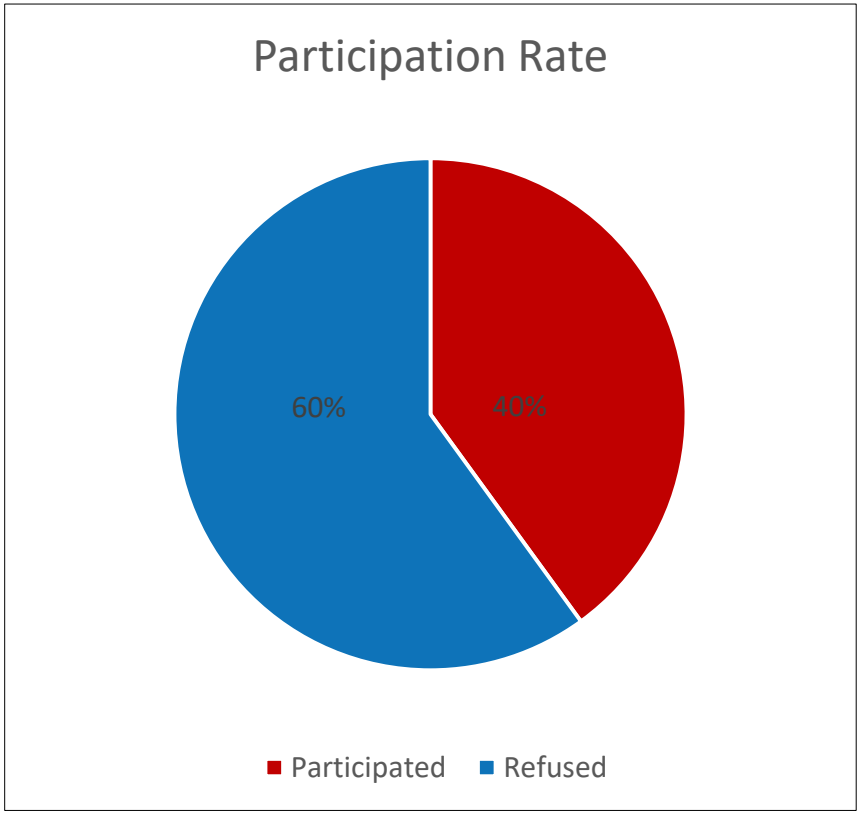
The Pilot Study

- 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?



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

The CHARMS Study

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OPEN

Participants' Experiences of a Sexual Counseling Intervention During Cardiac Rehabilitation

A Nested Qualitative Study Within the CHARMS Pilot Randomized Controlled Trial

Maureen D'Eath, MSc; Molly Byrne, PhD; Patrick Murphy, PhD; Tiny Jaarsma, PhD; Jenny McSharry, PhD; Andrew W. Murphy, MD; Sally Doherty, PhD; Chris Noone, PhD; Dympna Casey, PhD

The CHARMS Study

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Pilot and Feasibility Studies

RESEARCH Open Access

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

Patrick J. Murphy[1,2,12*], Chris Noone[1], Maureen D'Eath[1], Dympna Casey[3], Sally Doherty[4], Tiny Jaarsma[5], Andrew W. Murphy[6], Martin O'Donnell[7], Noeleen Fallon[8], Paddy Gillespie[9], Amirhossein Jalali[7,10], Jenny Mc Sharry[1], John Newell[7,10], Elaine Toomey[1], Elaine E. Steinke[11] and Molly Byrne[1]

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Thank You