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# **Cardiovascular disease and sexual wellbeing: Perceptions and experiences of healthcare professionals and patients**

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# Background

- Sexual health and wellbeing is a fundamental component of positive wellbeing
- Sexual adversity refers to any physical and/or psychological impairment
  - Sexual arousal disorders
  - Sexual desire disorders
  - Psychosocial issues

# Background

- CVD is a leading cause of mortality, hospital admissions and primary care visitation
- Up to 87% of individuals who experience CVD can experience sexual adversity
  - Medications
  - Micro vascular changes
  - Illness symptomology



(AIHW, 2012; Heart Foundation, 2014; Schwarz et al, 2008; Smith, 2007)

# Background

- Sexual adversity
  - Depression
  - Anxiety
  - Physical distress
  - Social disruptions
  - Self esteem
  - Intimate relationships
  - Performance issues
  - Psychological issues
  - Withdrawal
  - Self concept

(Al Khaja et al, 2003; Kaya et al, 2007; Smith, 2007)

# Background

- Despite national and international recommendations, sexual health care is neglected
  - Lack of knowledge
  - Confidence
  - Perceptions
  - Stereotypes



(Doherty et al, 2011; East et al, 2013; Johnson, 2009; Steinke, 2013)

# Aims

Explore the experiences and perceptions of healthcare professionals and individuals who have been diagnosed with CVD regarding the provision of sexual healthcare

# Methods

- Ethics approval
- Convenience sampling method
- Qualitative interviews
- Thematic data analysis

# Participants demographics

<b>Participant</b>	<b>Patients</b>	<b>HCPs</b>
No. Participants	13	9
Age	30-77 (60.84)	NA
Diagnosis	CAD, HT, MI	NA
Age of diagnosis	25-67 (48.84)	NA
Gender	Male (n=12) Female (n=1)	Male (n=2) Female (n=7)
Qualifications/Experience	Apprenticeship - PG	Cardiac – 5 Cardiac & SH - 4
Co-morbidities	0–6 (2.3)	NA
Medications	1–12 (5.76)	NA

# Findings

- HCPs perceptions of sexual health and adversity
- Sexual healthcare – not a priority
- Patients expectations
- Self reliance and provision of information
- Experiences of adversity

# HCPs perceptions of SH and adversity

*So sexual health ... is about not necessarily the absence of disease, but about a sort of positive side of things with regards to being free of disease, but also being free and able to choose one's partner, enjoy positive sexual health ... free from coercion and violence ... (HCP 9)*

# HCPs perceptions of SH and adversity

*So those who are married, sexual intercourse, it's not so much of a body image issue ... it's more about the actual if they're married. It seems to be more of an issue with men they're more concerned about it than females*  
(HCP2)

# HCPs perceptions of SH and adversity

*... chest pain related to sexual activity and erectile dysfunction, those would be the two biggest ones (HCP7)*

*Such as erectile dysfunction. Or a delayed or non-existent ejaculation. They actually can't achieve ejaculation (HCP1)*

*... and surgical patients it's a physical strain on the sternum that can be a concern for them (HCP6)*

*... perhaps decreased exercise tolerance. ... Ability to participate, to perform (HCP4)*

# Sexual healthcare – not a priority

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*I don't know if it's cultural, I don't know if it's a factor within that individual nurse ... So when you have clinicians who believe or have the perception that sex is dirty ... they will be reluctant to have those conversations (HCP7)*

*So instead of seeing the person as an integrative whole - his heart is the most important thing (HCP1)*

# Sexual healthcare – not a priority

*So living with it [CVD] ... So I think that that's probably another one that patients would be more concerned about it (HCP2)*

*Being young, people who are older don't feel comfortable talking about their sexual health to you ... [but] there are farmers who, once they are comfortable they would be able to broach that topic quite easily (HCP5)*

# Patients expectations

*Yes, abso-bloody-lutely. What's the saying about - the one who does the paying does the saying? I'm paying them but I'm paying them for their knowledge (pt 12)*

*Absolutely. It's important. It's a duty of disclosure ... It's not up to you to find out ... I have a fear, and I don't know where it came from, that a lot of guys once they've had a heart attack are afraid to have sex in case they can't get on the job (pt 9)*

# Self-reliance and provision of information

*Not related to it, no. ... they gave me advice on what I should do with my heart and how I should look after it.*

*... Pretty piss poor at the time. I was pretty unimpressed. ... They didn't tell me about the side effects, but they gave me the literature, so I assumed they wanted me to read it, but of course I didn't.*

*Because I'm not a very good reader (Pt 4)*

# Self-reliance and provision of information

*It's only been recently when I had a change of medication ... that it was finally someone said to me, this could actually have some effect on your sexual function. .. they spoke about the fact that the medication can tend to make people quite tired ... (pt 2)*

# Self-reliance and provision of information

- *I've got to get it fixed. Absolutely, yeah. I was shocked at his response though. He said oh shit. He said are you worried about it? When the doctor said does it worry you? Hello, where are you? ... maybe a lot of the guys he's seen have said they don't care. Well not this little black duck. ... I was gobsmacked when he said are you worried about it? Well hello like my leg is hanging off and I'm bleeding everywhere. Well are you worried about it? It's the same thing. Yeah. It's only a flesh wound. Gees. (pt 9)*

# Self-reliance and provision of information

*I said things are falling apart, can I take Viagra? He says, yeah, there's no problem with that, and gave me the script. Well, whenever I've asked about the side effects of tablets, he always just says all tablets have side effects. I think that's how they cover themselves. (Pt 3)*

# Experiences of adversity

*Because I was really worried. It's really scary because you don't want to fail. Oh Jesus what will happen if I lose it? (pt 9)*

*The mental activity was still there. You've got the mental activity but you've got no physical... I struggled a bit psychologically ... psychologically it bothered me (pt 10)*

*Unless you can find a way around it, you just let it happen (pt 11)*

# Summary

- Conversations were hindered by HCPs perceptions
- Sexual health remains a taboo topic
- HCPs underestimate the importance of sexual wellbeing
- Sexual health is an integral component of holistic care yet neglected

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