



# Sex for Heart Patients

By James V. Talano, MD, MM FACC  
The Southwest Institute for Cardiovascular Fitness & Treatment

**S**exual activity is a major quality of life issue for men and women with cardiovascular disease and their partners. Unfortunately, for one reason or another, discussions about sexual activity rarely take place between patient and doctor. Sexual activity is a natural part of our lives and just because you have cardiovascular disease does not mean you should not participate in such activities.

The below recommendations have been outlined by the American Heart Association for sexually active cardiovascular patients:

- ✓ After a diagnosis of cardiovascular disease, it is suggested that patients be evaluated by their physician or healthcare provider before resuming sexual activity.
- ✓ Cardiac rehabilitation and regular physical activity can reduce the risk of cardiovascular complications related to sexual activity in people who have had heart failure or a heart attack.
- ✓ Women with cardiovascular disease should be counseled on the safety and advisability of contraceptive methods and pregnancy based on their patient profile.

- ✓ Patients with severe heart disease who have symptoms with minimal activity or while at rest should not be sexually active until their cardiovascular disease symptoms are stabilized with appropriate treatment.
- ✓ Patients should be assessed to see if their sexual dysfunction is related to underlying vascular or cardiac disease, anxiety, depression or other factors.
- ✓ Drugs that can improve cardiovascular symptoms or survival should not be withheld due to concerns that such drugs may impact sexual function.
- ✓ Drugs to treat erectile dysfunction are generally safe for men who have stable cardiovascular disease. These drugs should not be used in patients receiving nitrate therapy for chest pains due to coronary artery disease (blockages in the arteries that supply the heart with blood), and nitrates should not be administered to patients within 24-48 hours of using an erectile dysfunction drug (depending on the drug used).
- ✓ It is reasonable for post-menopausal women with cardiovascular disease to use estrogen that's topically or vaginally inserted for the treatment of painful intercourse.

Decreased sexual activity and function - common in men and women with cardiovascular diseases - is often related to anxiety and depression. Unless the condition is not stable, sexual activity does not have to be postponed simply because of an existing cardiovascular disease. The absolute rate of cardiovascular events during sexual activity, such as heart attacks or chest pain caused by heart disease, is miniscule because sexual activity is usually for a short time.

If you are still uncertain about continuing or starting sexual activity please seek advice from your cardiologist or primary care physician. If you have been properly evaluated and your condition is stable, it is highly likely that there is no reason for you to suppress your natural sexual desires.

*Source: American Heart Association*



239-261-2000  
[www.swicft.org](http://www.swicft.org)