Sexual Counseling 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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The intent of this consensus statement is to synthesize and summarize current evidence related to sexual counseling in CVD and to provide direction to physicians, nurses, and other healthcare professionals in the practice of sexual counseling. In writing these guidelines, the writing group applied the rules of evidence and the formulation of strength of recommendations used by other writing groups of the American Heart Association

Summary and Future Considerations
Both physical and psychological concerns of cardiac patients and their partners can be addressed through sexual counseling by healthcare professionals, with only a few patients needing referral and more intensive follow-up by a specially trained sex counselor. It is important that providers assess sexual problems and concerns in a timely manner and address any issues through sexual counseling and medical management where indicated. All cardiac patients should be assessed, regardless of age or gender, because those who do not have sexual concerns or require sexual counseling will generally readily admit this to the provider, thus allowing the provider to focus on those patients/partners for whom sexual concerns are apparent.

The research evidence illustrates that sexual counseling is not uniformly practiced; therefore, future studies should focus on better understanding the physical and psychosexual concerns of patients and their partners. Specifically, studies that further the body of knowledge on psychological issues related to sexual activity and sexual concerns are important. Furthermore, it is important to gather more evidence on the content of information that should be provided to patients and partners. Clinical trials that test sexual counseling interventions are particularly needed, keeping in mind that time-efficient interventions are key for adoption in practice. Studies with larger sample sizes and the report of effect sizes to better understand the magnitude of the intervention are important considerations. In addition, studies of the validated, standardized instruments used in various cardiac and stroke populations are needed to further knowledge about sexual concerns and counseling. Open-ended questions are particularly useful in understanding the nature of individual patient and partner concerns, to appropriately inform sexual
counseling, therapy, or treatment. Sexual satisfaction, sexual knowledge, and measures specific to sexual anxiety and depression have shown some promise in understanding sexual concerns, although further validation of prior study results is needed. Longitudinal studies are particularly needed, because some patients and partners report continuing sexual problems for 6 to 12 months or longer after a cardiac event, and others might report changes throughout the disease trajectory.

In addition to studies with patients, studies that develop and evaluate educational and counseling interventions with healthcare professionals and those with positive and useful outcomes could lead to more widespread education and use of sexual counseling in practice. The barriers to sexual counseling as noted in the present document must be addressed in the development of successful sexual counseling interventions. Greater attention to the inclusion of sexual counseling content in healthcare providers’ educational programs would also facilitate greater adoption of sexual counseling in practice. All members of the healthcare team must be prepared to address sexual issues, whether responding in relation to drug interactions as a pharmacist, to the physical risks of sexual activity as the physical therapist, or in a discussion of when and how to resume sexual activity as the physician or nurse. Therefore, future research must focus on patients and their partners, as well as healthcare professionals, to both understand sexual concerns and to develop strategies to ensure that sexual counseling is a part of routine practice.