

Sexual function problems prevalent among younger adults after heart attack, more common among women

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Among men and women 18 to 55 years of age, more than half of women and just under half of men had sexual function problems in the year after a heart attack, according to a study published online by *JAMA Cardiology*. Despite a high prevalence of sexual function problems, few study participants reported having any conversation with a physician about resuming sex after a heart attack.

Nearly 20 percent of acute myocardial infarctions (AMIs; heart attacks) occur among people 18 to 55 years of age, one-third of whom are women. Most younger adults who experience an AMI are sexually active before the AMI, but little is known about [sexual activity](#) or [sexual function](#) after the event. Stacy Tessler Lindau, M.D., M.A.P.P., of the University of Chicago, and colleagues analyzed data from the Variation in Recovery: Role of Gender on Outcomes of Young AMI Patients (VIRGO) study, a multicenter study of U.S. and Spanish patients (age 18 to 55 years) designed to investigate differences between women and [men](#) in trajectories of functional recovery, including sexual activity and function, in the year after an AMI. Data from VIRGO were assessed at study entry (baseline), 1 month and 1 year. Participants were from U.S. (n = 103) and Spanish (n = 24) hospitals.

Of the 2,802 patients included in the analysis, 1,889 were women (67 percent); median age was 49 years. At all time points, 40 percent of women and 55 percent of men were sexually active. Among people who

were active at baseline, men were more likely than women to have resumed sexual activity by 1 month (64 percent vs 55 percent) and by 1 year (94 percent vs 91 percent) after AMI. Among people who were sexually active before and after AMI, women were less likely than men to report no sexual function problems in the year after the event (40 percent vs 55 percent). In addition, more women than men (42 percent vs 31 percent) with no baseline sexual problems developed 1 or more incident problems in the year after the AMI.

At 1 year, the most prevalent sexual problems were lack of interest (40 percent) and trouble lubricating (22 percent) among women and erectile difficulties (22 percent) and lack of interest (19 percent) among men. Those who had not communicated with a physician about sex in the first month after AMI were more likely to delay resuming sex. In both countries, women were less likely to receive counseling about resuming sex at any time in the year after AMI (27 percent vs 41 percent for men). Higher stress levels and having diabetes were significant indicators of the probability of loss of sexual activity in the year after the AMI.

"Patients want to know what level of sexual function to expect during recovery from AMI. Our findings can be used to expand counseling and care guidelines to include recommendations for advising patients on what to expect in terms of post-AMI sexual activity and function. Attention to modifiable risk factors and improved physician counseling may be important levers for improving sexual function outcomes for young [women](#) and men after AMI," the authors write.

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