

EPIDEMIOLOGY & RISK FACTORS

## Association Between Sexual Problems and Relationship Satisfaction Among People With Cardiovascular Disease



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### ABSTRACT

**Background:** Relationship satisfaction is generally positively correlated with sexual satisfaction, but this relation has been poorly examined in people with cardiovascular disease who are at increased risk of sexual problems compared with the general population.

**Aim:** To document reported changes to sex after a diagnosis of cardiac disease and determine whether there is an association between sexual function and relationship satisfaction.

**Methods:** Semistructured telephone interviews focused on relationship satisfaction and sexual problems were conducted with 201 people with cardiovascular disease who were currently in a sexual relationship with one main partner and were recruited from six hospital cardiac rehabilitation centers in Ireland. Comparisons between groups were conducted using t-tests and multivariate analysis of variance for continuous variables and  $\chi^2$  tests for categorical variables. Predictors of relationship satisfaction were assessed using multiple linear regression analysis.

**Outcomes:** Data were gathered on demographic and clinical variables, sexual problems, and relationship satisfaction, including satisfaction with the physical, emotional, affection, and communication aspects of relationships.

**Results:** Just less than one third of participants ( $n = 61, 30.3\%$ ) reported that sex had changed for the worse since their cardiac event or diagnosis, with approximately half of these stating that this was a serious problem for them. Satisfaction with relationships was high among patients surveyed; more than 70% of the sample reported being very or extremely satisfied with the physical and emotional aspects and showing affection during sex. Satisfaction with communication about sex was lower, with only 58% reporting being very or extremely satisfied. We did not find significant associations between reporting of sexual problems or deterioration of sex as a result of disease and relationship satisfaction.

**Clinical Implications:** Cardiac rehabilitation programs should address these sexual problems, potentially by enhancing communication within couples about sex.

**Strengths and Limitations:** The strength is that data are presented on the sexual experiences and relationship satisfaction of a relatively large sample of people diagnosed with cardiac disease, a relatively underexplored research area. Limitations include the possibility of selection bias of study participants and bias associated with self-report measurement.

**Conclusions:** Sexual problems were significant in this population but were not related to relationship satisfaction in this cross-sectional survey. **Byrne M, Murphy P, D'Eath M, et al. Association Between Sexual Problems and Relationship Satisfaction Among People With Cardiovascular Disease. J Sex Med 2017;14:666–674.**

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**Key Words:** Cardiovascular Diseases; Sexual Dysfunction; Cardiac Rehabilitation; Relationship Satisfaction; Cardiac Rehabilitation

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### INTRODUCTION

It is commonly believed that the quality of a couple's relationship and the quality of their sex life are linked.<sup>1</sup> However, the verity of this association is a matter of debate.<sup>2,3</sup>

Communication within couples appears to be important to sexual and relationship satisfaction. In a study of 387 couples, communication and sexual satisfaction independently predicted marital satisfaction.<sup>4</sup> An interesting significant interaction

between communication and sexual satisfaction was observed in this study: if couples were successful at communicating constructively, then sexual satisfaction failed to contribute to marital satisfaction. Couples who reported difficulty with communication, but who were sexually satisfied, reported greater marital satisfaction than those with a less satisfying sexual relationship. Thus, the investigators concluded that sexual satisfaction might compensate in part for the negative effects of poor communication on marital satisfaction. Equally, good communication could lessen the impact of sexual dissatisfaction on marital satisfaction. Effective sexual communication has been found to be important to sexual relationship satisfaction.<sup>5</sup> Couples who maintain a high quality of communication about sex are more likely to have a satisfying sexual relationship.<sup>3</sup>

Byers<sup>3</sup> suggested that, although there appears to be some evidence for the link between greater relationship satisfaction and greater sexual satisfaction, assumptions about this association have been too simplistic to date. She suggested that the nature of the relation between these two variables varies according to different factors, including situational and context factors in which the relationship exists.

One such factor could be the presence of a chronic illness. Sexuality and sexual function are often affected in individuals living with chronic illness and their partners, and multiple comorbidities increase the likelihood of sexual dysfunction.<sup>6</sup> Social support and strong intimate relationships are important predictors of outcomes for patients with chronic illness and marital quality has been shown to predict patient mortality.<sup>7</sup>

For example, people with cardiovascular disease (CVD) are more likely to report sexual problems than individuals without disease.<sup>8–11</sup> For example, prevalence rates for sexual problems among Irish sexually active men with CVD were 47% and those for women were 37%,<sup>8</sup> nearly double the rates for an age-matched general population sample,<sup>12</sup> in line with findings from other countries.<sup>13</sup> Reasons for the association between sexual problems and CVD include physical vascular causes,<sup>14</sup> fear of sexual activity provoking cardiac symptoms or a cardiac event,<sup>15</sup> patient and partner relationship changes after a cardiac event,<sup>16</sup> and associations with psychological problems such as depression and the burden of being diagnosed with a chronic illness.<sup>17</sup>

Sexual problems can affect a range of aspects of people's lives. They have been associated with lower levels of quality of life and higher levels of anxiety and depression<sup>8,17</sup> in people with cardiac disease. Sexual problems also affect cardiac patients' partners who rate sexual concerns as one of the most prevalent stressors.<sup>18</sup>

The association between sexual problems and relationship quality among people with CVD has been relatively under-researched. In a previous study, people with cardiac disease who reported sexual problems reported significantly lower partnership satisfaction (more quarreling, less tenderness, less communication, and significantly lower quality of partnership overall) compared with people without sexual problems.<sup>19</sup> In

another study of people with cardiac disease, researchers reported "a mild to moderate association between sexual relation and marital quality" among the study sample.<sup>2</sup> They reported that different patterns were observed based on sex, education level, and marital distress level and concluded that the association between sexual function and marital relationship quality in cardiac patients requires further investigation.

Therefore, this study aimed to answer the following research questions for a sample of cardiac patients who reported being in a relationship with one main partner:

1. Do people report changes to their experience of sex after a diagnosis of heart disease?
2. In what ways do patients perceive their heart disease affects their sex life?
3. How satisfied are cardiac patients with their relationships (on the following dimensions: physical, emotional, affection, and communication about sex)?
4. Is there an association between the impact of a cardiac event on sex and relationship satisfaction (physical, emotional, affection, and communication about sex)? Is this relation different for men and women? Does this relation differ depending on age?
5. Is there an association between sexual function problems (after diagnosis or coronary event) and satisfaction with relationships among patients with CVD (physical, emotional, affection, and communication about sex)? Is this relation different for men and women? Does this relation differ depending on age?

## METHODS

### Design

A cross-sectional telephone survey of people with coronary heart disease who attended cardiac rehabilitation services in the Republic of Ireland was conducted from June 2010 through August 2011. Ethical approval for the study was obtained from the research ethics committee of the National University of Ireland, Galway and from each participating hospital. For a more detailed description of the method for this study, see Byrne et al.<sup>8</sup>

### Participant Recruitment and Procedure

Participants were recruited from six hospital-based cardiac rehabilitation units in the Republic of Ireland. Participants were included in the survey if they were older than 18 years and had attended cardiac rehabilitation services within the 2 months before data collection. Only participants who reported that they were in a sexual relationship with one main partner at the time of data collection were included in the present analysis. All patients without a record of death who met the inclusion criteria within participating centers were mailed a letter of invitation to participate. If they did not opt out of the study by return of a prepaid card, then they were contacted by phone by a researcher within 2 to 4 weeks. The researcher addressed any questions and verbal

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