

## “Doctor, I have heart disease. Is it still okay for me to have sex?”

Those who are one to two weeks after an uncomplicated heart attack may engage in sexual activity if the patient is without cardiac symptoms (ex: chest pain, palpitations) during mild to moderate physical activity (e.g. golfing, power walking). Those who have mild to moderate valvular heart disease and no or mild symptoms may engage in sexual activity. However, those who have severe or significantly symptomatic valvular disease should not participate until their condition has stabilized or is optimally managed. Those with pacemakers or ICDs (implanted for primary prevention and assuming multiple shocks have not been received) should be allowed to participate. Those with atrial fibrillation or flutter may engage as long as well-controlled rates have been achieved. If in doubt, it is always wise to consult your doctor.

### Safe Sex Practices

Sexually active individuals 65 years or older are at risk for sexually transmitted infections (STIs). Common infections include chlamydia, gonorrhea, syphilis, and HIV. These may cause genital itching, pain, discharge, odor, ulcers, or bumps to appear. To prevent STIs, always follow safe sex practices by wearing a condom during intercourse. Please see your doctor if you notice any of these symptoms.

#### References:

Levine GN, Steinke EE, Bakaeen FG, et al. Sexual activity and cardiovascular disease: a scientific statement from the American Heart Association. *Circulation* 2012; 125:1058.

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2014. Department of Health and Human Services, Atlanta, GA 2015. for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2014. Department of Health and Human Services, Atlanta, GA 2015.

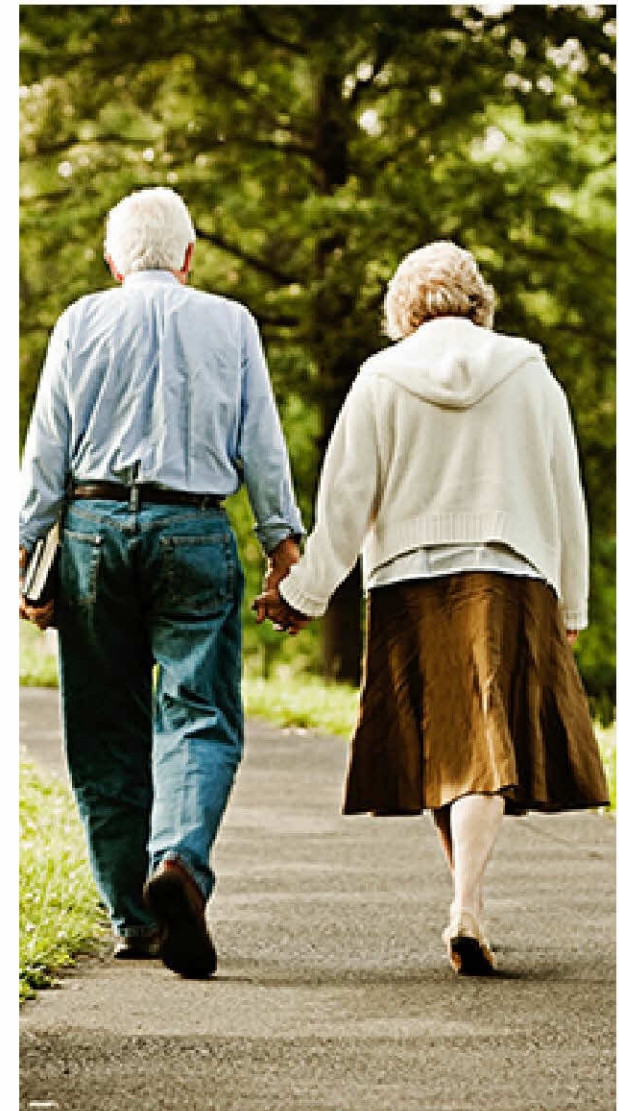
## Medications for Male Sexual Arousal and Erectile Dysfunction

Four drugs are currently first-line treatment for Erectile Dysfunction (ED): Sildenafil, Vardenafil, Tadalafil, and Avanafil. These drugs work well, but can cause prolonged erection, headache, and changes in vision, among others. They can also have serious interactions with other medications including isosorbide mononitrate, nitroglycerin, warfarin, enoxaparin, and certain blood pressure and prostate medications. Trazodone is sometimes used as second-line treatment, and Testosterone has helped certain individuals as well. Medicinal injections and mechanical devices are also available as well. Each of these options should be first discussed with your doctor. Though these medical treatments exist, it is important to remember that certain lifestyle changes such as diet, exercise, and smoking cessation can help improve arousal and ED.



## “Sleepless on Cialis®”

### A Brief Guide on Sexual Health for the Elderly



## Improving Health to Improve Sexual Desire

Interest, desire, and arousal are all factors that can be affected by both medical and psychological issues.

Any medical illness that impairs the blood supply or nervous innervation of genital tissue can potentially serve as a primary cause of sexual dysfunction. Two of the more common causes are diabetic neuropathy, and peripheral vascular disease, both of which can impair sexual arousal. In addition to specific diseases that affect the nervous or cardiovascular systems, a host of medical illnesses can lower one's sexual interests. For example, a person with poorly-controlled COPD can become short of breath during intercourse causing them to become less aroused.

Similarly, sexual dysfunction in late life is often associated with psychiatric illness, particularly mood and anxiety disorders in which loss of libido is a frequent symptom. At baseline, 40 to 50 percent of individuals suffering from depression experience loss of sexual desire as a primary symptom. No matter the medical or psychiatric cause of one's impairment in achieving sexual desire and arousal, talking with your doctor to address and treat these



All the current medications used to treat female sexual dysfunction tend to have multiple side effects and have limited effectiveness. It is recommended that non-pharmacological approaches (counseling, life-style changes, lubricants) be used before resorting to a medication. Hormone therapy (such as testosterone and estrogen) can be used, but risks of testosterone therapy include possible heart disease and increased clotting, while long-term oral estrogen use can increase heart disease, uterine cancer, and breast cancer. The drug **Flibanserin** is currently the only FDA approved drug for the treatment of female sexual dysfunction. Flibanserin works by altering the levels of neurochemicals in the brain and has been shown to result in a modest increase in sexual desire. Bupropion is an anti-depressant which has also been shown to increase sexual desire.

## Sexual Health in Elderly Women

Post-menopausal women are often faced with sexual discomfort due to decreased hormones in the body. A common problem women have is vaginal dryness that results in painful intercourse. Here are some over the counter treatments that will help to alleviate vaginal dryness:

- Water or silicone-based vaginal lubricants (for temporary relief of vaginal dryness before and during sex)
- Vaginal moisturizers (for long-term relief of vaginal dryness)

A wide array of these treatments can be found over the counter at your local pharmacy or retailer. If these treatments do not work for you, talk to your healthcare provider about low-dose vaginal estrogen cream. This prescription cream can reverse the thinning of the vaginal tissue to help prevent dryness, painful intercourse, and decreased arousal.

