Top Ten Things To Know
Sexual Counseling for Individuals with CVD and Their Partners

1. Sexual counseling should be tailored to the individual needs and concerns of patients with cardiovascular disease and their partners/spouses.

2. Healthcare professionals working with patients with cardiovascular disease may need education and training in sexual assessment, communication techniques, and sexual counseling.

3. Structured strategies such as use of the strategies or stages of Giving Permission – Limited Information – Specific Suggestions – and Intensive Therapy (PLISSIT) model and assessment tools can be useful in assessing psychosexual concerns of patients with cardiovascular disease.

4. Patients with cardiovascular disease and their partners may want to discuss sexual issues and their associated psychological concerns.

5. Psychological factors including fear, anxiety, and depression can adversely influence participation in sexual activities in patients with cardiovascular disease.

6. Sexual counseling interventions with patients with cardiovascular disease can improve the frequency of sexual intimacy and quality of sexual functioning, and should be offered regardless of age, gender, culture, or sexual orientation, using a team approach when possible.

7. Cognitive-behavioral techniques, patient education, and therapeutic communication strategies have been used successfully in sexual counseling with cardiac patients.

8. Sexual counseling content appropriate for all patients with cardiovascular disease includes a review of medications and potential effects on sexual function, any risk related to sexual activity, the role of regular exercise in supporting intimacy, use of a comfortable familiar setting to minimize any stress with sexual activity, use of sexual activities requiring less energy expenditure as a bridge to sexual intercourse, avoiding anal sex, and reporting warning signs experienced with sexual activity.

9. Specific recommendations by cardiovascular diagnosis should be incorporated into sexual counseling, for example fear of ICD discharge with sexual activity, or appropriate sexual activities in heart failure patients with a reduced exercise capacity.

10. Randomized controlled trials using a specific sexual counseling intervention with patients with cardiovascular disease and their partners would be useful in determining efficacy in reducing the incidence or severity of specific physical and psychological variables.


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