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**Author:** Nicolai, Melianthe Pherenikè Jeannette  
**Title:** Omissions in care for sexual health in cardiology and gastroenterology: perspectives of physicians and patients  
**Issue Date:** 2014-11-27
Part III

SUMMARIES, DISCUSSION AND RECOMMENDATIONS
SUMMARY
PART I  CARDIOLOGY & CARE FOR SEXUAL HEALTH

The cardiologist

Chapter 2
Discussing sexual function in the cardiology practice

Background: In patients with cardiovascular disease, sexual dysfunction is frequently encountered. Erectile dysfunction shares the same modifiable risk factors as coronary artery disease and the fear of triggering cardiovascular events can create stress and anxiety impacting the sexual lives of patients and their partners. To optimize health care, knowledge of cardiologists’ attitude and practice patterns regarding the discussion about sexual function is essential.

Methods: A 31-itemed anonymous questionnaire was mailed to 980 members of the Netherlands Society of Cardiology (cardiologists and residents in cardiology training). The questionnaire addressed awareness, knowledge and practice patterns about sexual dysfunction in cardiac patients.

Results: 53.9% of the cardiologists responded. Sixteen percent stated to discuss sexual function regularly. In the past year, an estimated mean of 2% of patients was referred for help with a sexual problem. The majority (70%) of cardiologists advised patients never or seldom about resuming sexual activity after myocardial infarction. PDE5-inhibitor use was assessed by 19.4% of the cardiologists. Important reasons for not discussing sexual function were lack of initiative of the patient (54%), time constraints (43%) and lack of training on dealing with SD (35%). 63% of the cardiologists stated they would be helped with a directory of sexual health care professionals where they can refer patients to.

Conclusion: Sexuality is not routinely discussed in the cardiology practice. Explanations for the lack of attention towards sexual matters are ambiguities about responsibility and a lack of time, training and experience regarding the communication and treatment of sexual dysfunction.

Chapter 3
What do cardiologists know about the effects of cardiovascular drugs on sexual function?

Background: Several cardiovascular agents, such as diuretics and β-blockers, can negatively affect sexual function, leading to noncompliance with therapy. Others such as angiotensin II receptor blockers (ARBs) can improve patients’ sexual function (SF). For this chapter we aimed to gain insight into cardiologists’ knowledge about the effects of cardiovascular drugs on SF and whether they take this knowledge into account when prescribing drugs.
Methods: An anonymous questionnaire was mailed to 980 members of the Netherlands Society of Cardiologists (cardiologists and residents in training).

Results: Almost 54% of Dutch cardiologists responded; 414 questionnaires were analysed. 45% of cardiologists was aware diuretics can negatively affect sexual function, 93.1% knew about the negative effects β-blockers can have, but only 9.2% was aware ARBs can have positive effects on sexual health. Almost half of respondents (48.2%) stated to change medication regularly in attempt to improve sexual function. Experienced cardiologists said to do this significantly more often than less experienced ones.

Conclusion: Cardiologists’ knowledge about the effects of cardiovascular drugs on sexual health appears to be insufficient. Sexual dysfunction is not routinely taken into account when cardiologists prescribe drugs.

Chapter 4

A review of the positive and negative effects of cardiovascular drugs on sexual function:

A proposed table for use in clinical practice

Several antihypertensive drugs, such as diuretics and β-blockers, can negatively affect sexual function, leading to diminished quality of life and often to noncompliance with the therapy. Other drug classes, however, such as angiotensin II receptor blockers (ARBs) are able to improve patients’ sexual function. Sufficient knowledge about effects of these widely used antihypertensive drugs will make it possible for cardiologists and general practitioners to preserve and even improve patients’ sexual health by switching to different classes of cardiac medication. Nevertheless, previous data (chapter 2) indicate that most cardiologists lack the knowledge about the effects cardiovascular agents can have on sexual function and will thus not be able to provide the necessary holistic patient care with regard to prescribing these drugs.

To be able to improve health care on this point, we aimed to provide a practical overview, for use by cardiologists as well as other health care professionals dealing with sexual dysfunction in their clinical practices. Therefore, a systematic review of the literature was performed. The eight most widely used classes of antihypertensive drugs have been categorized in a clear table, marking whether they have a positive, negative or no effect on sexual function.
Chapter 5

Erectile dysfunction in the cardiology practice

**Background:** Erectile dysfunction (ED) is an independent risk factor for cardiovascular events sharing mutual risk factors with coronary artery disease. Several guidelines for the management of ED in cardiovascular disease have been proposed, recommending cardiologists to routinely inquire about erectile function. However, males’ specific needs and wishes regarding sexual healthcare in cardiology are unknown. We sought to identify male patients’ view concerning possible improvements in sexual healthcare and preferred forms of sexual counseling in the cardiology practice.

**Methods:** Cross-sectional multicentered survey study among at random selected males visiting a cardiologist.

**Results:** Of 388 respondents, 296 questionnaires were eligible for analysis. Mean age of respondents was 62.9 years. Overall 56% (n=165) had ED, with up to 86% in patients with heart failure. Mean bother experienced due to ED was 5.93 (±2.57) on a 0 to 10 scale. Most respondents indicated to feel comfortable discussing sexual health with the cardiologists (88%). Of men with ED (n=165), 46% would like to have a conversation with the cardiologist about possibilities to improve sexual function, 55% would be helped if questions could be asked during consultation with a specialized nurse and 58% would appreciate written information. Of all respondents (n=296) 28% ever tried a phosphodiesterase inhibitor, 4% received the prescription of the cardiologists.

**Conclusion:** ED is highly prevalent in patients with a variety of cardiovascular diagnosis and care for sexual function is mandatory. Patients indicated that above consultation with the cardiologist both consultation with a specialized nurse and written information would be helpful.

Chapter 6

Cardiovascular disease and female sexual dysfunction

**Background:** Cardiovascular disease (CVD) greatly impacts physical and psychological wellbeing and influence patients’ sexual life. Guidelines for sexual counseling in cardiology were published, but women’s needs regarding sexual health care in cardiology have not yet been evaluated. Aim of this chapter was to assess women’s needs and wishes concerning sexual health care in cardiology.

**Methods:** Cross-sectional multicentered survey was assessed among 725 randomly selected women visiting a cardiologist.
Results: Of 329 responding women, 163 questionnaires were eligible for analysis (mean age 60.1). 35% indicated to have sexual complaints, 5% would like treatment for it. Options for sexual health care in the cardiology practice were proposed, of all respondents 6% would appreciate consultation with the cardiologist regarding sexual function, 18% would value consultation with a nurse and 16% valued written information. Using the female sexual function index-score (FSFI), 62% of sexual active women (n=104) had female sexual dysfunction (FSD). Hypertensives more often than normotensives (r=0.20, p=0.04). β-blocker-use was correlated with sexual dissatisfaction (r=-0.23, p=0.02) and number of cardiovascular agents used was a predictor for lower FSFI-scores (β=1.47 (SE 4.31); p=0.001) per added agent and was related to treatment wish for FSD (linear-by-linear association, p=0.009).

Conclusion: Sexual complaints and FSD are prevalent in women with CVD, therefore attention for sexual health in the cardiology practice is most apposite. However, consultation with a cardiologist is not necessarily required; availability of written information and possibility to discuss sexual issues with a nurse would be time and cost-effective options.

PART II GASTROENTEROLOGY & SEXUAL TRAUMA

The gastroenterologist

Chapter 7

Sexual abuse history in gastrointestinal illness, how do gastroenterologists deal with it?

Background: Data show increased prevalence rates of sexual abuse among patients with gastrointestinal complaints. Sexual abuse causes multiple symptoms related to pelvic floor and stress mediated brain-gut dysfunctions. Treating patients with a history of sexual abuse asks for a holistic approach, using centrally targeted interventions. However, data about gastroenterologists practice patterns regarding care for victims of sexual trauma are not available.

In this chapter we aimed to evaluate whether gastroenterologists address sexual abuse in their daily practice and to assess their knowledge regarding the implications of sexual abuse in gastrointestinal disease.

Methods: A 42-itemed anonymous questionnaire was mailed to all 402 members of the Dutch Society of Gastroenterology (gastroenterologists and fellows in training). The questionnaire addressed sexual abuse and pelvic-floor-related complaints.

Results: 183 of the 402 (45.2 %) questionnaires were returned. Overall 4.7% of the respondents asked their female patients regularly about sexual abuse; in males this
percentage was 0.6%. Before performing a colonoscopy, these percentages were even smaller (2.4% and 0.6% respectively). When patients presented with specific complaints, such as chronic abdominal pain or fecal incontinence, 68% of the gastroenterologists asked females about SA and 29% of the males (p<0.001). The majority of respondents stated it rather important to receive more training in how to inquire about sexual abuse and about the implications for treatment.

**Conclusion:** Gastroenterologists do not routinely inquire about sexual abuse and they rarely ask about it before performing colonoscopy. There is a need for training to acquire the skills and knowledge to be able to deal with patients with a history of sexual abuse.

**The gastroenterology patient**

**Chapter 8**

**The impact of sexual abuse in patients undergoing colonoscopy**

**Background:** Sexual abuse has been linked to strong effects on gastrointestinal health. Colonoscopy can provoke intense emotional reactions in patients with a sexual abuse history and may lead to avoidance of endoscopic procedures.

Objective of this chapter was to determine whether care around colonoscopy needs adjustment for patients with sexual abuse experience, thereby exploring targets for the improvement of care around colonoscopic procedures.

**Methods:** Questionnaires were mailed to patients (n=1419) from two centers within 11 months after colonoscopy. Differences in experience of the colonoscopy between patients with and without a sexual abuse history were assessed and patients’ views regarding physicians’ inquiry about sexual abuse and care around endoscopic procedures were obtained.

**Results:** A total of 768 questionnaires were analyzed. The prevalence of sexual abuse was 3.9% in male and 9.5% in female patients. Patients born in a non-western country reported more sexual abuse (14.9%) than those born in a western country (6.3%; p=0.008). Discomfort during colonoscopy was indicated on a scale from 0 to 10, mean distress score of patients with sexual abuse was 4.8(±3.47) compared to 3.5(±3.11) in patients without a sexual abuse history (p=0.007). Abdominal pain was a predictor for higher distress during colonoscopy (β=-0.019 (SE=0.008); p=0.02, as well as the number of complaints indicated as reason for colonoscopy (β=0.738 (SE=0.276); p=0.008). Of patients with sexual abuse experience, 53.8% believed gastroenterologists should ask about it, 43.4% said deeper sedation during colonoscopy would diminish the distress.
Conclusion: Sexual abuse is prevalent in patients presenting for colonoscopy. Patients with a sexual abuse history experience more distress during the procedure and indicate that extra attention around and during colonoscopy may diminish this distress.