

No Sex, Please; I Just Had a Heart Attack

Bed and bored? Some answers to relieve the pain

By Lynne Blumberg

We've all heard stories about people who suffered a heart attack while having sex, and some of whom may have died in the act.

A forum on the website, israelroom.com, lists famous people who died of a heart attack while having sex, or as coroners

have termed it, DIS (Death in the Saddle).

There are other examples as well: Atilla the Hun, while with his wife on his wedding night; Nelson Rockefeller, while with his much younger mistress; and Jack McConaughey, actor Matthew McConaughey's dad,

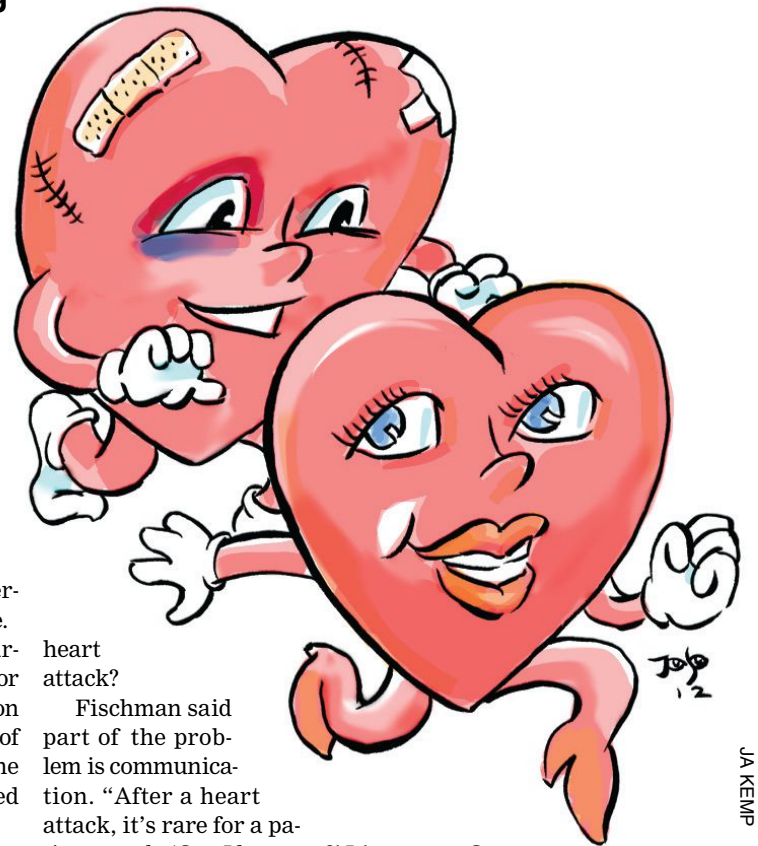
while with his wife whom he had remarried twice.

Given these true stories, plus the fictional ones on television and movies, it's important to go over the actual risks of suffering a heart attack because of sexual activity.

Fewer than 5 percent of all heart attacks occur within minutes or hours after sexual activity, according to a scientific statement from the American Heart Association on "Sexual Activity and Cardiovascular Disease" this past January. Fewer than 1 percent of these attacks are acute.

Dr. David Fischman, 54, cardiologist and associate professor of medicine at Thomas Jefferson University, said in his 20 years of practice, he could count on one hand the patients who suffered a heart attack because of sex.

The rate of low incidence has been known for decades. So then why does the AHA also report that many heart patients, and their partners, are reluctant to resume sexual activity after a



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heart attack?

Fischman said part of the problem is communication. "After a heart attack, it's rare for a patient to ask, 'Can I have sex?' It's even rarer, I think, that the physician opens up the conversation."

Dr. Eduardo Chapunoff, 75, is a cardiologist and author of *Answering Your Questions About Heart Disease & Sex*, geared to a general audience. In the book, he cites a 1970 study that found about two thirds of cardiac patients leave the hospital without any counseling about sexual activity.

In a recent email interview, he said that he believes the numbers are even higher today because of Viagra. Patients incorrectly assume that the pill will take care of their problems with erections, and so they don't bother to ask questions.

If doctors don't talk about sexual activity before discharge, Chapunoff provided the following key questions for patients to ask:

1. Am I strong enough to have sexual activity?
2. If not, how long will I have to wait until I am?

3. Can I take Viagra, Levitra or Cialis?
4. Which sexual positions do you recommend?
5. What precautions should I take?
6. Under what circumstances should I stop having sex immediately?

A doctor's instructions will vary from patient to patient. Fischman recommended that partners be included in these discussions.

Although great strides have been made in cardiovascular treatment, heart disease is the No. 1 killer of both men and women in the United States, says the AHA; it kills more women and men than all the cancers added together.

The majority of heart attack patients are discharged from the hospital relatively shortly now, said Fischman, adding that they can gradually resume sexual activity in four to six weeks.

Dr. Bruce Kornberg, clinical cardiologist with Main Line HealthCare, said that back in the

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'60s, heart attack patients used to be at bed rest in the hospital for six weeks, but further research discovered that increased activity was OK.

Today, patients can be discharged from the hospital within one or two days after the attack, he said; some patients can resume sexual activity within seven to 10 days.

The "rule of thumb" for testing whether patients can resume sexual activity is if they can go up two flights of stairs, at a regular pace, without becoming breathless, said Kornberg.

Sometimes sex feels more strenuous than this because sexual activity is continuous for a few minutes, said Dr. Madeleine M. Castellanos, a psychiatrist who specializes in sex therapy in New York City.

A patient's lifestyle may put additional stress on the heart. For example, the AHA's statement reported that in studies where people did die of a heart attack during sex, "the majority (75 percent) were having extramarital sexual activity, in most cases with a younger partner in an unfamiliar setting and/or after excessive food and alcohol consumption."

Kornberg added that smoking, diabetes, hypertension, and immoderate diet and exercise are more likely to cause a heart attack than sex.

Emotions can also increase stress on the heart. Castellanos said that a patient's anxiety may interfere with arousal during sex. Because it takes them longer to climax, the anxious patient may need to take small breaks.

It's also common for patients to feel depressed after a heart attack. The term, said Kornberg, is post-myocardial infarction depression, or in layperson's language, post-heart attack depression. So even if patients are physically ready to have sex, many don't feel like it, he added.

Arathi Rao, a cardiac psychologist in Newtown, Pa., said that in addition to depression lowering sex drive, many heart patients fear that they'll never get their sex drive back. They feel broken inside. They also fear that at any moment, they could have another heart attack. And next time, they may not survive.

Rao said that it's important for patients and their partners to respect these feelings, and wait until patients are ready to have sex. Rao called patients

who have trouble listening to their own feelings "people-pleasers." A people-pleaser may not feel ready to have sex, but submits to a partner's wishes anyway.

Pleasing the partner puts more stress on the patient's heart, because even if it's not admitted, the patient is angry at the partner's insensitivity. Rao helps these patients to listen to their own feelings and speak out.

On the other hand, some partners are overprotective. The patient may be physically and emotionally ready to have sex, but the partner is terrified of hurting the patient. Rao said it's very important to work with partners to get past these feelings. They are undermining the patient's confidence. Patients need to feel that they are regaining control of their lives.

Partners also get frustrated because patients ignore their doctor's instructions. Chapunoff gives an example in his book of a 68-year-old male patient with a penchant for young women. He suffered a major heart attack complicated by cardiac rhythm disturbances and heart failure.

After the patient's condition stabilized and he was out of the intensive care unit, he left the hospital, against medical advice, with a young woman. The wife was terrified for her husband's health when she told Chapunoff what had happened.

Chapunoff apologized for being so blunt, but recommended that she start arranging for her husband's funeral. Sure enough, the patient was found dead in a motel room a while later.

The hospital bracelet was still around his wrist; the woman was long gone.

Chapunoff said, "The vast majority of patients I see ignore a great deal about health-related issues. Only a few of the patients I examine are willing or motivated to read a book or pertinent literature about their ailments."

Rao said that she has watched people-pleasers learn how to nurture themselves, and workaholics readjust their schedules so that they spend more time with their partners and kids.

Instead of ruining lives, she said, a traumatic heart event "can give patients permission to take care of themselves."

Lynne Blumberg is a freelance writer who lives and tries to stay healthy in Philadelphia.

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