

Impact of Specific Medical Conditions and Suggestions

By Dr. Sue Townsend

Heart Disease

Healthy sexual response causes an increase in blood pressure and heart rate. Because of these healthy responses, a woman with Heart Disease and/or High Blood pressure may find all phases of her sexual response cycle [sexual desire, sexual arousal/ lubrication, orgasm and resolution (afterglow)] negatively impacted. Her body may respond to sexual stimulation with shortness of breath and/or chest pain.

Many physicians note that if the woman can walk up two flights of stairs at a brisk pace or walk on a treadmill at 3-4 miles per hour without shortness of breath then it is generally OK to resume intercourse [Steinke] Women with cardiovascular disease may find the missionary position less physically taxing [the woman would be on the bottom with her partner positioned above her].

The following suggestions are also helpful:

- Participate in a cardiac rehabilitation program
- Be well rested prior to making love
- Increase foreplay [to include hugging, kissing, caressing] to assess tolerance for intercourse
- Don't eat within one hour of making love
- Make love in a familiar setting
- Avoid new situations [new environments, etc.]
- Avoid rectal stimulation [this stimulates the vagus nerve which slows heart rate, rhythm, electrical conduction and coronary blood flow. May result in decreasing heart performance and pain].

High Blood Pressure

Medication for high blood pressure may negatively impact sexual functioning by decreasing desire, decreasing lubrication and making it difficult to achieve an orgasm. It is important to discuss sexual concerns with the prescribing physician. Ask if the medication and/or dosage can be changed. Do not stop prescribed medication on one's own. The following can be helpful:

- It can also help to make love in the morning when the levels of medication are at their lowest.
- Make sure to be well rested prior to making love.

Cancer

Breast and Lung Cancer are the most common cancers impacting women. Common concerns include the following: Fear of dying, mutilation, unpleasant treatments, body image changes, stress, FATIGUE, and pain. During treatment the woman's focus may be on fighting the illness and not on

being sexual. Hormone changes can result in early menopause, infertility, masculinizing effects, decreased sexual desire, and possible genetic alterations.

Helpful suggestions include:

- Discussing concerns and fears with spouse, family, support people, medical professionals and lay groups
- Education [treatment and solutions]
- Asking family members to not put demands on person with cancer
- Increase touching to include cuddling and holding
- Eliminate unnecessary tasks from schedule
- Make love when most rested
- Bowel and bladder care well ahead of intercourse
- Use pain medication one half hour to one hour prior to making love
- Use support groups such as [American Cancer Society](#)

Diabetes

24 million Americans have Diabetes and an estimated 57 million have prediabetes. Sexual problems resulting from Diabetes include: Decreased blood flow to genitals, decreased arousal; decreased lubrication, problems with orgasm, painful sex, and decreased sensation from nerve damage. [Resource--Grandjean and Moran] .

Helpful solutions include:

- Prevent fluctuations in blood sugar by monitoring blood sugars
- Following prescribed diet
- Taking medication as prescribed
- Exercise as prescribed
- Have an extended time of foreplay—make sure to include nongenital touch, hugs, passionate kissing, etc.
- Ample communication with their spouse during foreplay and intercourse to identify what is/isn't arousing

Arthritis

There are over 120 different kinds of arthritis. The most common arthritis is Osteoarthritis which affects 70-85% of people over 55. Two thirds of those with osteoarthritis of the hip experience sexual problems [secondary to pain, stiffness and limitation of movement]. Rheumatoid arthritis can greatly impact lovemaking secondary to inflammation, fatigue, joint pain, and deformity. Medications such as immunosuppressants can result in oral/genital ulcers, hair loss, infertility, and amenorrhea. Additionally, Glucocorticoids can cause decreased sexual desire, and body image changes [buffalo hump, moon face, and thin extremities].

Helpful solutions include:

- Time medications and making love for effective pain relief
- Make love when energy level is at their highest
- Be creative by using pillows, props, position changes, etc.
- Use excellent communication skills with spouse to find solutions to create your new normal
 - If something is working, keep doing it. If something is not working, stop and change what you are doing
- Progressive muscle relaxation exercises [see under Chronic Pain]
- Massage
- Use lifestyle changes such as losing weight, avoidance of foods that cause flare ups [sugar, common allergens such as nuts, dairy, wheat, gluten, etc.], exercise, stretching, to control symptoms

Respiratory Disease

16 million Americans have chronic lung disease such as: Chronic Obstructive Pulmonary Disease, Emphysema, Lung Cancer, and Asthma. Although there are no studies regarding the impact of COPD on females, the indirect effects include: Coughing, shortness of breath with exertion [can be terrifying], intolerance of activity, fatigue, loss of stamina, and pain.

Helpful solutions include:

- Make love when energy is highest
- Use sexual positions that reduce fatigue and shortness of breath [use pillows for positioning, elevate head, semi recline, side lying]
- Plan to make love when medications are at their peak effectiveness
- If using Oxygen, continue use during all phases of the sexual cycle
- Slowly increase arousal through extended foreplay to assess tolerance for sexual intercourse
- Participate in a pulmonary rehabilitation program that
Includes exercise and respiratory muscle training to Increase function
[Steinke and Goodell]

Chronic Pain

Common issues for those with Chronic Pain include: Numbness, problems with pain medications, sexual position problems, fatigue, side effects of medications, and physical deconditioning.

Helpful suggestions include:

- Use Progressive Muscle Relaxation Techniques 2-5 times a week—iTunes and YouTube have a number of progressive muscle relaxation techniques located under “Muscle Relaxation”

- Work with MD regarding medications
- Take pain medication 30 minutes to one hour prior to making love
- Warm bath prior to sex
- If overweight, lose weight
- Massage
- Physical therapy
- Exercise as prescribed [it helps to work with a Physical Therapist to find an exercise protocol that decreases pain, while building strength, endurance, balance, and flexibility]
- Use pillows and props to help with positioning

Chronic Sexual Pain Disorders

Chronic Sexual Pain Disorders include Vulvodynia, Vaginismus, Interstitial Cystitis, etc. Sexual Pain Disorders can be incapacitating to a woman's sexual health AND it often takes years to obtain an accurate diagnosis. Thankfully, in the past 10 years there are more providers trained to recognize and treat these disorders [MD such as Gynecologists, Urologists, Pelvic Floor Physical therapists, etc.].

Helpful Suggestions include:

- Get an accurate diagnosis from a medical provider trained in Sexual Pain Disorders [The International Pelvic Pain Society has an online listing of providers on their website under "Find a Provider"].
- Referral to Physical Therapist trained in Sexual Pain Disorders
- Learn relaxation techniques such as progressive muscle relaxation [see Chronic Pain above]
- Work with a Certified Sex Therapist who is trained in working with Chronic Sexual Pain
- Monitor your thoughts for negative thinking and replace negative thoughts with reality based thoughts

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