



O'É Gaillimh
NUI Galway



The CHARMS Study

Cardiac Health and Assessment of Relationship Management and Sexuality

Funded by the Health Research Board

A study of sexual function, assessment and counselling for people with coronary heart disease in Ireland: current practice needs, assessment and best practice guideline development

We recently completed phase one of The CHARMS Study and have presented posters at several conferences over the past few months. Below is a brief summary of our findings from both cardiac rehabilitation staff and GPs nationwide. We are in the early stages of phase two of the study which involves talking to patients who have completed phase three of cardiac rehabilitation. It is our intention to have the patient information study complete early in January 2011. The final phase of our study will involve both patients and service providers meeting to discuss the findings. The aim of this focus group will be to formulate a set of guidelines to improve health service provision in the area of sexual health for cardiac rehabilitation patients; this study will be completed by the end of October 2011.

Cardiac rehabilitation staff views about discussing sexual issues with coronary heart disease patients: a national survey in Ireland

Background: While a healthy sexual life is regarded as an important aspect of quality of life, sexual counselling from healthcare providers for cardiac patients has received little attention in the literature.

Aim: To document current practice and assess the needs of cardiac rehabilitation service providers in Ireland with regard to sexual assessment and management for patients.

Methods: Cardiac rehabilitation staff in all relevant centres in Ireland responded to a postal questionnaire. Sexual health management was assessed by a series of questions on current practice, and staff attitudes, beliefs and perceived barriers to discussing sexual problems.

Results: Staff (N=60; 61% response rate) reported a lack of assessment and counselling protocols for addressing sexual health problems, with little or no onward referral system available. Results also suggest staff believe that patients don't expect them to ask about their sexual concerns. Barriers reported included an overall lack of confidence (45%), knowledge (58%) and training (85%).

Conclusion: Development of guidelines, assessment protocols and training for cardiac rehabilitation staff are essential in the area of sexual health problems in order to improve the quality of services for patients with coronary heart disease.

General practitioner views about discussing sexual issues with patients with coronary heart disease: a national survey in Ireland.

Background: Sexual problems are common among people with coronary heart disease and can adversely affect patients' quality of life. GPs are ideally placed to deal with these problems. Research suggests that GPs are reluctant to address sexual problems but little is known about what currently takes place in practice. The aim of this study was to examine GPs' self-reported behaviour and attitudes to discussing sexual problems with people with coronary heart disease.

Method: Design of study: Cross-sectional questionnaire survey.

Setting: Republic of Ireland.

Procedure: 230 postal questionnaires were sent to a nationally representative, stratified random sample of GPs in the Republic of Ireland. GPs were asked about current practice, knowledge, awareness and confidence in dealing with sexual problems, barriers to addressing sexual problems, and about improving services in this area.

Results: Responses were available for 61 GPs (27% response rate). Seventy percent of GPs reported that they rarely or never discussed sexual problems with coronary patients. While all GPs believed addressing sexual problems was important, many GPs reported lacking awareness, knowledge and confidence in addressing sexual problems. The main barriers were lack of time, feeling the patient wasn't ready and lack of training in the area. GPs wanted more training and guidelines for practice.

Conclusions: There is currently no standardised protocol for GPs for dealing with sexual problems among coronary patients. Awareness of these issues appears to be low among GPs. Services could be improved by developing practice guidelines for brief, effective actions or assessments, providing training in the area and improving information resources and support services for referral.

Who can I talk to for further information?

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