

## SEXUAL ACTIVITY AND THE POST CORONARY PATIENT<sup>1</sup>

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A study was made of the sexual activity (S.A.) of 91 middle-aged, middle-class men (48 ASHD, 43 Normal Coronary Prone—NCP (of comparable background, age and low physical fitness. A subsample of 14 ASHD men was monitored by ECGs during work and S.A. S.A. decreased with age comparably in ASHD and NCP. In 58% of ASHD, it decreased further after the myocardial infarct.

The average number of orgasms/Wk decreased in the ASHD from 4.4 at the age of 25 to 2.1 one year prior to and 1.6 several months after the attack. The decrement in S.A. from the age of 25 yrs to one year prior to the coronary event was more marked in subjects with higher blood pressure, lower income, lessened outwardly directed activity and greater passive dependency at the time of intake into the physical conditioning program, usually more than 6 months after the coronary event. S.A. was resumed on an average of 13.7 Wks after the coronary event, occurring earlier in previously sexually more active subjects.

<sup>1</sup> Abstract of paper read at the Council in Rehabilitation of the International Society of Cardiology. The paper is published in Arch. Int. Med. 125: 987, 1970.

The cardiovascular costs of conjugal S.A. were relatively low, compared to many other longer lasting daily living and ordinary work activities. The mean maximal heart rate (MHR) during S.A. corresponding to orgasm and ejaculation, was 117, range 90 to 144. The heart rate of the period encompassing the MHR (2 min.) averaged 98. The O<sub>2</sub> uptake equivalent to the MHR and to the averaged H.R. were 16 and 12 ml O<sub>2</sub>/kg/B.W./Min., and corresponded to 60 and 45% of the maximal O<sub>2</sub> uptake respectively. Changes in the EKG (ST-T depression and/or ectopic beats) during coitus and during regular occupational work were comparable in frequency (28%) and severity. The mean MHR during work was 120, range 107 to 130.

S.A. was influenced favourably by enhancement of fitness by systematic physical training in ASHD and NCP.

In view of the brevity of the duration, the low frequency, the modest HR and equivalent O<sub>2</sub> cost, and the symbolic importance of conjugal sexual intercourse, most middle-aged men with ASHD, not in congestive heart failure, can resume this important activity.