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| Title | Resumption of sexual activity in patients with myocardial infarction after cardiac rehabilitation |
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ABSTRACT - GENERAL INTEREST

01

DOES STRESS TEST CORRELATE WITH RETURN TO WORK?

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Objective: To study the correlation between stress test and return to manual and non-manual work in Myocardial Infarction patients.

Design: This is a prospective study. 39 previous employed subjects were divided into manual and non-manual working group. After finished phase II CRP program, their stress test results were analyzed with the employment status.

Method: The relationship between the outcome of return to work and stress test in manual and non-manual working group were analyzed by t-test and Point Biserial Correlation.

Result:

| | Manual Work | | Non-manual Work | |
|---------------------|------------------------|----------------------------|------------------------|----------------------------|
| | Return to previous job | Not return to previous job | Return to Previous job | Not return to previous job |
| Number of client | 13 | 10 | 10 | 6 |
| Work capacity (MET) | 8.84 | 6.30 | 9.10 | 8.16 |

There is no significant difference between those return to previous job and not return to previous job in both manual and non-manual work. Further, no significant correlation was obtained.

Conclusion: There is no correlation between stress test and return to either manual or non-manual work. Treadmill testing is a lower limb isotonic assessment. However, in some jobs, the isometric movements involving upper limb is frequently observed. Therefore, work rehabilitation incorporating the upper limb and isometric evaluation is essential. Socioeconomic factors such as education, family incomes, economic incentive are reported to affect return to work. Medical condition for example angina level also affects the employment status. Further study on multi-factors is necessary in predicting the return to work.

02

RESUMPTION OF SEXUAL ACTIVITY IN PATIENTS WITH MYOCARDIAL INFARCTION AFTER CARDIAC REHABILITATION

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Objective: To investigate the effectiveness of sexual rehabilitation on myocardial infarction patient.

Design: It is a prospective study of before and after sexual rehabilitation.

Method: The frequency of sexual activity in premorbid state, post AMI and post CRP program were recorded. Patients received group education and individual counseling by Occupational Therapist in the aspect of energy consumption, energy conservation techniques and safety precaution.

Result: 21 subjects (M: F=20:1) sexually active before MI with mean age of 56.9 ± 9.0 were investigated. The mean frequency of sexual intercourse before the coronary event is 4.2 times per month. 15/21 (71.4%) patients either stopped or reduced sexual activity after myocardial infarction. Sexual activity resumed in 13/15 subjects after counseling with a mean increase in sexual activity from 1.1 to 2.3 times per month ($p < 0.01$).

Conclusion: Sexual dysfunction caused in the majority of sexual active patients after myocardial infarction. Those patients will benefit from sexual rehabilitation in resumption of sexual activity.