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LETTER

Nurses Bridging Silence on Sexual Health in Cardiac Care: A Commentary on Piegza et al (2025) "Sexual and Cardiovascular Health: Factors Influencing on the Quality of Sexual Life of Coronary Heart Disease Patients – A Narrative Review" [Letter]

Sílvia Teixeira[1–3], Bruno Delgado[4], Paulo Alves[4]

[1]Faculty of Health Sciences and Nursing, Universidade Católica Portuguesa, Porto, Portugal; [2]Unidade Local de Saúde Gaia Espinho, Vila Nova de Gaia, Portugal; [3]Centro Académico Clínico Egas Moniz Health Alliance, Aveiro, Portugal; [4]Centre for Interdisciplinary Research in Health, Universidade Católica Portuguesa, Porto, Portugal

Correspondence: Sílvia Teixeira, Email s-simateixeira@ucp.pt

Dear editor

I read the narrative review by Piegza et al[1] with great interest and would like to commend the authors for addressing a topic of undeniable clinical and psychosocial relevance. I examined the article closely and wish to contribute to the discussion with recent evidence that emphasizes the importance of this subject and proposes complementary approaches, particularly the role of nurses and the implementation of structured sexual education.

The review offers a comprehensive overview of biomedical and risk assessment perspectives on sexuality in individuals with coronary heart disease (CHD), particularly the Princeton Consensus and physiological rehabilitation, but could be further enriched by addressing persistent challenges in clinical practice, such as the need for structured education, defined professional responsibilities, and systemic barriers to care.

Recent evidence highlights the persistent disconnect between available clinical guidelines and the lived experiences of patients and healthcare professionals in addressing sexual health post-cardiac events. Åling et al[2] identified obstacles in nurse–patient interactions, such as insufficient training, professional discomfort, ethical concerns, and the lack of clear institutional policies. These barriers hinder the integration of sexual health into routine care, particularly for individuals experiencing significant physical and emotional changes, as is common in cardiac populations.

Structured sexual education, especially when led by nurses, has been shown to improve self-awareness, normalize experiences, and support adjustment to new realities of intimacy after CHD. Boeiro et al[3] advocated for the implementation of structured sexual education programs for people living with CHD, led by nurses. According to their findings, such interventions foster self-awareness and help individuals adapt to their new reality, recognizing sexuality as an essential component of quality of life. These initiatives must be supported by therapeutic communication and person-centered care.

In addition, Doltra[4] proposes integrating sexual health assessment and counseling into cardiology practice, grounded in international guidelines and supported by a multidisciplinary approach that encompasses physiological, pharmacological, and psychosocial factors. This perspective positions sexuality as a relevant indicator of cardiovascular recovery.

Katz[5] puts forward a model of care that goes beyond a biomedical focus, incorporating emotional and relational aspects of living with illness. In a complementary line of thought, Ghebreyesus et al[6] emphasize that sexuality is part of sexual rights, and its promotion constitutes a public health imperative. The absence of systematic policies in this area contributes to health inequalities and limits the provision of holistic care.

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In the Portuguese context, Silva et al,[7] urge recognition of sexuality as a lifelong dimension, with particular importance in vulnerable contexts such as chronic illness. Vasconcelos et al[8] further support this view, demonstrating that sexual health is strongly associated with overall well-being, and that its neglect can adversely affect clinical outcomes.

In this regard, I reiterate the relevance of the published review and emphasize the importance of future research that integrates the perspectives of healthcare professionals—especially nurses—and explores educational and clinical interventions that promote a more ethical, humanized, and evidence-based approach to sexuality in people living with CHD.

Disclosure

The authors report no conflicts of interest in this communication.

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