Sexual Concerns of Cardiac Patients: Psychometric Analysis
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BACKGROUND
Cardiac patients often report:
• Fear, anxiety, sexual concerns
• Symptoms interfering with sexual activity
• Changes in sexual interest and function
• Validated instruments for use in cardiac populations are needed to better understand sexual concerns

PURPOSE
To analyze the psychometric properties of the Steinke Sexual Concerns Inventory – General Cardiac Version (SSCI-GCV) in those with diverse cardiac diagnoses

METHODS
• Descriptive, cross-sectional, survey, using Dillman’s survey methods
• Prospective participants identified using ICD-9 DX codes, and admitted with cardiac diagnosis over a 1-year period; ages ≥ 25; able to read and write English
• CAD, ACS, angina, AMI, HF diagnoses
• 14 items – change in sexual relationship (1), sexual fears (5), change in interest (1), symptoms w/ sexual activity (3), sexual dysfunction (3), other sexual concerns (1, open-ended)
• Likert scale ‘0’ never to ‘3’ frequently
• Higher score = greater concerns (R=0-33)
• Instrument revised from similar instrument for sexual concerns in HF
• Added 1 item for sexual fear
• Questions on ED revised for clarity

SAMPLE
• Sample – n=205
  • Parent Study – n=336
• Gender: 74% male, 26% female
• Mean age: 63 yrs, SD=12.43, R=31-90
• Married: 69%; Ethnicity: White 90%

RESULTS
• After item analysis of Likert scaled items, 12 of 13 items retained
  • Amount of change in sexual relationship poorly correlated (<0.30)
  • Two items on ED, either male patient or partner combined as one ED variable
•Analyses computed on 11 items*
• Score range 0-30, M=8.45, SD 7.02
• Sexual concerns, sexual interest, symptoms w/ sexual activity all >0.50; ED and partner overprotectiveness <0.50
• Items retained – consistent w/ literature and patient/partner self-report

Variable Loadings on Each Factor (Final 11 items*)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Item</th>
<th>Loadings</th>
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<tbody>
<tr>
<td>Partner overprotectiveness</td>
<td>0.382</td>
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<tr>
<td>Shortness of breath w/ sex</td>
<td>0.724</td>
<td></td>
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<tr>
<td>Afraid to have sex</td>
<td>0.808</td>
<td></td>
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<tr>
<td>Chest pain w/ sex</td>
<td>0.715</td>
<td></td>
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<tr>
<td>Partner afraid to have sex</td>
<td>0.627</td>
<td></td>
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<tr>
<td>Excess fatigue w/ sex</td>
<td>0.790</td>
<td></td>
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<tr>
<td>Afraid of heart attack w/ sex</td>
<td>0.829</td>
<td></td>
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<tr>
<td>Difficulty having orgasm</td>
<td>0.656</td>
<td></td>
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<tr>
<td>Afraid of cardiac arrest w/ sex</td>
<td>0.831</td>
<td></td>
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<tr>
<td>Problems w/ erection, patient or partner (2 items combined)*</td>
<td>0.359</td>
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<tr>
<td>Lack of interest in sex</td>
<td>0.553</td>
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</tbody>
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Chronbach alpha for SSCI-GCV = 0.86

Sexual concerns were not significantly different for those sexually active vs. those not sexually active (t=0.03, p=0.976)

CONCLUSIONS
SSCI-GCV was reliable & valid for measuring sexual concerns of cardiac patients, and may be useful in both research and clinical settings
Assessment of sexual concerns of those sexually active and not active – sexual concerns may present a barrier to sexual activity for some patients
The instrument may be a useful tool to facilitate discussion of sexual concerns and sexual activity