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The effectiveness of treatment based on acceptance and commitment on sexual performance and emotional safety in men with cardiovascular disease

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Abstract

Aim: The aim of the research was to determine the effectiveness of the treatment based on acceptance and commitment on sexual performance and emotional safety in people with cardiovascular disease. Method: The research method was quasi-experimental with a pre-test-post-test design with a control group and a twomonth follow-up phase. The statistical population of the study was cardiovascular patients in Isfahan city in 2022, and 34 patients were selected using the purposive sampling method and randomly assigned to one experimental group and one control group (17 people in each group). The research tools were Rosen's Male Sexual Performance Questionnaire (2004) and Emotional Safety Questionnaire. Treatment based on acceptance and commitment was implemented in 9 sessions of 90 minutes once a week and the control group was waiting for treatment. The data were analyzed using the statistical method of mixed analysis of variance and Bonferroni post hoc test. Results: The results showed that the effectiveness of treatment based on acceptance and commitment and transdiagnostic treatment was on the components of sexual function and emotional safety in cardiovascular patients (P<0.001). Also, the results showed that these effects had maintained their stability in the follow-up phase (P<0.001). Conclusions: Therefore, both interventions can be used to improve the components of sexual function and emotional safety of cardiovascular patients and improve their quality of life.

Keywords: *acceptance and commitment therapy, sexual function, emotion, cardiovascular disease.*

Introduction

Cardiovascular disease is the leading cause of death and disability in Iran, with heart surgeries accounting for around 60% of all surgeries performed in the country (Pourghaneh, Amiri-Najad, & Rezvani-Tavasoli, 2021). Heart surgery is a significant event in individuals' lives, causing disruptions to their economic, professional, and personal well-being, as well as impairing their physical, sexual, and psychological functioning and ultimately reducing their quality of life (Munoz et al., 2017). Cardiovascular disease is a significant factor affecting individuals' quality of life, performance, and sexual satisfaction. This group of diseases is one of the most common chronic illnesses and causes of death in adults worldwide, with its prevalence doubling with each decade of life (Pourghaneh et al., 2021). Sexual dysfunction and reduced sexual activity are common in patients with heart disease, and they can be accompanied by psychological disturbances, leading to a reduction in life satisfaction and ultimately a loss of hope for patients (Beiruti et al., 2019). One of the major sexual problems reported in cardiac patients is a decrease or loss of sexual desire attributed to anxiety about having sudden death during sexual activity, misinterpretation of natural signs of sexual arousal, such as increased heart rate and respiration, as heart-related symptoms, and depression following a heart attack, which can lead to sexual dissatisfaction, jeopardize mental health, and, consequently, family breakdown. In addition, inappropriate sexual activity after a heart attack is one of the factors associated with these patients' readmission to the hospital (Stapleton, Jackson, & Worden, 2016). Considering the aforementioned issues, these patients face obstacles in performing self-care, and it is not surprising that poor self-care can lead to recurrent hospitalization and reduced quality of life (Carlson, Riegel, & Moser, 2011). Therefore, one of the essential components of programs to control cardiovascular disease and reduce these patients' psychological problems is educating and using psychological interventions and helping patients adapt to the chronic disease conditions and perform appropriate self-care behaviors. Therefore, in various studies, psychological interventions, such as acceptance and commitment therapy, have been used to improve the psychological problems and quality of life of cardiovascular patients. Thus, the aim of this study was to investigate the effectiveness of acceptance and commitment therapy on sexual function and emotional safety in men with cardiovascular disease.

Method

The research method was quasi-experimental with a pre-test-post-test design with a control group and a two-month follow-up phase. The statistical population of the study was cardiovascular patients in Isfahan city in 2022, and 34 patients were selected using the purposive sampling method and randomly assigned to one experimental group and one control group (17 people in each group). The research tools were Rosen's Male Sexual Performance Questionnaire (2004) and Emotional Safety Questionnaire. Treatment based on acceptance and commitment was implemented in 9 sessions of 90 minutes once a week and the control group was waiting for treatment. The data were analyzed using the statistical method of mixed analysis of variance and Bonferroni post hoc test.

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Results

The results showed that the effectiveness of treatment based on acceptance and commitment and transdiagnostic treatment was on the components of sexual function and emotional safety in cardiovascular patients (P<0.001). Also, the results showed that these effects had maintained their stability in the follow-up phase (P<0.001).

Conclusion

The aim of the research was to determine the effectiveness of the treatment based on acceptance and commitment on sexual performance and emotional safety in people with cardiovascular disease. The results showed that both interventions can be used to improve the components of sexual function and emotional safety of cardiovascular patients and improve their quality of life.

The present study, like all research, is subject to limitations based on the conditions and regulations related to scientific research, which can be considered by future researchers in subsequent studies and resolved if possible. Below are the most important limitations discussed. Failure to match the sample individuals based on intervention variables such as education, marriage duration, socioeconomic status, and other demographic variables can be considered as one of the major limitations of this study. Self-report tools (questionnaires) were used in this study, so there are limitations to the use of questionnaires in this research. A purposeful sampling method was used in this study, so there are limitations to this sampling method. This study was conducted on men with cardiovascular disease in Isfahan city, so caution should be taken when generalizing the results to women with cardiovascular disease and patients with cardiovascular disease in other cities.

It is recommended that in future studies, the study sample should be matched based on intervention variables such as marriage duration, education, and socioeconomic status, and the results should be compared to those of this study. It is also recommended to conduct further studies in other parts of the country. It is suggested that other tools such as clinical interviews be used to evaluate research variables and the results be compared to those of this study. It is recommended to use random sampling in future research studies.

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