



Clinical Digest

ONLINE EDITION

CARDIOVASCULAR DISEASE

Sex and the Heart Failure Patient

When counseling a patient with heart failure on sexual concerns, the clinician should bear in mind that overall anxiety and depression aren't the only factors that may be playing a role in his or her recovery. Researchers from Wichita State University, Wichita, KS and University of Kentucky, Lexington examined several issues related to sexual activity in 59 healthy people aged 60 or older and 85 patients with heart failure. All study participants completed questionnaires on depression and anxiety, sexual self-concept (which included the subscales of sexual satisfaction, sexual anxiety, sexual self-efficacy, and sexual depression), sexual activity, and demographic and clinical variables.

As the researchers expected, participants who were not sexually active had lower scores on overall sexual self-concept and on the subscales of sexual self-efficacy and sexual satisfaction. The researchers also were not surprised to find that patients with heart failure had worse scores on overall anxiety and depression when compared with the healthy elders. Interestingly, however, there were no differences between the two groups with regard to general

depression and sexual activity, although there was less overall anxiety among those who were not sexually active. Perhaps, the researchers suggest, those participants no longer had the stressors related to sexual performance, or they had "achieved acceptance of no longer being sexually active."

The researchers propose some strategies for talking with patients with heart failure about their sexual concerns, such as providing information on managing symptoms. For example, patients who experience shortness of breath or fatigue can try a semireclining position for sexual activity and take medications for dyspnea before activity, or initiate sex only when they feel well rested.

Source: *Heart Lung*. 2008;37(5):323-333.
doi:10.1016/j.hrtlng.2007.09.004.

GASTROENTEROLOGY

Is Anemia a Reliable Clue to Colorectal Cancer?

Colorectal cancer is prevalent among elderly patients regardless of anemia and iron status, say researchers from University Hospitals Leuven, Leuven, Belgium. Thus, the decision to order a colonoscopy should be driven by the patient's suspicious symptoms—and not by his or her iron status.

Studies have linked iron-deficiency anemia to colorectal cancer in elders, but few studies have included participants older than 80 years. Similarly, there is no consensus on which lower decision limit is most appropriate for the serum ferritin test, currently the most accurate noninvasive test to define iron deficiency. Moreover, data are inconclusive on whether anemia and serum ferritin levels are clues to potential cancer.

In their retrospective analysis, the researchers studied 359 elderly patients aged 70 and older who consecutively underwent a colonoscopy. The primary outcome measure was the histopathologic diagnosis of cancer. If cancer was present, the patient's iron status was evaluated using serum ferritin and hemoglobin levels.

Of the study patients, 55 (15%) had colorectal cancer—a high prevalence, the researchers note. Yet fewer than half of those 55 patients had iron-deficiency anemia. The prevalence of cancer was similar among patients with a serum ferritin level below 50 µg/L (defined as iron deficiency), those with a level between 50 and 100 µg/L, and those with a level greater than 100 µg/L. ●

Source: *Am J Med*. 2008;121(12):1072-1077.
doi:10.1016/j.amjmed.2008.06.039.