Helping your female patient with common sexual disorders

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Sexual health is a state of physical, mental and social well-being in relation to sexuality.

It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

W.H.O. - WHAT IS SEXUAL HEALTH?

Sexual Health Hx, PE, Screening Tools
Hypoactive Sexual Desire Disorder
Neuroproliferative Disorders
Sexual Identity / Transitions
Lubricants, Moisturizers, & Devices
Menopausal Sexual Health (GSM)
Vulvar Lesions/Dermatoses
Hypertonus
Pelvic Floor Disorders
Orgasm Disorders
PGAD
TODAY’S OBJECTIVES:

- Develop skills to improve sexual history assessments
- Discuss A-T-A and PLISSIT model
- Describe the steps in a sexual health female exam
- Identify office screening tools for sexual health
- List the stages of female sexual response
- Identify 3 common sexual health disorders and their management / treatment plans.

WHY DO WE CARE ABOUT SEXUAL HEALTH ???

1) Helps boost immunity
2) Improves libido: vaginal lubrication, blood flow, & elasticity “use it or lose it”
3) Improves bladder control / tones the pelvic floor
4) Lowers systolic BP (IC, not self pleasuring)
5) Counts as exercise: 5 calories per minute!
6) Lowers risk of MI - balances Estro/Test
7) May decrease risk of prostate CA - men who ejaculate >21 x/m
8) May improve sleep - female orgasm surges prolactin (drowsy/relaxed)
9) Decreases pain - orgasm blocks pain, endorphins Vaginal stimulations ease chronic back & leg pain
* Genital self stim lessens menstrual cramps, HA and arthritis.

HEALTH BENEFITS OF SEX

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* Genital self stim lessens menstrual cramps, HA and arthritis.
10) Reduces stress & anxiety: Consistency maximizes benefits. Touching, hugging, intimacy elevates serotonin and endorphins
When should you screen for sexual concerns?
ANYTIME / Everytime?

Written patient intake form
Urogyn or gyn ROS
Before & after surgery / procedures
Routine gyn exam
Exam for disabilities / chronic illness
Life events (puberty, postpartum, menopause)

Screen for Sexual Assault / Abuse History
Religion
Privacy
Family of Origin (FOO)
Cultural Background
Lack of information / folklore
Perception of disinterest from provider

Normalize the sexuality and ask open-ended questions: “I usually ask everyone...”

ASK-TELL-ASK
PLISSIT
PLISSIT MODEL  - IT WORKS!

Permission to talk about sexual issues, reassurance and empathy

Limited Information
  e.g., education about genital anatomy or resources

Specific Suggestions
  e.g., use of lubricants, altering position, sexual aides / "toys"

Intensive Therapy
  e.g., referral for psychotherapy/sex ther.

PLISSIT MODEL - TRY IT!

➢ Permission - open ended questions
  "I usually ask some questions about sexual health. Any concerns you want to discuss today?"

➢ Limited Information / Specific Suggestions
  Don't give more than THREE pieces of information
  *Remember to balance PERCEIVED need vs YOUR concern for treatment (i.e. sexual retirement)

➢ Intensive Therapy - REFERRALS (PFT, CBT, Therapist)

HOW TO ASK ...

"I ask all of my patients the next few questions..."

"Are you having any sexual health concerns?"

"A lot of women in (situation) have sexual difficulties or problems..."

"Any sexual health problems you want to talk about today?"
Tool
- Female Sexual Function Index (FSFI)
- Profile of Female Sexual Function Index (PFSF-B)
- Female Sexual Distress Scale, (revised) FSDS
- Magill Genital Pain Score
- Decreased Sexual Desire Screen (DSDS)

Assessment Area
- Desire, Arousal, Lub, Orgasm, Satisf, Pain
- PMP Desire Scale
- Distress/ QOL
- Genital Pain (NPD)
- Brief Dx Tool for HSDD

LEGITIMIZE THE TOPIC AND USE THE SCIENCE

FEMALE SEXUAL FUNCTION INDEX

- Dr Rosen, Prof of Psychiatry, RWJ Med
- Psychometric evaluation
- Sensitive, reliable
- 4-week ROS
- Assesses 6 “Domains” 
  Desire, Arousal, Lubrication, Orgasm, Satisfaction, Pain

Complete Evaluation and Diagnosis: multifactorial etiology, and therefore a complex assessment
Assess the woman’s goals (discordant desire, DV)
Treat associated conditions (meds, depression, body image, alcoholism)
Use a TEAM approach (PT, Sex Therapy, partners dx)
Make a treatment plan (pharm, non-pharm methods)
Hormone / Medication therapy

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**SEXUAL HEALTH HISTORY:**
- Recorded by the patient, in their words
- Current Sexual Health should be assessed
- Basic history -
  - COC usage / Meds (i.e. tamoxifen, OTC herbs)
  - Age of sexual debut
  - Current SQOL
  - Hx birth gender, sexual identity, sexual activity
  - Exercise (esp. bike rider), nutrition, Rx / OTC
  - Prior treatment for sexual dysfunction
  - Disabilities / Back Injury
  - Childbirth - Trauma, Pudendal block, Lactation
  - GYN Surgeries: LEEP, Hyst, Myomectomy, Rejuv

**SEXUAL HEALTH PHYSICAL EXAM**
- Routine PE with special attention to:
  - Overall appearance
  - Skin (bruising, marks, defensive injuries, bondage)
  - Thyroid
  - Breast tissue / Nipple tissue
  - Spine
  - External genitalia (Q tip test, Quantitative Sensory Test)
  - Pelvic - refer for detailed exam / testing if needed
  - Vulvoscopy

**VULVOSCOPY**
Magnified assessment of the genital region via Vulvoscope, ideally with the subject visualizing the genital anatomy simultaneously with the health care provider.
1. Outside of Hart’s Line - VULVA
2. Within Hart’s Line and the Hymen - VESTIBLE
3. Between Hymen and the Cervix - VAGINA

** Proprioception of the vulva is poor ...DON’T POINT with your finger !

HSDD - now FSAD ? FIAD ?(body image, relationship issues)
“Female Sexual Interest / Arousal Disorder”
Anorgasmia / Hypoactive or incomplete orgasm
Genital Pain Syndrome
Dyspareunia - now Neuroproliferative Disorder
Genitourinary Syndrome of Menopause - GSM
Persistent Genital Arousal Disorder (PGAD)
**FEMALE SEXUAL RESPONSE - STAGES OR A CYCLE?**

**Desire**: "libido" Desire to have sexual activity, including thoughts, images, & wishes. Retirement?

**Arousal**: ("excitement") Subj. sense of sexual pleasure accompanied by physical changes
Genital vascongestion, "tenting," HR, BP, Resp.

**Orgasm**: "peak", release sexual tension with rhythmic contractions of perineal muscles and reprod. Organs

**Resolution**: Muscle relaxation, sense of general well-being following sexual activity

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**FEMALE SEXUALITY - COMPLEX**

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**HYPOSEXUAL DESIRE DISORDER**

"Sometimes sex is just one more thing on my to-do list. That's why I call it a chore-gasm."
**HSDD ... THE EXAM**
- Body composition
- Estrogen status - breasts, vagina, skin tone
- Thyroid - size, goiter, mass
- Genital exam - escutcheon, tone, turgor of vagina, clitoral hood/glans
- Consider Laboratory Exam:
  - TSH mIU / L
  - Estradiol pg/ml
  - Progesterone ng/ml
  - Testosterone (total) ng/ml
  - SHBG nmol/dl
  - Vit D (deficiency / insufficiency)

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**HSDD ... MANAGEMENT**
- Counseling - CBT, Couples Tx, ETOH, sleep
- Reframing - "sexual receptiveness"
- Improved body image - exercise, nutrition, yoga
- Communication - assess for resentment, power issues, relationship issues, refer PRN.
- Tx underlying condition (pt. and partner)
- If PM, REVIEW CHANGES in female sexual response

*** Arousal may precede Desire ***

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**HOW TO FIND A SEXUAL HEALTH THERAPIST & PELVIC FLOOR PT**

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**HSDD - MANAGEMENT**

- Images - books, visual images
- Devices - vibrators, Fiera - discuss cleaning them
- Topical vasodilators - "O" Pure Romance

![Image](GoodVibes.com)

**FIERA FOR HSDD / AROUSAL**

- Clitoral Suction / Stimulation device - gentle, not intended for orgasm difficulties
  - Results in vasocongestion, stimulates lubrication
  - 3 stimulation patterns
  - $149. single unit. $200. with remote control
  - On-line patient support program and coupon

**THOUGHTS & IMAGES = DESIRE ?**

- "Every 7 seconds" Myth (>8,000/d)
  - Kinsey Institute:
  - 54% of men think about sex 1-8X/day.
  - Lifestyle changes (sleep, privacy, help with childcare, housework)
  - OSU (2012) "Clicker" study
  - Men median 19 sexual thoughts/day (1-388 x/day)
  - Women median 10 X/day (1-140 x/day)
**HSDD - MEDICATION TREATMENT**

- **Estrogen**: Oral therapy not effective (unless vasomotor symptoms are the culprit) WHI
- **Estrogen**: Vaginal low dose cream - Works!
- **Bupropion**: 150-300 mg SR / day. Improved sexual satisfaction (SSS), arousal AND orgasm.
- **Tibolone**: Synthetic steroid (E2/Prog/Test metabol)
  - not in US, but available in Europe - for PMP women.

**HSDD ... MORE OPTIONS!**

- **Testosterone**: Supplement to upper limits of normal
- **PMP women**: Improves sexual function in all DAO.
- **Data on R/B is limited - counsel the patient!**
- **Largest trial showed patch worked, gel did not, despite same serum levels.**
- **FDA denied approval - 4 breast cancers**
  - Do not cut patches
  - Can use 1% compounded (0.5 gm/day)*
  - *apply to arms, legs, abdomen

**PRASTERONE FOR HSDD**

- **Prasterone**: new option! All phases DAO and lubrication
  - 6.5 mg PV at HS: Estrogen/Androgen Metabolites

  **Indication** - Tx of MOD to SEV Dyspareunia Menop.
  - CI: DUB and Breast Cancer.
  - 12 week controlled trials: only AE >2% abnormal vag D/C
  - 52 week trial: only AE >2% - abnl pap and vag D/C
  - ZERO $ first month Tx, then $25./mo with Co-pay card

**Intrarosa has not been studied in women in breast cancer**

http://www.intrarosahcp.com/img/intrarosa-steroidogenesis-hero.png
**HSDD MEDICAL THERAPY**
- **DHEA** - 25-50 mg po / day - raises test. into NL range
  * Especially helpful with adrenal insufficiency
- **Estratest** - D/C’d in 2009
- **Stop the COCs!**

**HSDD IN PRE-MENOPAUSAL WOMEN**
- **Flibanserin** - “Addyi” FDA approved 8-2015 (2 denials)
  - Improves desire and Sexually Satisfying Events (SSE)
  - 100 mg po X day - effect after 4 weeks
  - D/C rate from Adverse Events (AE) - 8-13%
  - BP, syncope, dizziness, nausea, fatigue
  - Baseline 2-3 SSE/mo increased by 0.4-1 additional SSE
  - Alcohol precautions
  - Addyi REMS program - need to complete before prescribing.

**PDE-5 FOR HSDD?**
- PDE-5 Inhibitors “Viagra”
  - Inconsistent results:
    - N=800 women. 50-100 mg X 12 weeks,
    - No improvement in Desire, but did improve Arousal
    - ? also helpful for pts with DM, MS, spinal cord injury
    - Treating the male partner may increase female desire
Dyspareunia is recurrent or persistent pain with sexual activity that causes marked distress or interpersonal conflict (AAFP definition) NOT VULVODYNIA
- It affects 10% to 20% of U.S. women (>50% of menopausal women)
- Keep this in mind for all patients who have a vagina, whether or not they identify as female
- Significantly impacts an individual’s life!
- New sexual health elective in the residency with a lot of demand

Forming the Differential
- Based on location of pain
- Based on age
- Acute? Chronic? Situational?
- Sexual Health History
- Sexual Health Exam
- Sexual Health laboratory exam

Risk Factors
- Back or hip injury
- Physical trauma (e.g., MVA, bike riders - vulvodynia)
- Reconstructive surgery for incontinence or prolapse
- Radiation or Chemotherapy
- Childbirth (particularly macrosomia, epis, lacerations)
- Lactation
- Medications (e.g., oral contraceptives) Assess OTCs!
- Marital Discord (desire discrepancy, abuse)
- Menopause
- Endometriosis
- IBS
- Testosterone therapy for transgender care
DIFFERENTIAL DIAGNOSIS

- STI - esp HPV / PID
- Genitourinary Syndrome of Menopause ( GSM )
- Genital lesions / ulcers / trauma
- Krohn’s / Bechet Syndrome
- Lichen Sclerosis
- Thyroid Dysfunction
- Dehydration
- Hypoestrogenemia
- Interstitial Cystitis
- IBS
- Endometriosis ( esp. deep dyspareunia )
- Ovarian cysts
- History of Sexual Trauma or Abuse

VULVAR CROHN’S - PAIN

Before treatment

4 weeks after treatment

FEMALE GENITAL PAIN - PE
**TREATMENT OF SEXUAL PAIN**

**Assessment of Hormone Status**
- Glans Clitoris - Testosterone
- Labia Minora - Estradiol
- Minor Vestibular Glands - Testosterone & Estradiol
- Vagina - Estradiol
- Peri-urethral tissue - Testosterone

**LABORATORY EXAM AND IMAGING**
- Vaginal pH, microscopy, vaginitis screening
- STI screening
- Assess genital ulcers - tissue biopsy if appropriate * DON'T BX HALOs
- Urinalysis, urine culture
- Vulvoscopy
- ? Hormone levels, TSH
- Transvaginal ultrasound
- Imaging to assess spine

**DYSPARAEUNIA TREATMENT - DETERMINE THE ETIOLOGY**
- Dryness / GSM - Prasterone, Dilators, E2 cream, hormone replacement therapy
- External genital pain - Gabapentin, topical or oral route, external E2 cream, compounded therapies, dilators.
- Pelvic Floor PT - CRITICAL component!
Low dose estrogen vaginal insert
- 4 mcg/10mcg supp.
- Q HS X 14 days
- 2-3 X / week maint
- CI : Same as PO E2
- DUB, CVD, Ca, Clots, Liver, Preg, Stroke

12 week to Tx, 2 for improvement
Indication - Mod to Sev VVA due to Menopause
$ 35.00 with card
AE >3% in trials - HA

Improves vaginal laxity, tone, lubrication, support, and appearance
Can be used internally & on labia majora / minora
Takes about 15-20 minutes, painless
Recommended once / month for 3 months
Approx $ 1,000 per treatment but there are packages!
75% improvement in symptoms (inconen, pain, lubrication)
Some studies found association with decreased pain
Other studies found no difference in pain reduction with these topical treatments alone
Topical application of the medication allows avoidance of adverse effects with oral medications
Cost: ??? Varied
ABC TO TREAT DYSPAREUNIA

- N=38 female pts with refractory Provoked Vulvodynia
- Treated with 2% amitriptyline + 2% baclofen for 33 weeks
- Responders = any improvement over 30%
  - 29% little improvement
  - 18% moderate improvement
  - 53% significant improvement

Overall - 71% reported decreased pain and increased lubrication


COMPOUNDED TREATMENT OPTIONS

Formula # 44B: E2, DHEA, Vit E (GSM, Dryness, Vestibulitis)
- Formula # 49B: Diclofenac, Lidocaine (Post-injury, post-procedure)
  * Can add diazepam
- Formula # 45B: Amitryp, Baclofen, Estriol, Gabapentin, Lido, Prilocaine (HPD, Vulvodynia, vaginismus)
- Formula # 47: Boric acid suppository (Recurrent vaginitis)

LUBRICANTS VS MOISTURIZERS

Lubricants:
- Temporarily replace moisture
- Can be water, silicone, or oil based
- Decrease friction, not absorbed
- SLQUID - organic, oil based
- WET - water based, no paraben, no odor, no color, viscous, kosher
- SYLK - water based. Kiwi vine extract, no scent, no paraben, no animal prod, FDA cleared. same pH as vagina. forms a film like moisture so lasts longer, contains grapeseed extract.
- GOOD CLEAN LOVE - "Almost Naked"
- KY
- PRESEED / JUST LIKE ME / ASTROGLIDE

Moisturizers:
- Last up to 3-4 days
- Typically silicone based
- REPLEN - contains bioadhesive, 3 days
- LVENA - "pre-biotic", no paraben, chlorhex, glycerin, or sulfate
- GOOD CLEAN LOVE "Restore" - PETA approved, organic
- KY Liquibeads

** COUNSEL PTS TO NOT USE ESTROGEN CREAMS AS A LUBRICANT! IT TRANSFERS TO PARTNER'S SKIN
**DYS Pareunia Adjunct T X :**
- Modify sexual technique - foreplay, etc.
- Change sexual positions
- Vaginal awareness - Kegel’s
- Yoga - 5 minutes
- Good communication with partner
- Accupuncture / Accupressure

**Sexual Pain Resources :**
- ISSWSH - International Society for the Study of Women’s Sexual Health
- NAMS - North American Menopause Society
- Cincinnati Sexual Health Consortium
- National Vulvodynia Association
- Pudendal Neuralgia Association
- Interstitial Cystitis Association
- “When Sex Hurts” National Women’s Health Resource Center
- When Sex is Painful - ACOG
- Soul Source for dilators
- AASECT - to find a Sexual Health Educator, Counselor, or Therapist
- FamilyDoctor.org
- US Dept HH Services - Office of Women’s Health (OWH)

**Genital Arousal Disorder: It’s a thing!**
- Persistent GAD
- Treat PGAD
- Tarlov’s Cysts
- Treat underlying condition (BV, PCD)
- Varenicline
- Clomipromine
- Fluoxetine
- Lidocaine gel
- Leuprolide
Herbal Supplements - What Your Patients Are Reading:

- Avilimil - may stimulate E2 dep breast tumors
- Zestra - warming
- Yohimbe
- Maca
- Ginseng
- Ginkgo
- Horny Goat Weed

A Word About STI ......

- CDC App "STD2015"
- National STD Curriculum - FREE CME
- CDC App "Contraception" MEC + SPR

Thank You for Your Interest!!