

Female Sexual Medicine


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Conflict of Interest Disclosure

None

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Learning Objectives 

1. Describe the **diagnostic criteria** and **etiologies** for common sexual function concerns in females.
2. Recommend **treatments** for common sexual function concerns.
3. Discuss **medications** used to support sexual function, with an emphasis on mechanism of action, side effects and clinical utility.

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Acknowledgements

- Sexual health care historically and currently operates in gender binaries, heteronormative systems, and tends to cater care to those who identify as heterosexual and cisgender within monogamous relationships.
 - Restrictive binaries in DSM language
 - Lack of meaningful research of diverse gender and sexual groups
- References to partnerships, and omission of ethically non-monogamous relationships/polyamorous relationships, and other types of sexual engagement
- Women's Sexual Health Clinics

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“In high-quality health-care provision, sexual health should be integrated with all aspects of patient [...] care and should hold equal status with physical, spiritual, social, and emotional care.”¹ Thus, it should be as natural to ask about sexual orientation as it is to ask about bowel habits.”²

MARGARET R.H. NUSBAUM, D.O., M.P.H., AND CAROL D. HAMILTON, ED.D., PA.-C.

¹ Wilson H, McAndrew S. Sexual health: foundations for practice. New York: Balliere/Tindall; 2000x.
² Nusbaum MR, Hamilton CD. The proactive sexual health history. Am Fam Physician 2002; 66: 1705-12.

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Taking a Sexual History

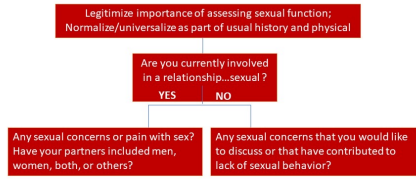
- Why?
 - 43% of American women report sexual problems
 - Symptom of systemic disease
 - Medication side effect
 - Associated with longevity
 - Your patients want you to
 - If not you... who?!
- Barriers
 - Embarrassment
 - Ill-prepared
 - Not relevant
 - Time constraints



Shifren JL, Moriz BJ, Russo PA, Segreti A, Johannes CB. Sexual problems and distress in United States women: prevalence and correlates. Obstet Gynecol 2006; 112: 970-8
 Nusbaum MR, Hamilton CD. The proactive sexual health history. Am Fam Physician 2002; 66: 1705-12.
 Johnson JL. Predictors of the longevity difference: a 25-year follow-up. Gerontologist 1982; 22: 513-8.

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Screening for Sexual Function



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Female Sexual Function Index (FSFI)

- 6 domains:
 - Desire
 - Arousal
 - Lubrication
 - Orgasm
 - Satisfaction
 - Pain
- Composite score: 0 – 36
 - Score ≤ 26.55 = Female sexual dysfunction

Female Sexual Function Index (FSFI)

Name: _____

INSTRUCTIONS: These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential.

It is important these questions be answered using the following definitions:

Sexual satisfaction is defined as sexual gratification (entry) of the vagina.

Sexual stimulation includes stimulation of the body with a partner and stimulation (masturbation) or sexual fantasy.

Sexual arousal is feeling that includes both physical and mental aspects of arousal such as: (1) being sexually aroused (1-5), (2) desire to be sexually aroused (1-5), (3) sexual thoughts (1-5), (4) sexual fantasies (1-5).

Sexual desire is defined as thinking that includes both physical and mental aspects of arousal such as: (1) being sexually aroused (1-5), (2) desire to be sexually aroused (1-5), (3) sexual thoughts (1-5), (4) sexual fantasies (1-5).

Sexual lubrication is defined as the amount of vaginal lubrication during sexual activity.

Sexual pain is defined as the amount of pain during sexual activity.

Sexual satisfaction is defined as sexual gratification (entry) of the vagina.

Sexual stimulation includes stimulation of the body with a partner and stimulation (masturbation) or sexual fantasy.

Sexual arousal is feeling that includes both physical and mental aspects of arousal such as: (1) being sexually aroused (1-5), (2) desire to be sexually aroused (1-5), (3) sexual thoughts (1-5), (4) sexual fantasies (1-5).

Sexual desire is defined as thinking that includes both physical and mental aspects of arousal such as: (1) being sexually aroused (1-5), (2) desire to be sexually aroused (1-5), (3) sexual thoughts (1-5), (4) sexual fantasies (1-5).

Sexual lubrication is defined as the amount of vaginal lubrication during sexual activity.

Sexual pain is defined as the amount of pain during sexual activity.

Check only one box per question.

1. Over the past 4 weeks, how often did you feel sexual desire or interest?

1 = Almost always

2 = Most times

3 = Sometimes

4 = Almost never

5 = Never

2. Over the past 4 weeks, how often did you feel sexually aroused or interested?

1 = Almost always

2 = Most times

3 = Sometimes

4 = Almost never

5 = Never

3. Over the past 4 weeks, how often did you have vaginal lubrication during sexual activity?

1 = Always

2 = Most times

3 = Sometimes

4 = Almost never

5 = Never

4. Over the past 4 weeks, how often did you experience pain during sexual activity?

1 = Never

2 = Almost never

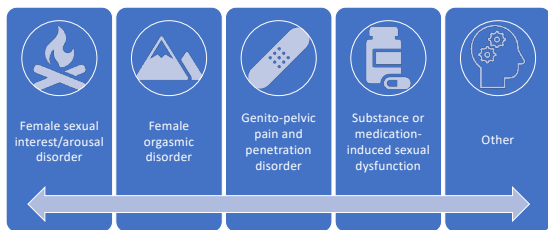
3 = Sometimes

4 = Most times

5 = Always

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Classifications of Female Sexual Dysfunction



American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington (VA): APA, 2013.

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Sexual Interest and Arousal Disorder



- **Lack of / decrease in ≥3 of the following:**
 - Interest in sexual activity
 - Sexual or erotic thoughts / fantasies
 - Initiation of sexual activity / responsiveness to partner's initiation
 - Excitement or pleasure during (almost) all sexual activity
 - Interest or arousal in response to sexual or erotic cues (e.g. written, visual)
 - Genital or non-genital sensations during sexual activity
- ≥6 months
- Distress

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington (VA): APA; 2013.

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Spontaneous Desire

- Desire that seems to erupt out of nowhere
- Urge precedes sexual activity
- Desire starts in the mind
- Type of desire you often see on TV / movies
- **Normal and healthy**



Responsive Desire

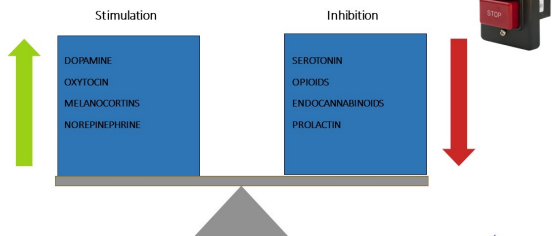
- Desire that occurs in context of consensual sexual play, touch, conversation, flirtation, reading, watching
- Urge starts after stimulation
- Intentional, gradual desire
- Pathologized incorrectly as low desire
- **Normal and healthy**



Nagaki, E. (2015). Come as you are: the surprising new science that will transform your sex life. New York, Simon & Schuster Paperbacks.

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Dual Control Model



Pfaus, J.G. Pathways of sexual desire. J Sex Med. 2009;6:1506-1533.
Bancroft, J, Graham CA, Janssen E, Sanders SA. The dual control model: current status and future directions. J Sex Res. 2009;46(2-3):121-142.
Nagaki, E. (2015). Come as you are: the surprising new science that will transform your sex life. New York, Simon & Schuster Paperbacks.



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Female Orgasmic Disorder

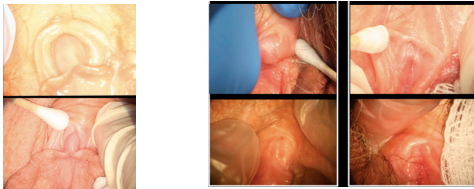


- *Orgasm that is*
 - **Absent**
 - **Delayed**
 - **Infrequent**
 - **Reduced intensity**
- **>6 months**
- **Distress**

American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington (VA): APA, 2013.

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Female Orgasmic Disorder

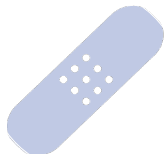


- *Often acquired*
 - **Clitoral adhesions / phimosis (GSM, lichen sclerosus)**
 - **Neurologic condition**
 - **Iatrogenic: pelvic surgery, radiation**
 - **FGM**
 - **Psychosocial: trauma, shame, anxiety**

Merts L, Rubin RS, Randazzo M, et al. Retrospective Study of the Prevalence and Risk Factors of Clitoral Adhesions. Sex Med 2018;6:115-122.

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Genitopelvic Pain and Penetration Disorder



- *Persistent / recurrent presence of ≥ 1 during activity:*
 - **Vulvovaginal or pelvic pain**
 - **Fear / anxiety about pain**
 - **Tensing or tightening of pelvic floor muscles**
 - **Difficulty with penetration**
- **≥ 6 months**
- **Distress**

American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington (VA): APA, 2013.

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Genitopelvic Pain and Penetration Disorder



Common causes:

- High tone pelvic floor myalgia
- Genitourinary syndrome of menopause
- Trauma
- Endometriosis
- Vulvodynia
- Vulvar dermatoses

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Substance/Medication-Induced Dysfunction



- Disturbance in sexual function
- Temporal correlation with:
 - Substance / medication initiation or discontinuation
 - Dose increase
- Distress

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Substance/Medication-Induced Dysfunction



- Hormonal
- Psychiatric medications
- Anticholinergic
- Cardiovascular
- Alcohol, marijuana, narcotics

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Other: Peripartum, Menopause

- Peripartum
 - Obstetric laceration
 - Lactational hypoeestrogenism
 - Postpartum mood disorders
 - Intimate partner violence
 - Sleep deprivation
 - Relationship strain
 - Stress
 - Body image
- Genitourinary Syndrome of Menopause
 - Vaginal dryness, burning, irritation
 - Decreased lubrication



Female Sexual Dysfunction. ACOG Practice Bulletin No. 213. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;114:e1-18.

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Other: Mental Health

- Depression
 - Anhedonia
 - Avolitional
- Anxiety
 - Anxious rumination
 - Perfectionistic expectations
- ADHD
 - Focus, motivation
- Post-traumatic stress, childhood maltreatment/neglect
 - Power and consent
 - Pleasure and the body



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Other: Psychosocial Factors

- Sexual/relational factors
 - Partner sexual dysfunction
 - Lack of novelty/repetition
 - Poor attention/focus on sexual stimulation
 - Pain or diminished arousal
 - Partner sexual awkwardness
- Cultural/Relational factors
 - Attachment styles
 - Religious/cultural/familial values, beliefs, taboos
 - Relational Discord
 - Partner Psychiatric Issues
- Secondary to medical issues
 - Infertility
 - Changes to body image/mobility/accessibility



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Exam

Trauma-Informed Care

- Adhesions
- Atrophy
- Inflammatory changes

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Exam

Test for dysesthesia on:

- Inner thigh
- Labia majora
- Interlabial sulcus
- Vestibule
- Clitoris

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Treatment

Moving beyond....

"Have a glass of wine or two to relax."

"Go on vacation."

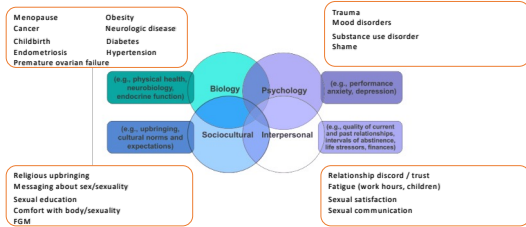
"This is what happens after you've been partnered for 15 years."

"Biology didn't intend for females to be sexually active after menopause."

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Treatment

Multimodal, multidisciplinary, biopsychosocial approach



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Treatment: Interest/Arousal Disorder

- Psychological therapy
 - Mindfulness therapy
 - Cognitive behavioral therapy
 - Sex therapy
- Exercise

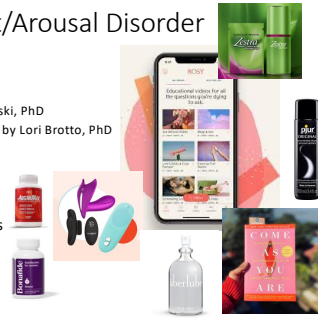


Female Sexual Dysfunction. ACOG Practice Bulletin No. 213. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;134:e1-18.

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Treatment: Interest/Arousal Disorder

- Education
 - Rosy App
 - *Come As You Are* by Emily Nagoski, PhD
 - *Better Sex Through Mindfulness* by Lori Brotto, PhD
- Increase satisfaction
 - Lubricants (silicone-based)
 - Zestra
 - Devices
- Over-the-counter supplements
 - L-Arginine
 - Ristella (Bonafide)
 - ArginMax
 - StronVivo



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Treatment: Interest/Arousal Disorder

Flibanserin "Addyi"

- FDA approved in 2015 for pre-menopausal women.
- Post-synaptic 5HT1A receptor agonist and 5HT2A receptor antagonist.
 - Lowers serotonin and raises dopamine and norepinephrine in prefrontal cortex
 - Increases excitation, decreases inhibition
 - Average of one additional satisfying sexual event per month.
- Daily qHS dosing. 8 week trial.
- Side effects: Dizziness, somnolence, nausea, fatigue.
 - ETOH: Wait 2hr after ETOH.
 - Boxed warning.
- High cost, variable insurance coverage. PhilRx.

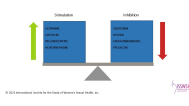


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Treatment: Interest/Arousal Disorder

Bremelanotide "Vyleesi"

- FDA approved in 2019 for pre-menopausal women.
- Melanocortin receptor agonist.
- Use PRN (subcutaneous injection).
 - Works within 45 min, and lasts 8-10 hours
 - Safe to use with ETOH
- Side effects: Nausea. Rx with Zofran.



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Treatment: Interest/Arousal Disorder

Bupropion "Wellbutrin"

- Off-label (no FDA approval).
- Consider as adjunct therapy for women with SSRI-induced low desire.
- Increases norepinephrine and dopamine.
- Reliable insurance coverage, low cost.



Female Sexual Dysfunction. ACOG Practice Bulletin No. 213. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;134:e1-18.

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Treatment: Interest/Arousal Disorder

Post-menopausal women

- Flibanserin or Bremelanotide "off-label"
- Systemic estrogen therapy (low dose, transdermal)
- Systemic testosterone therapy (low dose, transdermal)



Female Sexual Dysfunction. ACOG Practice Bulletin No. 213. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;134:e1-18.

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Treatment: Female Orgasmic Disorder

- Lysis of clitoral adhesions
- Pelvic floor PT
- Psychotherapy, sex therapy, sex skills training
 - Tools
 - Mindfulness
 - Pleasure mapping



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Treatment: Genitopelvic Pain & Penetration Disorder

- Pelvic floor PT
 - Myofascial release of muscle tension in pelvic floor, thighs, and abdomen
 - Biofeedback
- Dilators
 - Re-train the muscles not to contract with something in the vagina!
- Trigger point injections
- Muscle relaxants (systemic or local)
- Neuromodulators (systemic or local)
- Pain desensitization through therapy



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Treatment: Genitopelvic Pain & Penetration Disorder

Address comorbid conditions:

- Low estrogen
 - Menopause OR breastfeeding
 - **Vaginal estrogen** is VERY effective and LOW risk.
 - Vaginal DHEA / prasterone
 - Vaginal moisturizers (non-hormonal, hyaluronic-acid based)
 - HyaloSlyn
 - Revaree
 - Replens



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To learn more....

- International Society for Study of Women's Sexual Health (ISSWSH)
- Books:
 - *Come As You Are* by Emily Nagoski
 - *When Sex Hurts* by Irwin and Andrew Goldstein & Caroline Pukall
 - *Mindfulness for Better Sex* by Lori Brotto
- *You are Not Broken Podcast* by Kelly Casperson, MD
- Rosy App
- Websites:
 - OMGYes.com
 - Prosayla.com (ISSWSH patient-facing website)



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Sexual Problem Assessment

- Nature of the problem
- Phases of sexual response affected and pain
- Single vs. combined (sequence)
- Lifelong vs. acquired (timeline)
- Generalized vs. situational
- Sudden vs. gradual (predisposing, precipitating, maintaining factors)
- Inhibition, performance anxiety, anger
- Stimulation (technique, satisfaction)
- Contributing factors (psychological, biological, socio-cultural, relational, lifecycle)
- Depression, anxiety, trauma, substances
- Impact and distress
- Exacerbating and alleviating factors
- Partner response/sexual function, communication
- Treatments and their efficacy
- Motivation for therapy (why now?)

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Validated Tools

Validate Tool	Assessment Area
Decreased Sexual Desire Screener (DSDS)	Brief diagnostic tool for Hypoactive Sexual Desire Disorder (HSDD)
Female Sexual Function Index (FSFI)*	Desire, arousal, orgasm, pain
Female Sexual Distress Scale-Revised (FSDS-R)	Distress

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