Women's Sexual

Health Trivia

Aleece Fosnight, MSPAS, PA-C, CSC-S, CSE, NCMP, IF Urology, Women's Health, Sexual Medicine Skin, Bones, Hearts and Private Parts 2021

How does this work?

- Break into teams Come up with a team name
- There are two rounds of five questions
 - Bid on the points for each question
 - You will have 2 minutes per question to answer
- Final question
 - Bid on as many points as you want
 - You will have 3 minutes to answer question

ROUND ONE

Women's Sexual Health Trivia

By age 25, one in two sexuality active persons will contact an STI and the CDC estimates that there are nearly 20 million new STIs that occur in the United States every year.

Which of the following is the most common STI?

- A. Chlamydia
- B. Gonorrhea
- C. Human Papilloma Virus (HPV)
- D. Anogenital Herpes

Answer: C - HPV!

- 80 million people currently affected (1 in 4) and 14 million new each year
- 9/10 infections will clear <2 years
- If persistent 30,700 cases of cancer in men and women
- We have identified over 150 strains of HPV
 - Condyloma acuminatum = HPV-6 and HPV-11 (90%)
 - Cervical cancer = HPV-16 and HPV-18 (70%)
 - Vulvar cancer = HPV-16, HPV-18, and HPV-31 (50%)
 - Oropharyngeal = HPV-16 (60%)
 - Anal = HPV-16 and HPV-18 (90%)
- 2014 Gardasil 9 valent vaccine
 - Approved for 2 doses at 0 and 6 months for F/M ages 9-14
 - Approved for 3 doses at 0, 2, and 6 months for F/M ages 15-45
 - Effective against HPV types: 3, 6, 11, 16, 18, 31, 45, 52, 58
 - Immunization benefits
 - Australia's national HPV Vaccination Program: 29-40% girls age 11-12 and 63-67% boys

One of the main reasons women encounter dyspareunia is secondary to vaginal dryness either related to medical conditions, medications, or not enough foreplay. One way to improve discomfort during sexual penetration is to use a personal lubricant. ***lubricant question

What percentage of women have used a personal lubricant?

- A. 20%
- B. 57%
- C. 70%
- D. 88%

Answer: C - 70%

- Lubricants have been shown to aid in vaginal dryness and increase sexual satisfaction
- Most women use a lubricant during self pleasure vs partnered pleasure
- Apply the lubricant to the entire genital area not just the vagina
- Lubricant safety
 - Avoid glycerin, parabens, fragrances, menthol
 - Silicone, water-based, hybrid
 - No silicone lubes with silicone toys
 - Brands: Uberlube, Good Clean Love, Sliquid, Aloe Cadobora
 - Avoid KY Jelly, Astroglide, Durex

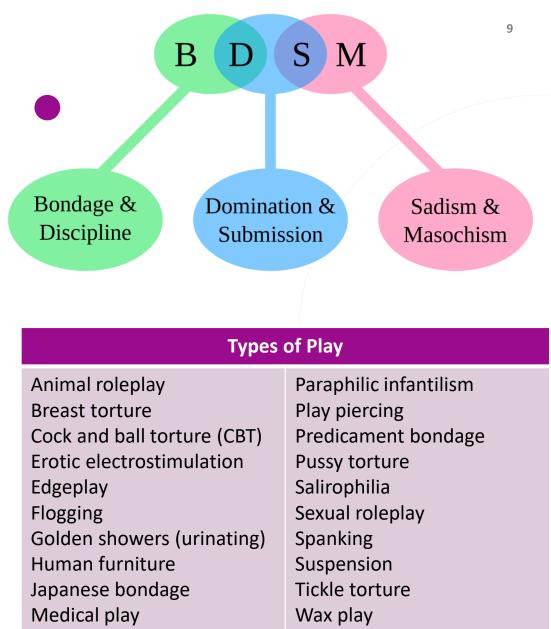
When the 50 Shades of Grey trilogy came out in May 2011, many more people became curious about BDSM behavior and spicing up their sex lives.

What does BDSM stand for?

- A. Body modification/Dipping, Danger/Safe, Sadism/Masochism
- B. Bondage/Discipline, Domination/Submission, Sadism/Masochism
- C. Bottom/Domme, Dominant/Sub, Sigmoid/Masters
- D. Bondage/Discipline, Domme/Sub, Spanking/Mastering

Answer: B!

- Can also include Kink behaviors
- Dating back to 300 AD
 - Greeks and Karma Sutra
 - 18th century brothels
- Trust and communication are paramount in BDSM practices
- A 2005 survey by Durex found that 36% of adults in the United States use masks, blindfolds and bondage tools during sex
- There are dominants, submissives, tops, and bottoms.
- Informed consent safe, sane, and consensual
 - Risk aware consensual kink
- Setting of the "scene"
- The similarities to pain and pleasure limbic system



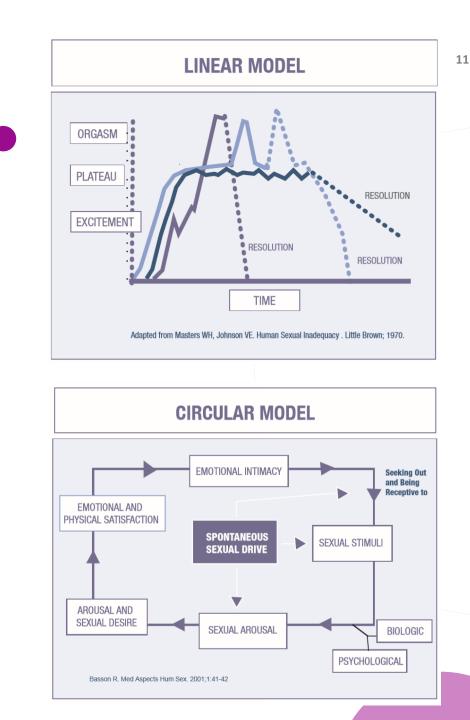
Understanding the sexual response cycle did not occur until the late 1960's when William Masters and Virginia Johnson worked together to research what happens during sexual activity. After watching over 10,000 sexual encounters, their four phase sexual response cycle was born.

What is the order of the sexual response cycle?

- A. Excitement, plateau, orgasm, resolution
- B. Desire, arousal, orgasm, refractory
- C. Arousal, excitement, resolution, orgasm
- D. Excitement, arousal, orgasm, multiple orgasm

Answer: A!

- Masters and Johnson Sexual Response Cycle
 - Excitement, plateau, orgasm, resolution
- Modern adjustment to Sexual Response Cycle
 - Desire, arousal, orgasm, resolution
- Rosemary Basson female sexual response cycle
 - Cyclic and spontaneous desire not always the beginning
- Alfred Kinsey first sex researcher



The adult novelty toy business has been booming for decades and although these companies have pocketed billions of dollars, there is only one true inventor.

The vibrator was originally developed by a British physician in the early 1900's to cure what disease?

- A. Headaches
- B. Heartburn
- C. Hysteria
- D. Hallucinations



Answer: C – Hysteria!

 Yes, Dr. Swift was the true inventor of the original vibrator, however Cleopatra was the first documented one to use a gourd filled with bees...buzz, buzz! 13

- Vibrators are the #1 sex toy bought by Americans 76%
- Caution in Novelty Stores
 - There are no regulatory organizations that monitor sex toy development
 - Most toys are made out of jelly latex PVC
- Safe materials = silicone, stainless steel, glass/pyrex
- Why use a vibrator?
 - Immune boosting
 - Less GYN concerns
 - Self exploration
 - Improve sexual function in co-morbidities
- Should you prescribe a vibrator?

ROUND TWO

Women's Sexual Health Trivia

Condoms have been around for hundreds of years as a barrier device to prevent both pregnancy and sexually transmitted infections.

The big innovation to condoms in 1839 came when Charles Goodyear discovered he could heat treat which material?

- A. Bamboo
- B. Plastic
- C. Leather
- D. Rubber

Answer: D – Rubbers!

- Hence...condoms AKA "rubbers"
 - Goodyear rubber vulcanization 1844
 - First rubber condom in 1855
- First condoms were made from sheep skin
- The earliest known illustration of a man using a condom is a 12,000–15,000year-old painting on the wall of a cave in France
- 450 million condoms sold each year in the US
 - Most are latex or polyurethane
 - Animal skin condoms are more porous \rightarrow HIV acquisition risk
 - Distribution during the Olympics
- Durex made the first latex condoms
 - AKA The London Rubber Company 1920
- Female condoms?
 - FC2 can be worn a full 8 hours before used
 - When used correctly, can be 95% effective

In 2014, NAMS and ISSWSH met to discuss a more appropriate diagnosis to describe the range of menopausal symptoms associated with physical changes of the vulva, vagina, and lower urinary tract linked to estrogen deficiency.

Which of the following is the term they agreed upon?

- A. Genitourinary Signs of Estrogen Deficiency
- B. Vulvovaginal Syndrome of Menopause
- C. Menopause Vulvovagurinary Syndrome
- D. Genitourinary Syndrome of Menopause

Answer: D-GSM!

Symptoms	Signs
Genital dryness Decreased lubrication with sexual activity Discomfort or pain with sexual activity Post-coital bleeding Decreased arousal, orgasm, desire Irritation/burning/itching of vulva or vagina Dysuria Urinary frequency/urgency	Decreased moisture Decreased elasticity Labia minora resorption Pallor/erythema Loss of vaginal rugae Tissue fragility/fissures/petechiae Urethral eversion or prolapse Loss of hymenal remnants Prominence of urethral meatus Introital retraction Recurrent UTIs

While research suggests that sexual dysfunction is common, it is a topic that many people (and providers) are hesitant to discuss.

43% of women (compared to 34% of men) have a sexual health dysfunction – which of the following is the most common sexual health diagnosis?

- A. Hypoactive Sexual Desire Disorder
- B. Female Arousal Disorder
- C. Dyspareunia
- D. Sexual Aversion Disorder

Answer: A – HSDD!

- Hypoactive sexual desire disorder (HSDD) is a subset of female sexual dysfunction (FSD) that focuses on desire, and was first defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1987.
- In 2013, the DSM-V1,2 was released and has combined HSDD with Female Sexual Arousal Disorder and named it Female Sexual Interest and Arousal Disorder (FSIAD)
- It is presently defined by the DSM-V as the absence of or significant reduction in sexual interest/arousal for at least 6 months. Three of the following symptoms must also be present:
 - Absent/reduced interest in sexual activity
 - Absent/reduced sexual/erotic thoughts/fantasies
 - No/reduced initiation of sexual activity; unresponsive to partner's attempt to initiate
 - Absent/reduced sexual excitement/pleasure during sexual activity in at least 75% of encounters
 - Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues (eg, written, verbal, visual)
 - Absent/reduced genital or nongenital sensations during sexual activity in at least 75% of sexual encounters

EXTRA...EXTRA...

• What really is desire???



Responsive

Fascination with anal play has been long been seen as taboo however approximately 35% of women have tried anal sex at least once in their life.

With the most common sex injury seen in the emergency room being a retained rectal object, what is the most important component in anal play?

- A. Lubricant
- B. Flange
- C. Pelvic floor relaxation
- D. An open mind
- E. All of the above

Answer: E – All of the above!

- Increased in anal play in adolescents not seen as intercourse and seen as less risky since you can't get pregnant
- Increase in rectal/anal cancers more women than men
- Why anal sex?
 - Pudendal nerve innervation
 - Why not?
- Anal Sex 101
 - Lube, lube, and more lube \rightarrow the rectum is not a naturally lubricating organ
 - The rectum is a vacuum \rightarrow any anal sex toy needs to have a flange
 - The external and internal sphincter response \rightarrow relaxation is key
 - Discuss ahead of time and needs to be consensual
 - Caution with depth of penetration
 - Just the anus is OK too



While going through the FDA process for approval can be difficult, we have seen 26 medications approved for men's sexual health. It hasn't been until recently that female sexual health has been brought to the forefront of the medical community.

How many medications have been approved for women's sexual health?

- A. Zero
- B. Two
- C. Five
- D. Ten

Answer: B – TWO!

Flibanserin (2015)

- Indication: female hypoactive sexual desire disorder
- MOA: Exact mechanism of action unknown. Agonizes serotonin 5-HT1A receptors, antagonizes dopamine D4 and serotonin 5-HT2A, 5-HT2B, 5-HT2C receptors
- Side effects: CNS adverse effects, hypotension, somnolence, fatigue, dizziness, nausea, syncope, xerostomia

Bremalanotide (2019)

- Indication: female hypoactive sexual desire disorder
- MOA: Exact mechanism of action unknown. Nonselectively binds and activates melanocortin receptors, including MC1R expressed on melanocytes and MC4R expressed in CNS.
- Side effects: nausea, flushing, headache, dizziness, hyperpigmentation, transient hypertension

Final Question

Women's Sexual Health Trivia

Final Question

- Besides the genitals and breasts, what other body part swells during sexual arousal?
- The NOSE!

And the winner is...

ALL OF YOU!!!

Come on down for your prize!!!

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