

Dispelling Sexual Myths

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Disclosures

Vendor:

Cord Blood Registry

Speaker/Spokesperson:

Pharmavite, Bayer, Shield, POCN





Disclosures

This presentation uses use gender-neutral pronouns in most examples.
When the words “woman” and “women” are used, they pertain to cis-women.

Objectives

At the conclusion of this session, participants will be able to:

- Reassure patients on the confidentiality and evidence based foundation for you taking a thorough sexual history.
- Describe the principles of the PLISSIT model to obtain a sexual history from patients.
- List the medications currently approved to treat female sexual dysfunction



Questions





Dispelling Sexual Myths

Limited
Information

Poll : Which of these is false

- A. The vagina has glands that provide lubrication during arousal
- B. In a committed relationship, the typical frequency of intercourse is 3 times/week
- C. Herpes is only transmitted when there is an active lesion
- D. None of these
- E. All of these



Myths & sources depend on the person's age & stage



Social Media, Videos, Movies





Trusted
Friends

HCPs

- Have our own belief systems
- Training/Interest
- Embarrassment
- Language preferences
- Time
- Biases



HCP Myths and Biases

- I don't see *those* kinds of patients
- My patients don't have multiple partners
- My patient population is different from a STI clinic
- I don't want to open up a Pandora's box
- I'm a cardiologist/oncologist/nephrologist, (fill in the blank) it's not what my patients care about
- My patients are older and aren't very sexually active
- If they have a question, they'll ask
- That's something for urologists and gynecologists

The Reality is quite different

- 81% of people want their HCP to inquire about sex
- Only 19% ask routinely
- When HCPs are trained their comfort level increases
- If you ask, then they will tell
- All people have sexual health concerns and are looking for trusted sources of information
- It takes less time than you might think



Framework



20% What we say

80% How we say it

PLISSIT MODEL

Permission
Limited Information
Specific Suggestions
Intensive Therapy

Annon JS. 1976.



Busting Myths with Empathy

- Validate and Normalize –
- You're not alone and it's normal to think that
 - A lot of people think that
 - I can understand why you might think that
 - So many people heard that on social media, it's one of the most common myths about sex out there
 - Many people believe that

Ask for Permission

- May I share with you what I know about that?
- I had questions about that, and so I did a little bit of research, may I tell you what I learned?
- I was just at a conference and learned more about that, can share what I learned?
- I was just reading about that and learned that...

Limited information

- Many people think if they have an STI, such as Chlamydia or HIV, they will have symptoms, however this is not the case, which is why I recommend screening
- If a woman has chlamydia, it can cause an infection in the tubes and increase the chance of infertility.
- Many people think that having sex during a period means pregnancy is not possible, but the problem is, many women have irregular bleeding when they ovulate and can very easily become pregnant then.

Specific Suggestions

- Many people have a headache after an orgasm, you might try taking an over the counter pain reliever such as acetaminophen or Ibuprofen before you have sex.
- Many of my patients who have had knee surgery find that their usual positions with sex cause pain, you might try a side lying position or having more oral sex.
- Many women over 40 find that using a clitoral stimulator instead of a vibrator helps them have more satisfying orgasms.



Teens & Young Adults

- I would know if I had a STI
- You can't get a disease the first time
- If you masturbate, you'll go blind
- Masturbation will help my acne clear up
- Cold sores on the mouth are no big deal

Herpes 101

- Over 100 known— 8 routinely infect only humans:
- Herpes Simplex Virus (HSV) types 1 and 2
- Varicella-zoster virus – type 3
- Epstein-Barr virus Herpes type 4
- Cytomegalovirus – Type 5
- Human herpesvirus 6 (variants A and B), human herpesvirus 7 – causes infantile seizures
- Kaposi's sarcoma virus or human herpesvirus 8.

HSV Types 1 & 2 – asymptomatic transmission

- HSV type 1 – 65% of US population
 - Oral, Nasal cold sores
 - Can be transmitted to genitals, 1st infection very robust immune response
 - Genital HSV 1 recurs infrequently, < 1/year
- HSV type 2 – prevalence increases as we age, by age 60 approximately 25% of people have been infected
 - 80% unaware of infection
 - Genital HSV2 outbreaks average 4-6 times/year
- Treatment episodic or suppressive.
- Suppressive treatment reduces transmission as does condom use

Despite Social Media – Lack of information

- You can't get pregnant if you have sex on your period
- I won't get a bladder infection if I get up after to pee
- Hormones in the pill will make you gain weight
- If I ask for what I want, my partner will lose respect for me



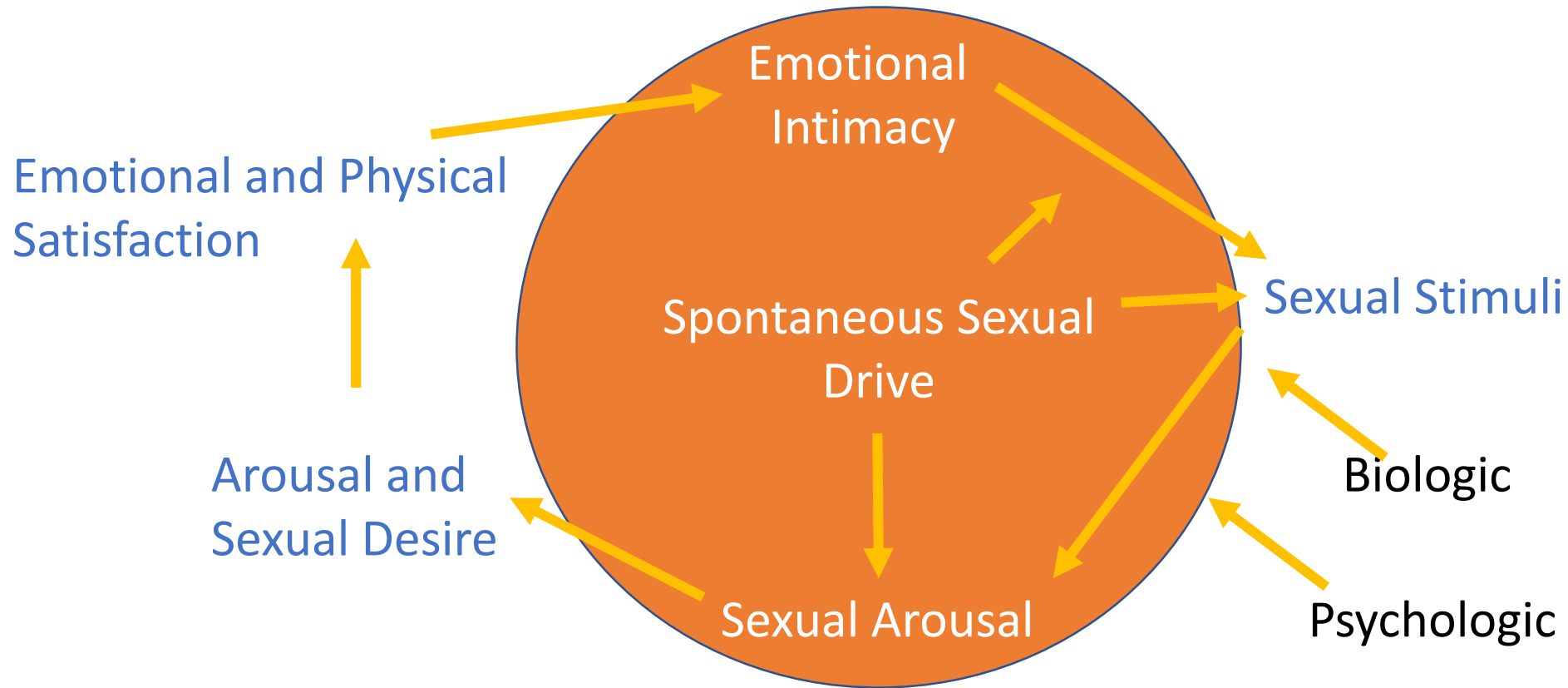
Sex is more than...intercourse

We had sex but:

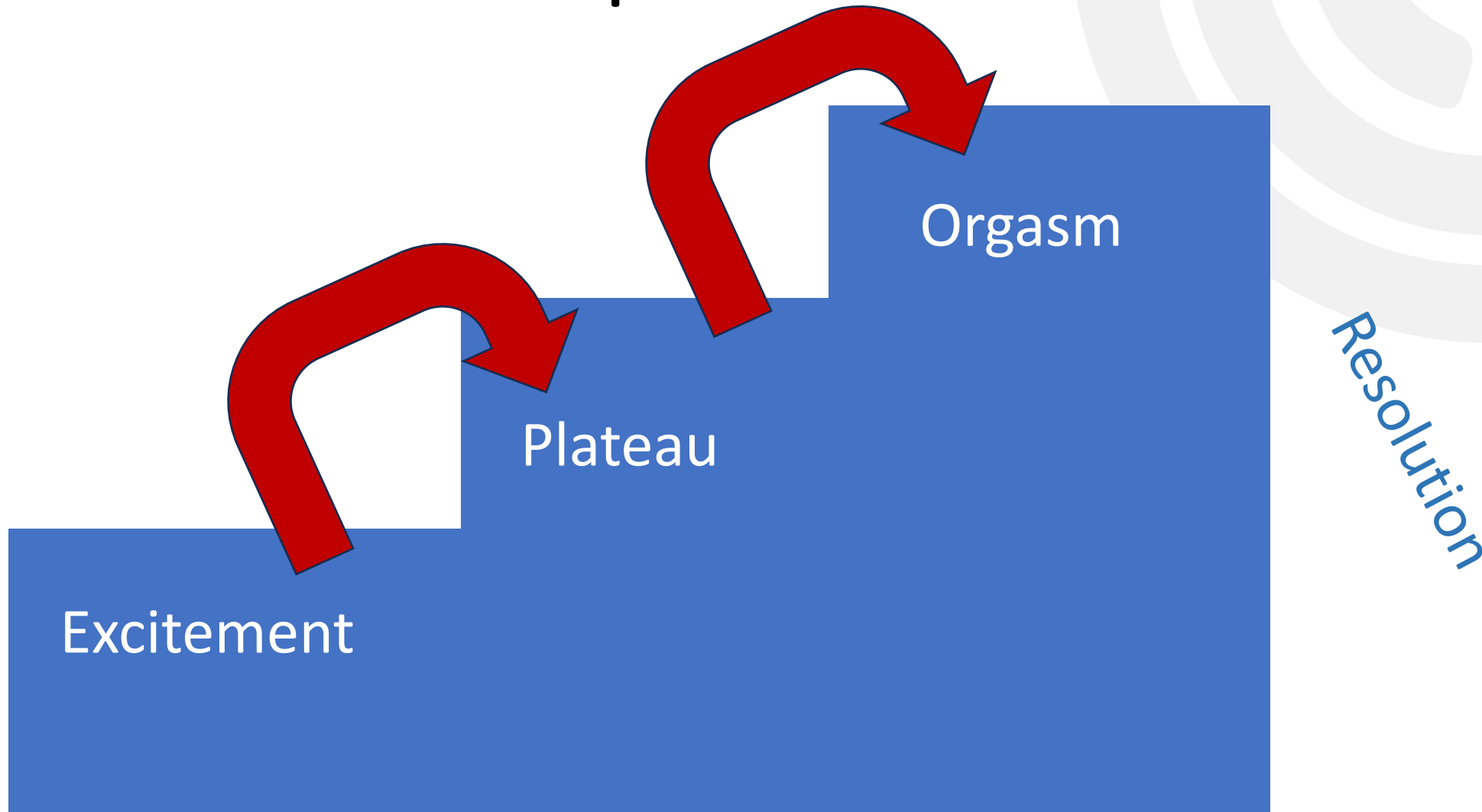
- It was over before I got started
- I didn't come
- It's not as much fun as I thought
- My partner doesn't know what they're doing
- It's all about my partner's pleasure...

An Adaptation of Basson's Model

Female Sexual Response Cycle

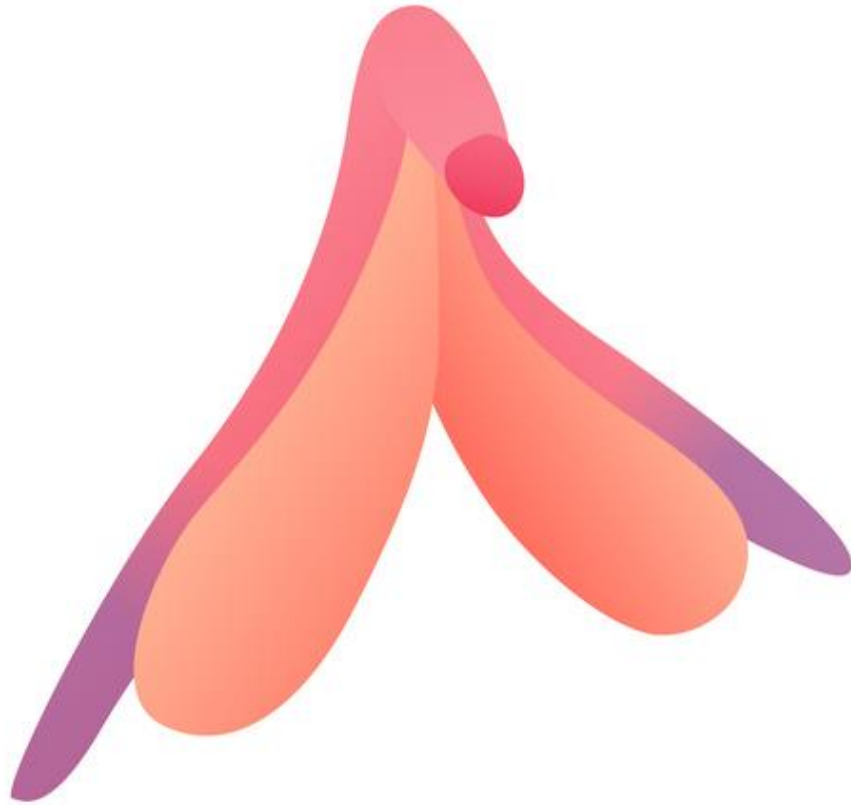


Male Sexual Response Model

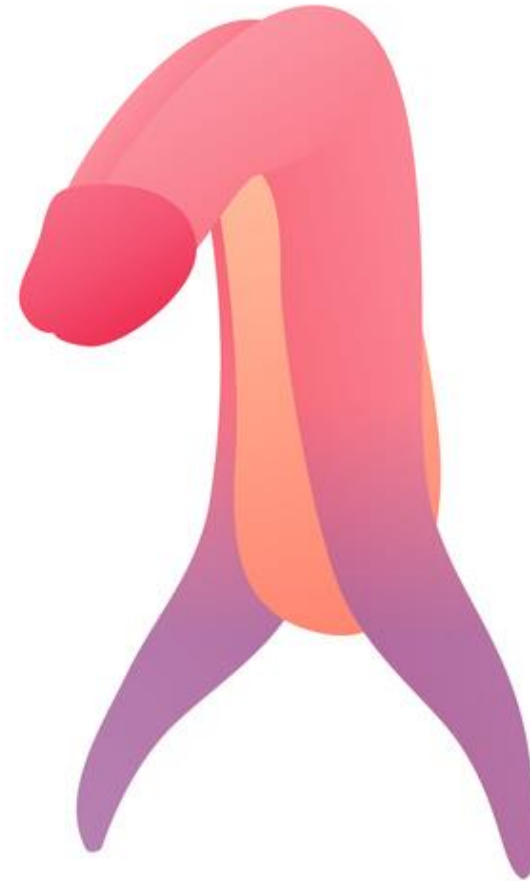


Adaptation from Masters & Johnson

Anatomy Review



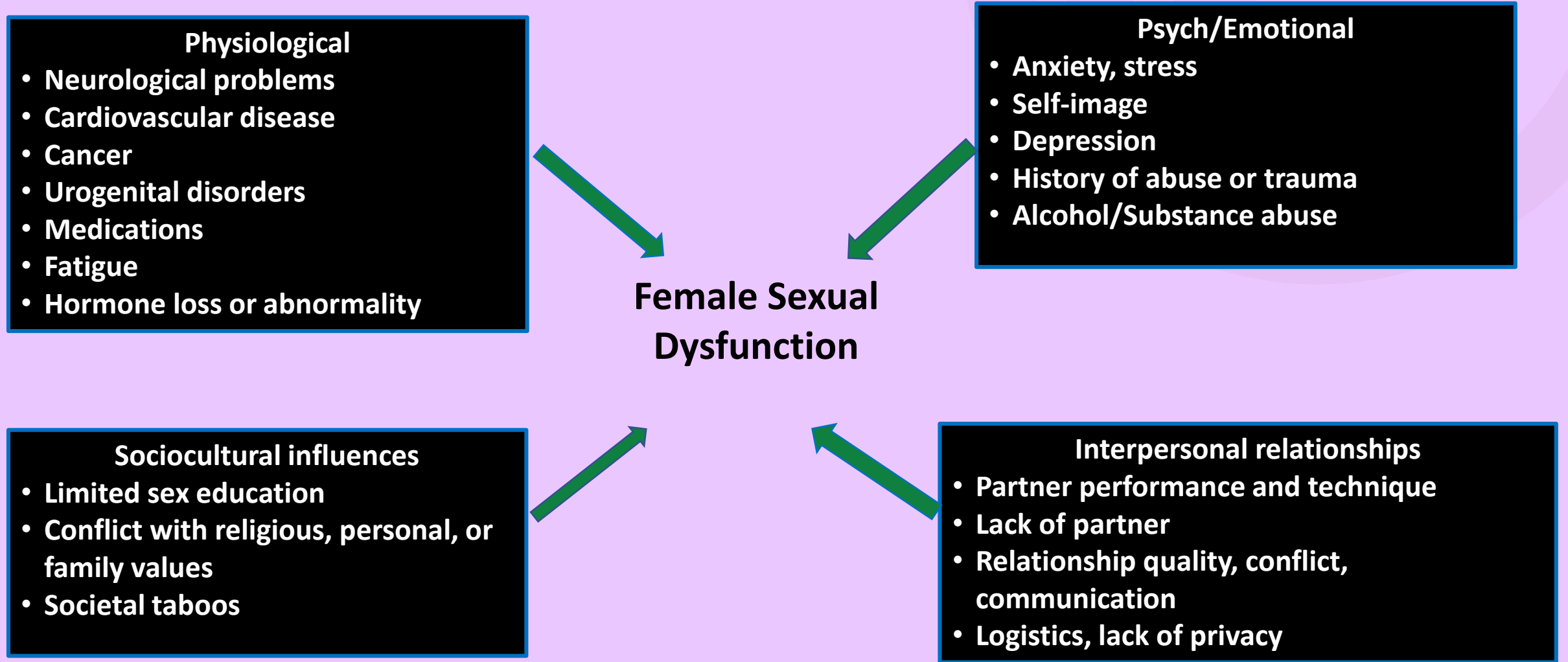
Clitoris



Penis



Biopsychosocial Model



Factors Affecting Sexual Functioning



Conditions That Impact Sexuality

Neurologic

- Head/spinal cord injury
- MS
- Stroke

Endocrine

- Diabetes
- Hepatitis
- Kidney disease

Vascular Disorders

- Hypertension
- Leukemia
- Sickle-cell disease

Conditions that Impact Sexuality

Debilitating

- Cancer
- Degenerative disease
- Lung disease

Psychiatric

- Anxiety
- Depression

Voiding Disorders

- Overactive bladder
- Stress urinary incontinence

Medications that contribute to Desire Disorders

- **Psychoactive medications**

- ❖ Antipsychotics
- ❖ Barbiturates
- ❖ Benzodiazepines
- ❖ Lithium carbonate
- ❖ SSRI's
- ❖ Tricyclic antidepressants

- **Hormonal agents**

- Finasteride
- GnRH agonists
- Oral contraceptives
- Clonidine
- Digoxin
- Spironolactone

- **Others**

- Indomethacin
- Ketoconazole
- Phenytoin sodium

- **Cardiovascular medications**

- Anti-lipidemics
- Beta blockers

Medications that interfere with Orgasm

- Amphetamines and related anorexic drugs
- Antipsychotics
- Methyldopa
- Narcotics
- SSRIs
- Trazodone
- Tricyclic antidepressants

Treatment for Female Sexual Disorder

- Treatment is specific to the diagnosis
- Options may include education, medication, vibrator therapy, and PFPT
- Treat GSM with vaginal hormones
- FDA-approved medications for HSDD in premenopausal women include flibanserin and bremelanotide
- Off-label testosterone can be considered for select postmenopausal women with HSDD

Improving Sexual Satisfaction – It's Not All About Technique

- Improving Emotional Intimacy
- Identifying and removing barriers
- Creativity
- Sensate Focus
- OTC remedies
- Toys
- Medications

It's not like the movies

- New partners are not experts in your body
- Many times a partner will be ready and finished before you get started
- Only about 25% of cis-women have an orgasm with penetrative sex





Hormones are not natural

- I understand why you think that - Normalize
- After all, we hear about body builders using hormones to build muscle - Validate
- Many of my patients are surprised to learn that they've had hormones in their bodies since puberty....Limited information

No questions? Still an opportunity to educate

- After asking permission to touch/examine, then during your exam, offer a mirror, and/or describe what you see and normalize.
 - Your pubic hair distribution is normal, do you shave, wax or remove it?
 - Have you noticed any irritation or bumps after hair removal?
 - Your labia majora/minora/scrotum/penis/clitoris appears normal size, shape. The skin/tissue is healthy and I don't see anything that I'm concerned about. Do you have any concerns?

Am I normal?

Sometimes spoken, often not

- What's wrong with my vulva? It doesn't look like the pictures online.
- Is my penis a normal size?
- How come I don't have any desire?
- What does an orgasm feel like?
- Am I the only person who masturbates?



Magical Thinking

- If I need a test for an STD, my provider will order it
- My provider will know what I'm worried about
- I think my concerns are pretty obvious, they'll ask
- I'm too embarrassed and I'm sure it's nothing to worry about
- I can tell if someone has a disease
- When I had a blood test, they must have included a test for...
 - Hep C
 - HIV
 - Syphilis

Many of my patients have questions about:

- Desire, Arousal
- Lubrication
- Orgasms
- Whether their genitals are normal size, shape
- Self-stimulation
- Sex after 50, 60, losing a partner



Is this something you're concerned about?



Solo Sex

- 92% of US men but only think that 83% do
- 76% of US women but only think that 66% do
- Deeply satisfying
- Healthy, helps with mood, sleep, well-being, self-confidence
- Present in partnered relationships

Poll – What is the average frequency of sex for couples together for > 1 year

- A 1/week
- B 2/week
- B 3/week
- C 1/month
- D Birthdays and Anniversaries

Sexual Frequency: Depends on many factors

- Age
- Social environment
- Lifestyle
- The current state of physical and mental health
- Occupation
- Each person's desire level and sex drive
- Personal preferences and emotional needs
- Beliefs, ethics, and customs
- Impact of past experience that could cause anxiety-, stress-, or trauma related issues
- The overall relationship satisfaction

Sexual Desire should be Equal

- Nope! 80% of couples will experience Desire Discrepancy at some point
- You're normal!
- Is this bothersome?
- If so, what do you think contributes to this?
- Would you like some suggestions
 - How to ask
 - How to say no thank you
 - How to increase frequency

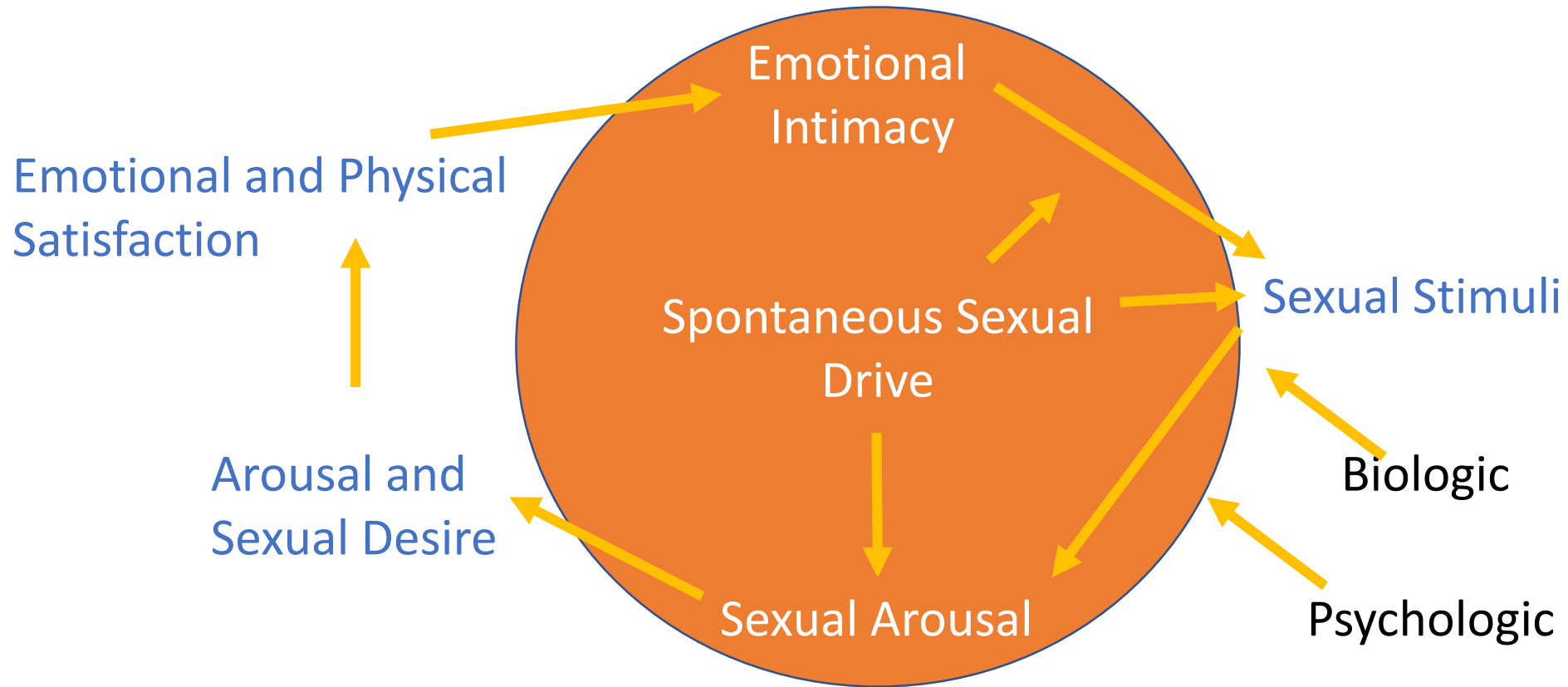
Myth: Desire should be spontaneous and frequent

Doesn't work that way

- Arousal precedes desire
- As hormone levels decline there are changes in the brain's sexual arousal activation centers



An Adaptation of Basson's Model Female Sexual Response Cycle



How to spark desire



A red pen with a silver tip and clip is positioned vertically on the right side of a calendar page. The calendar is open, showing a grid of days with numbers 1 through 31. The days of the week are abbreviated as W, T, F, S. The background is dark, and the calendar page is light-colored.

Scheduling Sex really works

- Increase anticipation
- Help both partners know what to expect
- Reduce distractions, put away the laptop
- Turn off the TV
- Set the mood
- Text or sext through the day
- Have lubricant and toys ready

Many people don't like their partners

- Unresolved anger
- Loss of attraction
- Poor communication
- Turning away instead of towards

Emotional Intimacy enhances Sexual Intimacy

- Drs John and Julie Gottman
- Gottman.com
 - Small things often
 - Gratitude for the little things
 - Rituals of connection
 - Soft starts
 - Bids for connection

Creativity with Intimacy

- Number of physical changes with aging or injury that affect intimacy
- New products available to help
- Wedge pillows for support
- Vibrators because it just takes longer
- Clitoral stimulators
- RecoverSex.com for illustrations of positions
- Finger vibrators, Rings

OTC options

- Ristela –
- Zestra gel –
- Maca -



Ristela

- OTC product that contains: Pycnogenol, L-Arginine and L-Citrulline that increases blood flow to the genital organs and to the brain
- 2 tablets po each day. Improvements seen in 7-28 days
- Clinical trials showed improvements in:
 - Arousal
 - Desire
 - Quality of life
 - Few people have side effects like nausea, headache, or digestive discomfort
 - Orgasm
 - Overall sexual satisfaction

Zestra gel

- Contains a combination of borage, primrose, angelica, and coleus extracts
- Apply to genitals 5 minutes prior to sexual activity
- This increases blood flow and nerve conduction
- Clinical studies suggest that it benefits both women with and without sexual disorders by:
 - Heightening desire
 - Arousal
 - Increased sexual pleasure

Flibanserin – *Addyi*

- FDA approved for Female HSDD –that causes distress
- 100 mg at hs, can cause dizziness, somnolence, nausea
- Increases in SSE's Satisfying Sexual Events –
 - 1.5 to 2.5 per week
- Improvement in FSFI – *Female Sexual Function Index*
 - 3.5 to 5.3
- Decrease in distress FSDS-R – *Female Sexual Distress Scale – Revised*
 - – 9.4 to – 6.1

Flibanserin – MOA

- Serotonin Agonist in some areas of the brain to increase desire
- Serotonin Antagonist in other areas of the brain to reduce inhibitions and increase sexual responsiveness
- Influences the balance of dopamine and norepinephrine which can reduce libido and impact motivation and pleasure/reward centers in the brain.

Flibanserin - *Addyi*

- Long list of Drug to Drug interactions including certain antivirals for HIV and hepatitis, fluconazole, ciprofloxacin, clarithromycin, erythromycin, verapamil
- Do not take with grapefruit juice

Bremelanotide – *Vyleesi*

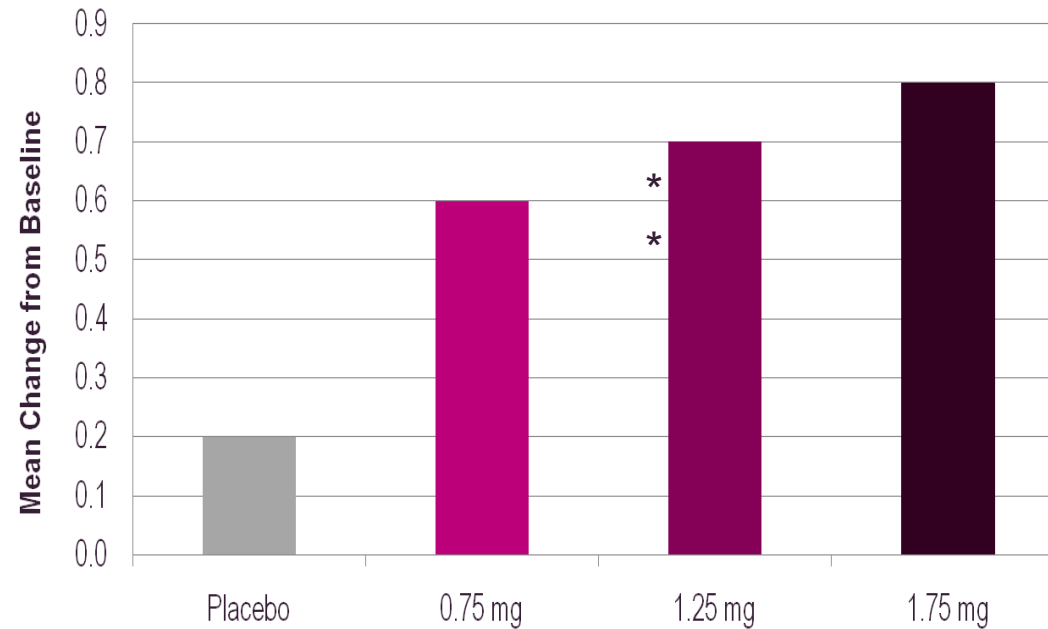
- Subcutaneous injection of 1.75 mg, into abdomen or thigh
- Delivery method – a single use autoinjector pen 45 minutes prior to sexual activity
- MOA – activates melanocortin receptors in the brain, which are involved in regulating sexual desire and arousal.
- Studies showed statistically significant improvements in desire, arousal, and orgasm scores
- How often to take it: Patients should not take more than one dose within 24 hours or more than eight doses per month.
- Side effects: Side effects may include nausea.

Bremelanotide - Vyleesi

- Bremelanotide is administered intranasally or as a subcutaneous injection. The recommended dosage of bremelanotide is 1.75 mg injected subcutaneously in the abdomen or thigh at least 45 min before sexual activity. Studies showed improvements in desire, arousal, and orgasm scores

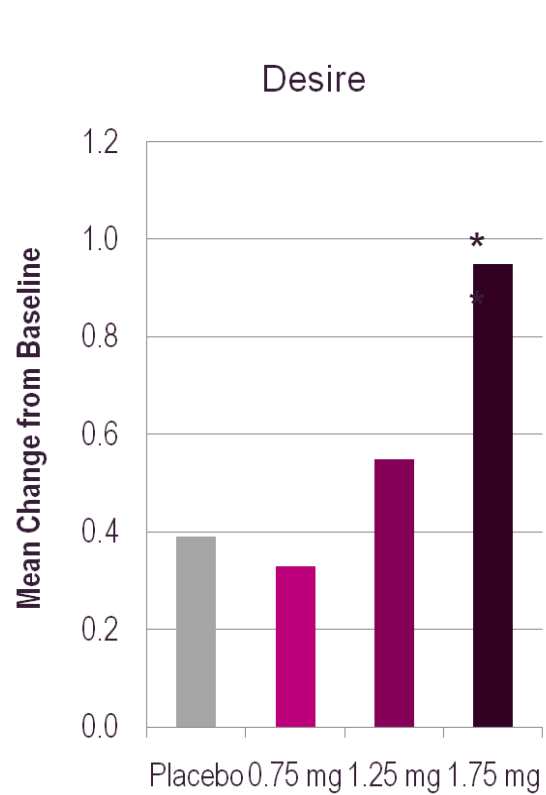
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Satisfying Sexual Events (SSEs)

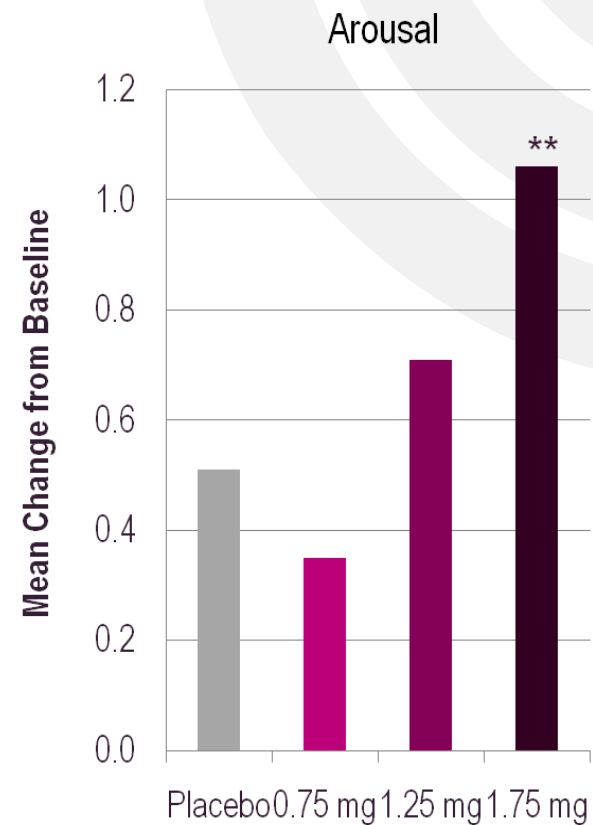


The mean absolute number of SSEs for the screening month (no-treatment month) and the baseline month (placebo month) ranged from 0.7 to 0.8 and 1.5 to 1.9, respectively.

FSFI: Desire & Arousal Domain Scores



**** $P < 0.01$**



This is taking **FOREVER!**

- Many women give up
- Many partners get tired
- Normalize for women
- Validation: over 50% of women over 35 use a lubricant
- Vibrators and toys are more commonplace than women think
- Resources: local shops, books, on-line





Types of Lubricants

- Water Based
- Silicone Based
- Hybrids
- Oils

Moisturizers = Water magnets

Patients and providers get confused

- NOT lubricants
- Do NOT contain hormones
- Must used regularly: 2-3 times/week
- NOT a cure

Poll

- What percentage of heterosexual couples in long term relationships have not had sex in the last 6-12 months?
- 5%
- 10%
- 15%
- 20%



—

Poll: On average,
Men think about sex

- A. Every 3 - 15 seconds
- B. Every 3 - 15 minutes
- C. Every 15 – 60 minutes
- D. Every 2 - 4 hours

It's more complicated than that

- Depends upon a number of factors
- Men are concerned about
 - Their partner's pleasure
 - Their performance
 - Their size
 - Their erections



Senior Sex



Concerns and myths

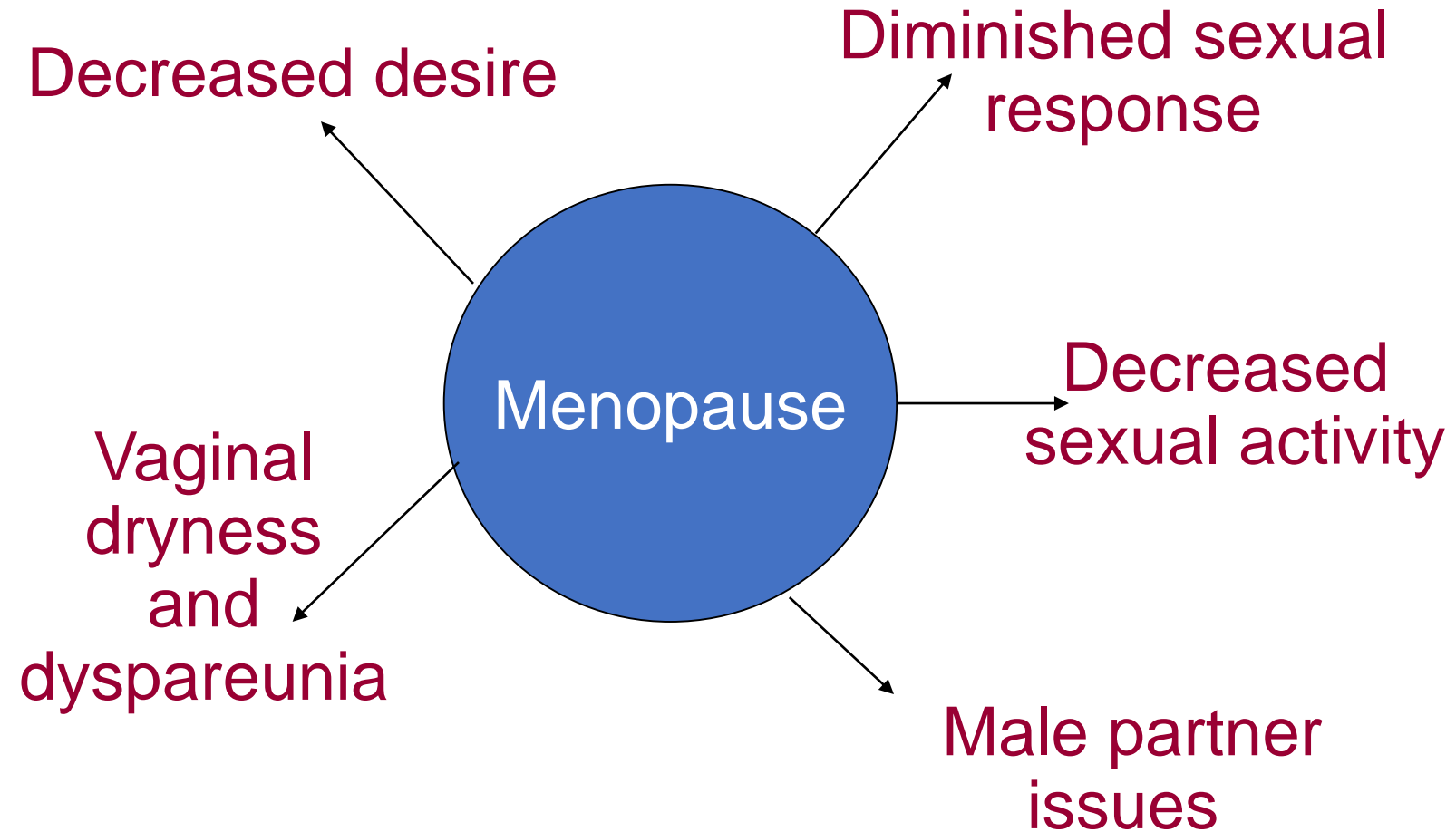
- People over 65 aren't having sex
- It's normal for sex to hurt
- What if I leak urine
- What if my partner judges my body
- Sex = penetration and only penetration
- Only men over 50 have ED
- Sex causes heart attacks
- Orgasms are not as satisfying and take too long



1 in 3 women > 50 are in new relationships

- Can be much more satisfying
- More comfortable with bodies and what is pleasurable
- More confident and able to ask for what you want
- More willing to use toys and experiment
- No pregnancy worries
- Better educated about sexual response

Effects of Menopause



Effects of HT on Sexual Function

- May not improve sexual desire unless bothersome hot flashes contribute to dysfunction
- Relationship factors, physical and mental health more important than menopause status for sexual health
- Improves sleep in the setting of vasomotor symptoms, which decreases fatigue
- Enhances skin sensation and increases vaginal lubrication and elasticity

Testosterone Therapy for HSDD

Menopause Society Global Consensus Position Statement

- Testosterone significantly increases sexual function (satisfactory sexual event frequency, sexual desire, arousal, orgasm, responsiveness) and self-image and reduces sexual concerns and distress in postmenopausal women
- Meta-analyses show no severe AEs with physiological testosterone use
- Long-term safety of testosterone therapy has not been established

GSM

***> 50% of midlife women have:
Vaginal and vulvar
irritation, itching & pain with sex***

Key Question



Less Estrogen = Puberty in Reverse

- Vagina loses elasticity, shortens, narrows, easily traumatized and irritated
- Loss of ruggae, fornices become obliterated, cervix flush with vaginal vault
- Loss of fat pads with Labia, clitoral hood shrinks
- Worse with Tamoxifen & Aromatase Inhibitors

Vl
Sy



**Puberty
in
Reverse**

Image courtesy of Barb Dehn NP

Nonhormonal treatment

- *Use it or Lose It*
- Regular sexual activity promotes blood flow
- Masturbation or use of a vibrator to maximize stimulation
- Cleansing with water but not soap

Vaginal Moisturizers

- ON-GOING Treatment: MUST STRESS THIS
 - Non-hormonal
 - No prescription
 - Attracts moisture to vagina
 - Improves pH
 - Use 2-3 times/week for maintenance
 - Works well within a routine and regimen

Vaginal Lubricants

- Lubricants: reduces friction
- Water or silicon based
- Many women use Olive or Coconut oil
- Flavored lubricants for Oral intimacy
- Use with sex to help with gliding
- Warming versions (with niacin) increases blood flow and arousal



Treatment with localized Estrogen

- Restores vaginal blood flow & decreases vaginal pH
- Improves thickness, elasticity of tissue
- Many women on systemic HT *ALSO* need vaginal estrogen
- Low-dose, local vaginal ET *does not* increase serum levels of Estrogen
- No need for progestin

Localized Vaginal Estrogen

- Improvement begins within 3 weeks
- On-going improvement at 6 - 12 weeks
- Has limited systemic absorption
- No increased risk Endometrial or Breast CA
- Does not protect the bones or treat HF, NS
- Does improves sexual functioning
- Does reduce urinary symptoms

Vaginal Estrogens

- Low-dose, local, prescription vaginal ET products FDA-approved
- Estradiol vaginal cream grams (Estrace Vaginal Cream)
- CEE vaginal cream (Premarin Vaginal Cream)
- Estradiol vaginal ring 7.5 mcg/24 hours(Estring)
- Estradiol hemihydrate vaginal tablet 10 mcg (Vagifem)
- Estradiol 4 mcg and 10 mcg (Imvexxy)

■ Discuss boxed warning

Estradiol Vaginal Ring (Estring)

- Slightly opaque ring with a whitish core containing a drug reservoir of 2 mg Estradiol
- Once placed in the vagina: 7.5 mcg E_2 released every 24 hours for 90 days
- Many clinicians insert with a pessary
- Not to be confused with etonorgestrel-ethinyl estradiol ring (NuvaRing)
- Topical estrogen/not systemic

Ospemephine (Osphena)

- Ospemifene 60mg/day *indicated* for dyspareunia
- Two 12-week studies showed improvements with daily use (60 mg) in
 - Vaginal maturation index, pH
 - 1 year later patients sustained improvements with no cases of VTE, endometrial hyperplasia, or carcinoma

Prasterone *Intrarosa* Intravaginal DHEA

- Converts to Estradiol in the vagina
- 6.5 mg Ovules *indicated* for dyspareunia
- After 2 wks decreased pH, increased vaginal secretions, color, epithelial integrity
- No reported change in endometrial histology
- No significant increase in serum sex steroids
- Also found increased arousal possibly due to increased nerve fiber growth vaginal tissues

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Questions



Thank You

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