Taking a Sexual History

Barb Dehn, WHNP-BC, FAANP, MSP

@NurseBarbDehn

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

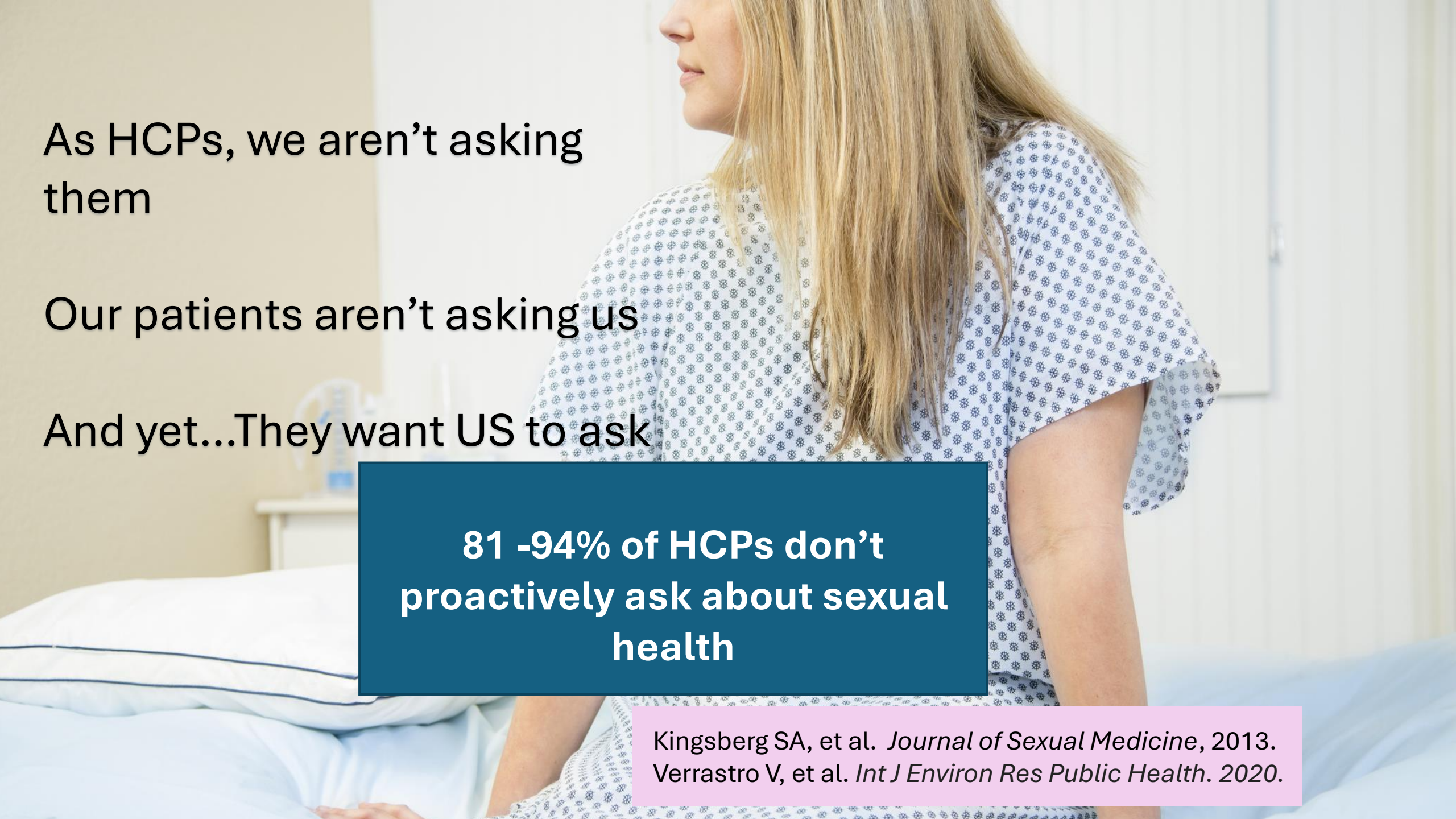
TAKING A SEXUAL HISTORY

WHY TAKE THE TIME?

Sexuality

- WHO defines sexuality as the way people experience themselves and others as sexual beings, including sexual activity, sexual orientation, gender identity and gender roles, eroticism, pleasure, intimacy, and reproduction.
- It represents a need in everyone's life, a fundamental and natural element, regardless of age or physical state. The expression of sexuality is an integral part of every person, it is a basic human right, and continues throughout life.

WHO Geneva, World Health Organization Defining Sexual Health, accessed 01/2023



As HCPs, we aren't asking them

Our patients aren't asking us

And yet...They want US to ask

81 -94% of HCPs don't proactively ask about sexual health

Kingsberg SA, et al. *Journal of Sexual Medicine*, 2013.
Verrastro V, et al. *Int J Environ Res Public Health. 2020.*

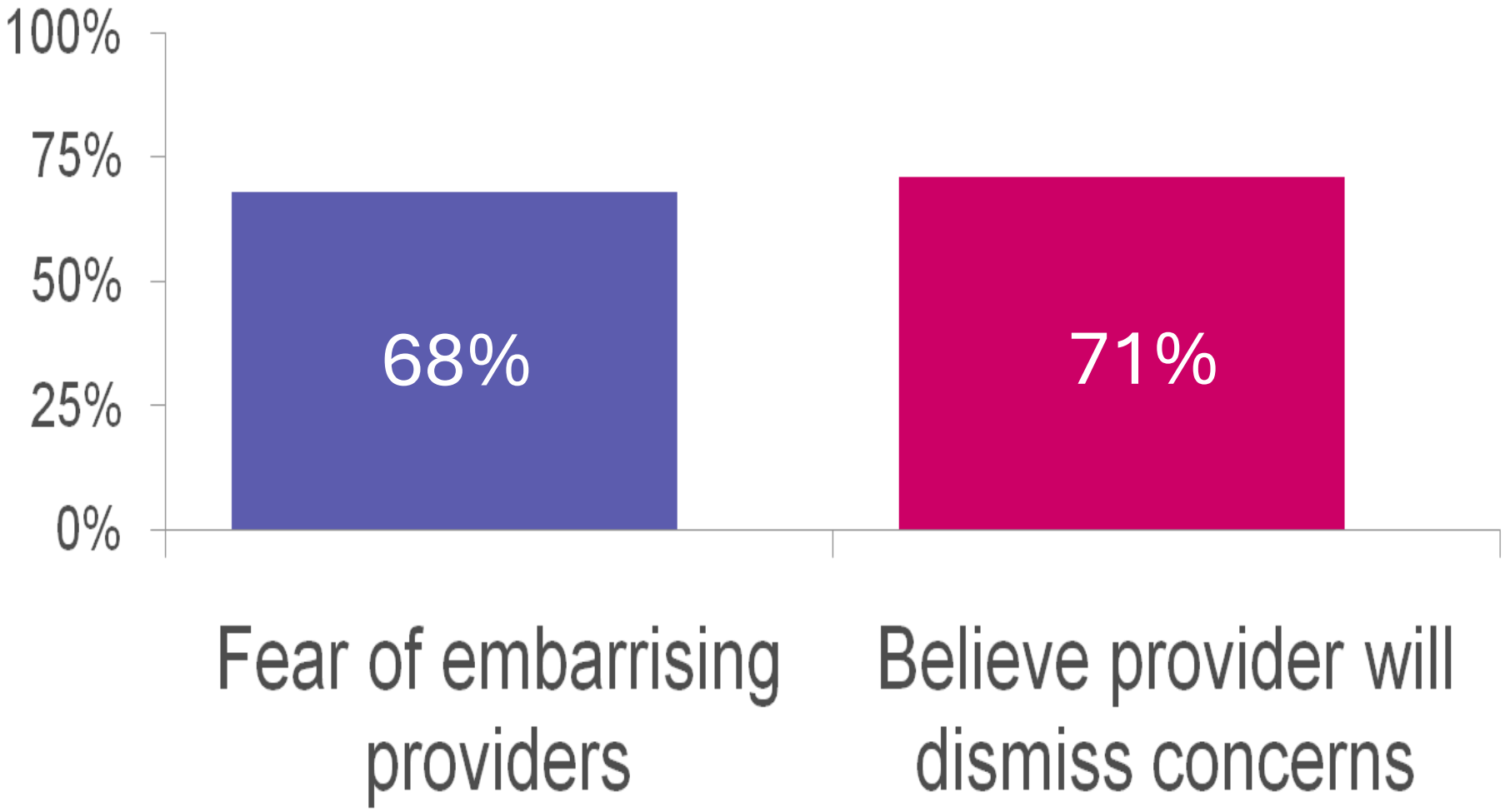
The Reality…

In general, 3/4 of people report reluctance in seeking help for sexual health issues…

Over 50% think HCPs *should routinely* ask about sexual health

Laumann et al., *International Journal of Impotence Research*, 2009

Why Patients Don’t Bring Up Sexuality Issues?



Zhang,X, et.al, *Patient Educ Couns*. 2020.

Poll

- How many hours of training did you receive in sexuality?

A. 0
B. 0 – 10
C. 10 – 20
D. 40+

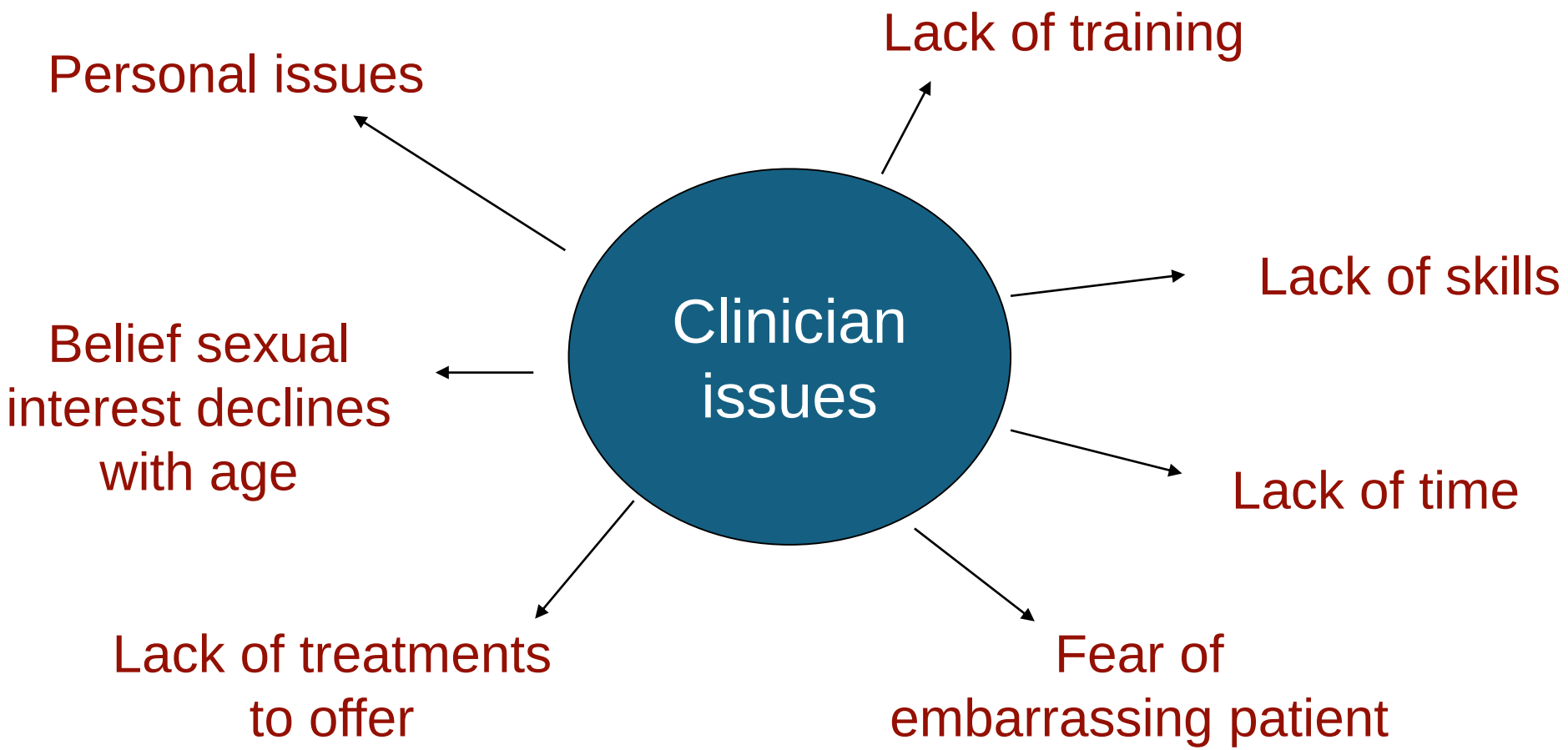
Clinician Based Barriers

- Embarrassment
- Inadequate training/education
    - 61% of medical schools provided 10 hrs or less of education
    - 15% provided 20 hours or more
- Concern that management will be time-consuming and/or poorly reimbursed
- Lack of awareness of how other conditions impact sexuality

Verrastro V, et al. *Int J Environ Res Public Health. 2020*

Leiblum S. *Sex. Relatsh. Ther.* 2001

Sexuality and Clinician Barriers



Verrastro V, et al. *Int J Environ Res Public Health*. 2020.

Why Ask? – There's Significant Distress

Sexless relationships

- **1 in 8** couples – no sex in 12 months
- US > **20 million** people living in sexless marriages
- Baby Boomers - **33%**
- Gen X born 1965-1980 – **22%**
- Low Sex defined as **< 10 times/year**

And…

- **75%** of couples have desire discrepancy

- **40%** of women have a sexual concern
  - Low desire
  - Difficulty with arousal
  - Difficulty with orgasm
  - Sexual pain

- 40% of men at 40 have ED

More Reasons To Ask:

- **Sexual function is lifelong:** 60-70+ year olds may be as concerned about sexuality as people in their 20's
- **Sexual health =** happiness, longevity, well-being, integral part of overall health
- **Opportunity** for primary prevention and education, STIs, pain, contraception menopause, andropause

Most people would like help – and don't know where to start

Savoy M, et. Al. *Am Fam Physician*. 2020

"Addressing sexual health issues with our patients has enhanced our practices and improved the well being of our patients. We have found that many sexual health issues are easy to assess in a quick fashion, and do not adversely impact patient flow. Simple interventions often lead to more successful outcomes."

Handbook on Female Sexual Health and Wellness, ACOG
Kingsberg, Iglesia, Kellogg, Krychmann, 2012

TAKING A SEXUAL HEALTH HISTORY

How to integrate it easily into your practice

Know your Audience

- Teens are different from seniors
- Develop a routine way to gather this information
- Take culture into account
- Assurances of confidentiality
- I prefer not to answer is a choice
- Neutral language: Partner(s) instead of girlfriend/boyfriend/husband/wife

A few guidelines:

- Be sensitive & matter of fact
- Let go of judgments & assumptions
- Use inclusive language
- Normalize
- Sit and maintain eye contact
- Plan for silences
- Try not to interrupt

Trauma Informed Care

Estimated that 1/3 of women have had a non-consensual sexual experience.

Take into account the possibility of trauma

Somatosensory reactions: anything can trigger a memory

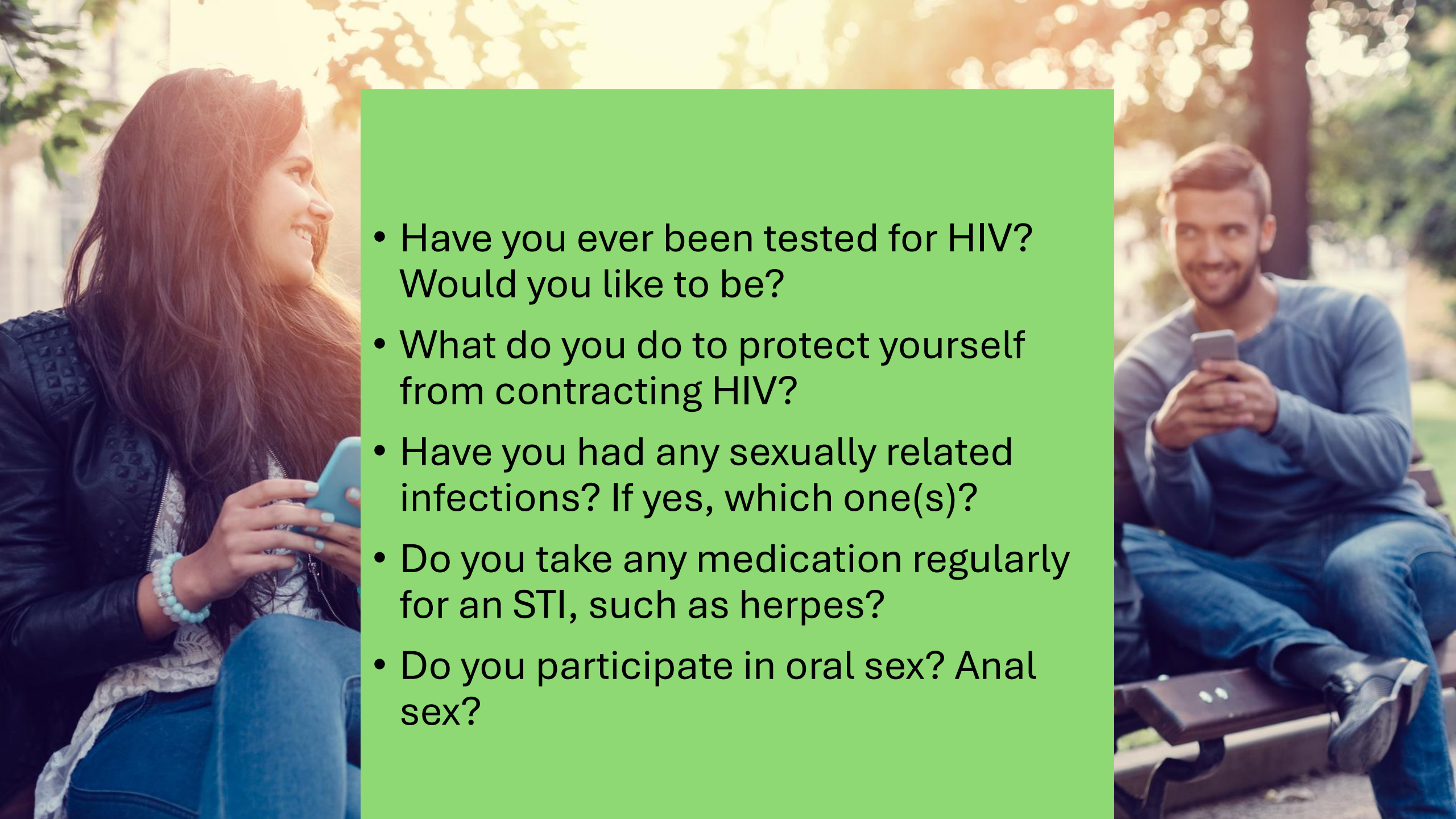
Validate patient's experience

"I'm sorry that you experienced that. It was not your fault and it's your choice whether you want to discuss it or not."

Koetting, C. *J Christ Nursing,* 2016.

CDC : The 5 P’s

- Partners
- Practices
- Protection from STI’s
- Past History of STI’s
- Prevention of Unintended Pregnancy



- Have you ever been tested for HIV? Would you like to be?
- What do you do to protect yourself from contracting HIV?
- Have you had any sexually related infections? If yes, which one(s)?
- Do you take any medication regularly for an STI, such as herpes?
- Do you participate in oral sex? Anal sex?

Terminology

- Their terminology will likely be different than yours
- Not sure? Then, ask clarifying questions
- Use illustrations

“When you say that you hurt down there, do you mean your genitals – the labia, the vaginal opening or another area?”

“When you say your partner is impotent, does that mean they have difficulty getting or keeping an erection or something else?”

Prepare them

"I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal and private and please only share what you'd like me to know.

Just so you know, I ask these questions to my adult patients, regardless of age, gender identity, sexual preference or marital status."

"These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?"

Nussbaum, M R H, & Hamilton, CD, 2002

Other scripts

“Because your sexual health is an important part of your overall health, I’d like to ask if you have any concerns or questions.

“Any information or education that I share with you is based on research and evidence…not my own personal experience.”

“Any information that you share is completely confidential.”

Inclusive Language

- Are you dating anybody?
- Are you currently in an intimate relationship
- What's your level of commitment to your partner

- Single, Married, Widowed, Partnered?

LGBT: Don’t Assume:

- That people are heterosexual if they haven’t said otherwise
- That LGBT patients do not have children
- That lesbians never have sex with men
- That same-sex erotic feelings are merely a passing phase, and therefore not to be taken seriously
- That domestic violence does not occur in lesbian relationships
- That long-term lesbian couples experience “bed death”

Waryold JM, Kornahrens A.. *Nurs Clin North Am*. 2020

Have You Been Sexually Involved with Anyone in the past 6 months?

Yes

With men, women or both?

What Sexual concerns do you (or your partner[s]) have?

Yes

NO

Have you ever been sexually involved with anyone?

NO

If you were sexually active, do you imagine it would be with men, women or both?

What are your concerns or questions about sex?

Adapted from Nussbaum, MRH & Hamilton, CD, *Am Fam Physician*. 2002.

Brief Screen for FSD

Legitimize & normalize assessing sexual function

Do you have concerns or questions about your sexual function?

YES

- Are you currently in a sexual relationship?
- Are you having any difficulties with arousal, desire, orgasm?
- If you are not currently sexual, is there anything contributing to this?

No

Please feel free to ask in the future

Kingsberg, SA & Janata, JW Urol Clin North Am 2007.

Free modifiable questionnaire from the National Coalition for Sexual Health

Sexual Health Questions to Ask All Patients

Essential Questions to Ask at Least Annually

Ask every patient the following questions as part of the overall medical history. Try to have this conversation, even if your patient seems uncomfortable or you feel awkward.

Consider using the following script to help you ask these questions and let your patient know that you ask these questions of everyone. If a partner, relative, or caregiver is in the room, ask that person to step into the waiting room. They can be invited back after the examination.

"I'm going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. If you're uncomfortable answering any of these, just let me know, and we'll move on. To begin, what questions or sexual concerns would you like to discuss today?"

Have you been sexually active in the last year?

NO

Have you ever been sexually active?

YES

- **What types of sex do you have (oral, vaginal, anal, other)?**
- **With men, women, both, or another gender identity?**

YES

NO

Continue with medical history.

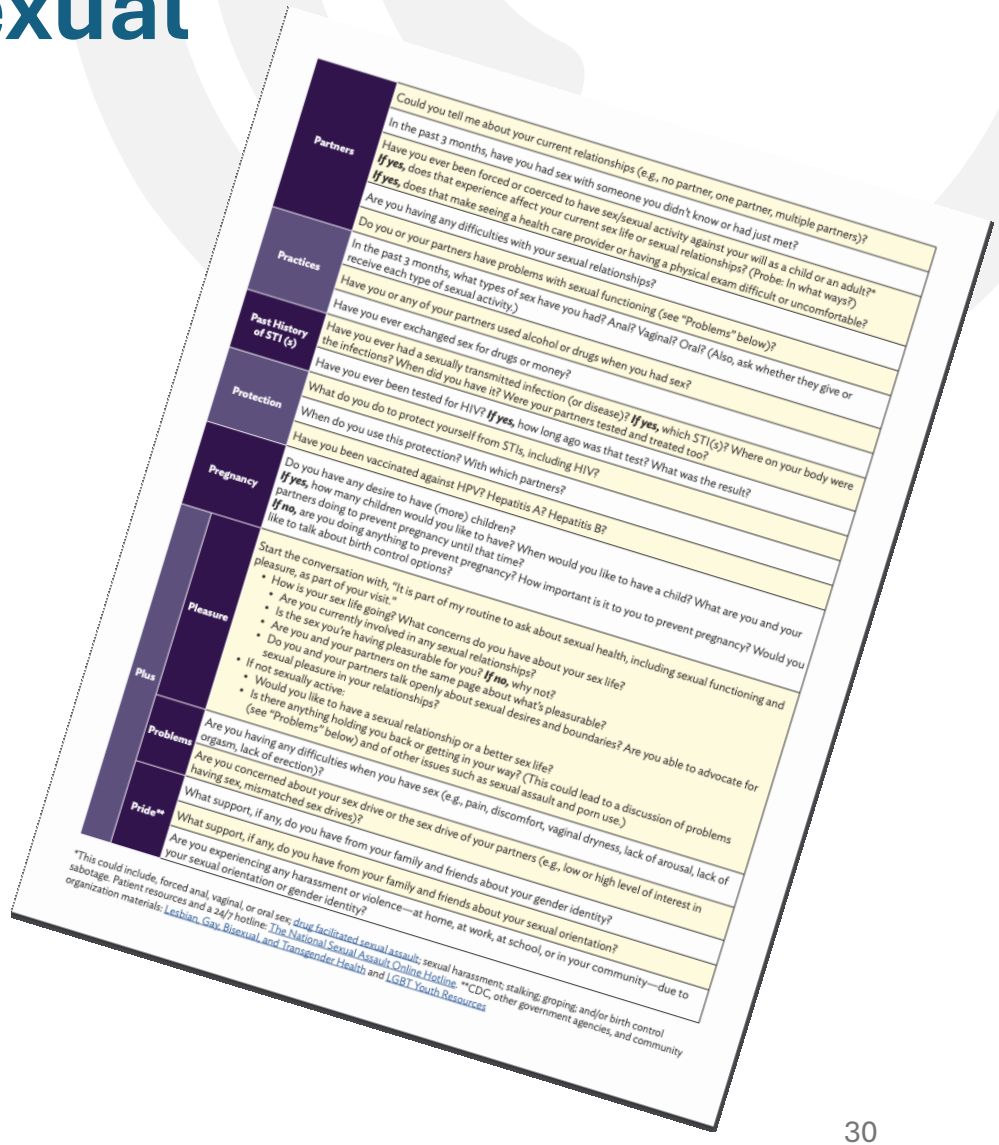
Additional Questions to Ask Adults and Adolescents

To understand your patient's sexual health, determine frequency of STI/HIV screenings, vaccinations and/or medications, and guide counseling, ask questions from CDC's 5 Ps sexual history–taking (Partners, Practices, Past History of STI(s), Protection, and Pregnancy).

The table (on the next page) includes a new sixth P (Plus)—Pleasure, Problems, and Pride—developed by NCSH. Questions explore sexual satisfaction, functioning, concerns, and support for one's gender identity and sexual orientation (partly derived from Rubin *et al*'s best practices approach).

Find more provider resources within NCSH's Compendium of Sexual & Reproductive Health Resources for Healthcare Providers.

NATIONAL COALITION FOR SEXUAL HEALTH



Partners	Could you tell me about your current relationships (e.g., no partner, one partner, multiple partners)?
	In the past 3 months, have you had sex with someone you didn't know or had just met?
	Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult?* **If yes,** does that experience affect your current sex life or sexual relationships? (Probe: In what ways?) **If yes,** does that make seeing a health care provider or having a physical exam difficult or uncomfortable?
Practices	Are you having any difficulties with your sexual relationships?
	Do you or your partners have problems with sexual functioning (see "Problems" below)?
	In the past 3 months, what types of sex have you had? Anal? Vaginal? Oral? (Also, ask whether they give or receive each type of sexual activity.)
Past History of STI (s)	Have you or any of your partners used alcohol or drugs when you had sex?
	Have you ever exchanged sex for drugs or money?
	Have you ever had a sexually transmitted infection (or disease)? **If yes,** which STI(s)? Where on your body were the infections? When did you have it? Were your partners tested and treated too?
Protection	Have you ever been tested for HIV? **If yes,** how long ago was that test? What was the result?
	What do you do to protect yourself from STIs, including HIV?
	When do you use this protection? With which partners?
Pregnancy	Have you been vaccinated against HPV? Hepatitis A? Hepatitis B?
	Do you have any desire to have (more) children? **If yes,** how many children would you like to have? When would you like to have a child? What are you and your partners doing to prevent pregnancy until that time? **If no,** are you doing anything to prevent pregnancy? How important is it to you to prevent pregnancy? Would you like to talk about birth control options?
Plus: Pleasure	Start the conversation with, "It is part of my routine to ask about sexual health, including sexual functioning and pleasure, as part of your visit." • How is your sex life going? What concerns do you have about your sex life? • Are you currently involved in any sexual relationships? • Is the sex you're having pleasurable for you? **If no,** why not? • Are you and your partners on the same page about what's pleasurable? • Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships? • If not sexually active: • Would you like to have a sexual relationship or a better sex life? • Is there anything holding you back or getting in your way? (This could lead to a discussion of problems (see "Problems" below) and of other issues such as sexual assault and porn use.)
Plus: Problems	Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)?
	Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)?
Plus: Pride**	What support, if any, do you have from your family and friends about your gender identity?
	What support, if any, do you have from your family and friends about your sexual orientation?
	Are you experiencing any harassment or violence—at home, at work, at school, or in your community—due to your sexual orientation or gender identity?

*This could include, forced anal, vaginal, or oral sex; drug facilitated sexual assault; sexual harassment; stalking; groping; and/or birth control sabotage. Patient resources and a 24/7 hotline: The National Sexual Assault Online Hotline. **CDC, other government agencies, and community organization materials: Lesbian, Gay, Bisexual, and Transgender Health and LGBT Youth Resources

HSDD? Brief DSDS Screening Tool (Decreased Sexual Desire Screen)

1. In the past was your level of sexual desire or interest good and satisfying to you?
2. Has there been a decrease in your level of sexual desire or interest?
3. Are you bothered by your decreased level of sexual desire or interest?
4. Would you like your level of sexual desire or interest to increase?
5. Please check all the factors that may be contributing to your current decreased level of sexual desire or interest?

Medications Medical conditions Drugs ETOH Pain
Pregnancy Recent Childbirth Menopause Your partner Other

Screening & Normalizing – Key Questions

- *Many people with painful periods also have pain with sex, especially if they are in certain positions, has that been your experience?*

- *Many people have had a negative sexual experience which they did not consent to, has that been your experience?*

- *Many people at midlife have noticed changes in their sexual function, and pain, have you encountered that?*

- *Many people with PCOS are concerned about how they look, which can interfere with their sexuality, have you noticed that?*

Is it distressing?

- *Many people in partnered relationships are not sexual with their partner, but are enjoying self-pleasuring or are self sexual.*

- *“You’ve mentioned (fill in the blank here), is this something you’d like help with?”*

- *“Many people find that they have less desire, and would like some advice, and others are not bothered and are happy as is. Either way is fine, however if you’d like some help with (x, y, z) please let me know.”*

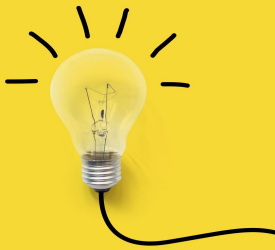
PLISSIT Model

- Permission
- Limited Information
- Specific Suggestions
- Intensive Therapy

Each stage allows reflection, review and an opportunity to clarify myths and challenge assumptions

Annon JS. *J. Sex Educ Ther,* 1976.

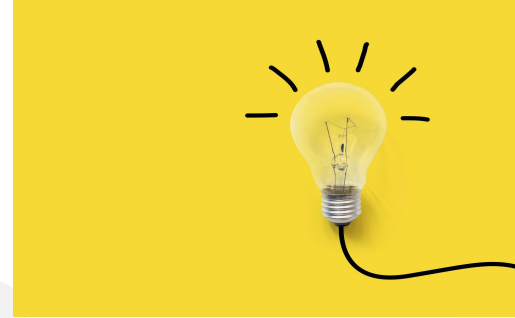
Permission: The Essential 1st Step



- Goes in Both Directions
- By asking *permission*, the provider shows respect, helps to alleviate concerns about offending the person
- By asking with sensitivity and a non-judgmental approach, the patient is provided *permission* to discuss sexuality now or in the future
- Permission also validates to patients that their concerns, questions, fantasies, behaviors are “normal” and “okay”
- Permission is not provided when activities are not consensal and and/or are potentially harmful to the person or to their partner(s)

Annon JS. 1976.

Limited Information



- Clarify misinformation, dispel myths, provide factual information in a limited manner
- HCPs are a trusted source of information and education about the sexual response cycle, anatomy and physiology, life-cycle changes, effects of illness, myths about relationships, frequency, what's "normal"
- Example: Many women do not experience an orgasm from penetrative intercourse, but do if they have stimulation to the clitoris.
- Example: Many women who have a female sexual partner find that if their partner has a vaginal infection, that they will also.

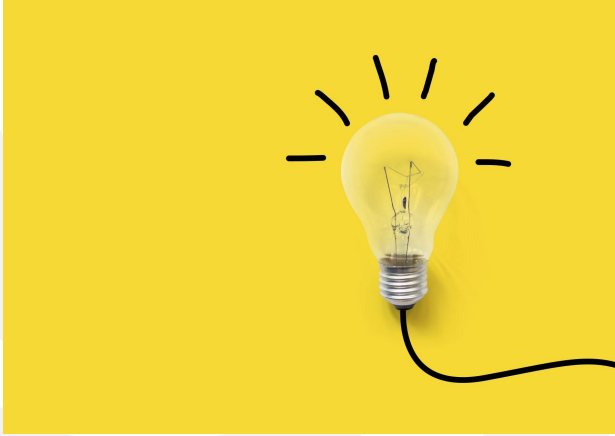
Annon JS. *J. Sex Educ Ther,* 1976.

Specific Suggestions

- Provided Specific Suggestions directly related to the particular concern
- This is a follow up from Limited Information, if the patient would like more information.
- Many couples who experience pain with intercourse find that they need to use a lubricant, such as…to help reduce pain.
- Others find that changing position, such as side-lying or having the the person with pain be on top helps control the depth and angle of penetration.

Annon JS. *J. Sex Educ Ther,* 1976.

Intensive Therapy



- The vast majority of concerns you'll encounter do not need intensive therapy
- Most concerns will take a few minutes of your time
- For more complicated issues, do refer to a AASECT Sex therapist, Sexuality counselor or Sexuality educator
- American Association of Sexuality Educators, Counselors and Therapists
- AASECT.org

Annon JS. *J. Sex Educ Ther,* 1976.

History:

More In depth

How satisfied are you with your (and/or your partner's) sexual functioning?

Has there been any change in your (and/or your partner's) sexual desire or the frequency of sexual intimacy?

Do you or your partner(s) use any particular devices or substances to enhance your sexual pleasure?

Does your partner(s) have any difficulty with their sexuality?

Is there anything about your (or your partner's) sexual activity (as individuals or as a couple) that you would like to change?

Pain with Sex

- Do you ever have pain with any sexual stimulation?
- Do you have pain with intercourse?
- Do you use a lubricant to have sex?
- Do you find it difficult to have anything penetrate the vagina?
- What do you use for contraception?
- Are you trying to become pregnant?

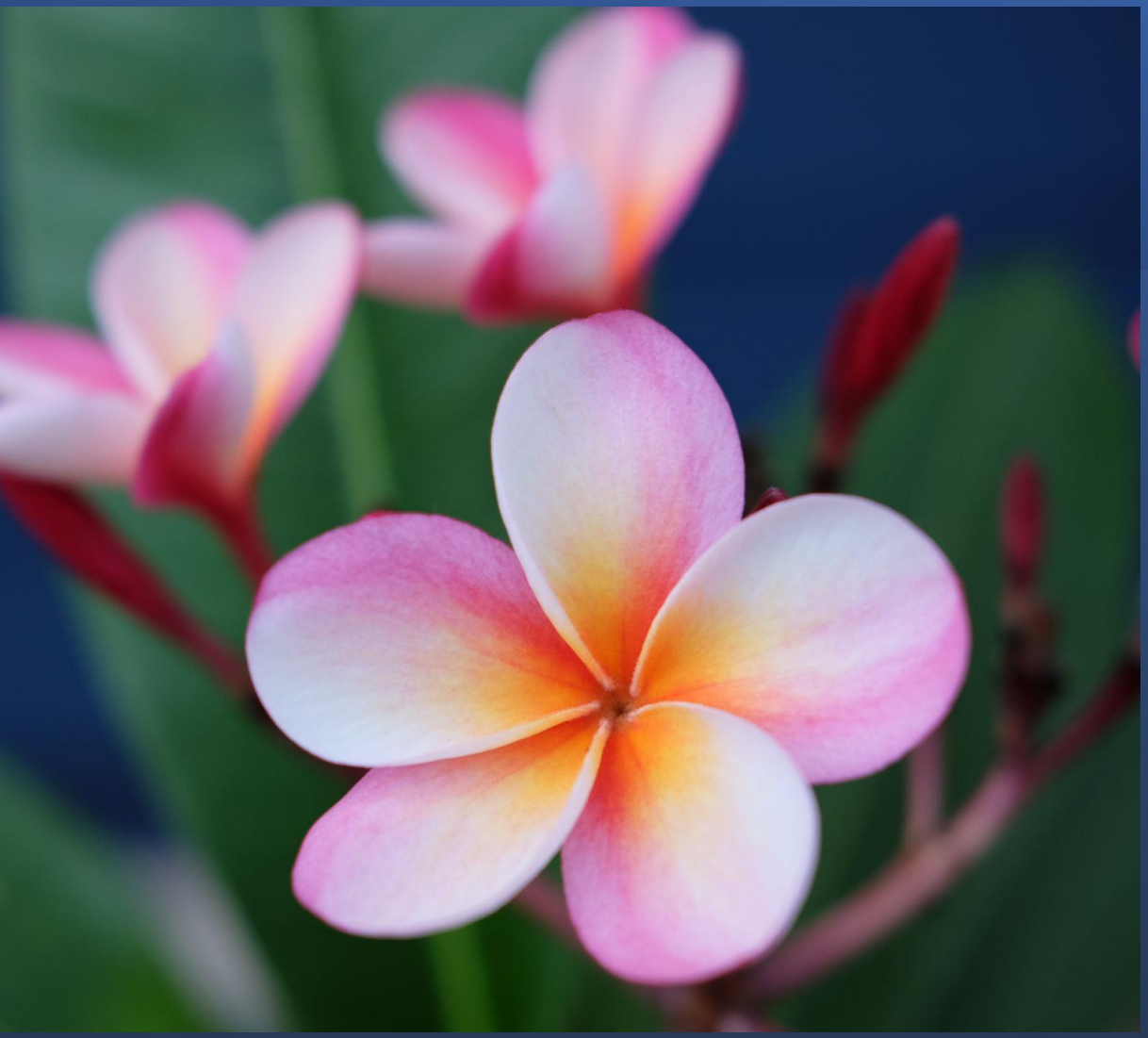
Follow up questions

- How long has this been your experience?
- Was it always this way?
- Does anything make this better, worse?
- Are there any relationship issues that might be contributing?
- Many people find it difficult to discuss sexual concerns with their partner, has that been your experience?
- What have you tried for this? What has worked in the past?

Orgasm questions

- Have you ever had an orgasm?
- Are you having orgasms with your partner? By yourself?
- Many women don’t have orgasms with penetration, but find it easier with clitoral stimulation, is that your experience?
- Has the quality of orgasms changed?
- Do you have difficulty having an orgasm? Or does it take a long time?
- How bothersome by this concern?
- Would you like me to make some suggestions?

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 and 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

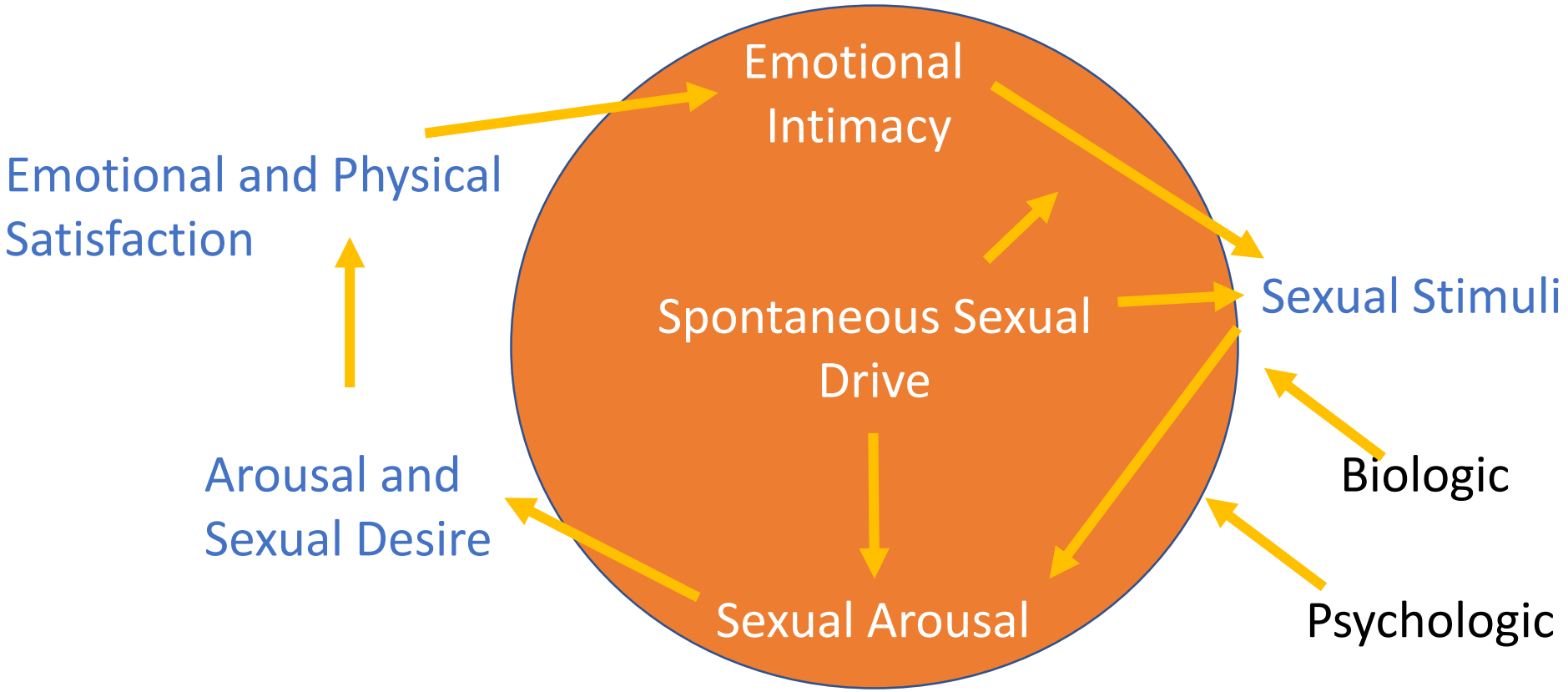
- You can’t get pregnant if you have sex on your period
- I won’t get a bladder infection if I get up after to pee
- Hormones in the pill will make you gain weight
- If I ask for what I want, my partner will lose respect for me

Sex is more than…intercourse

We had sex but:

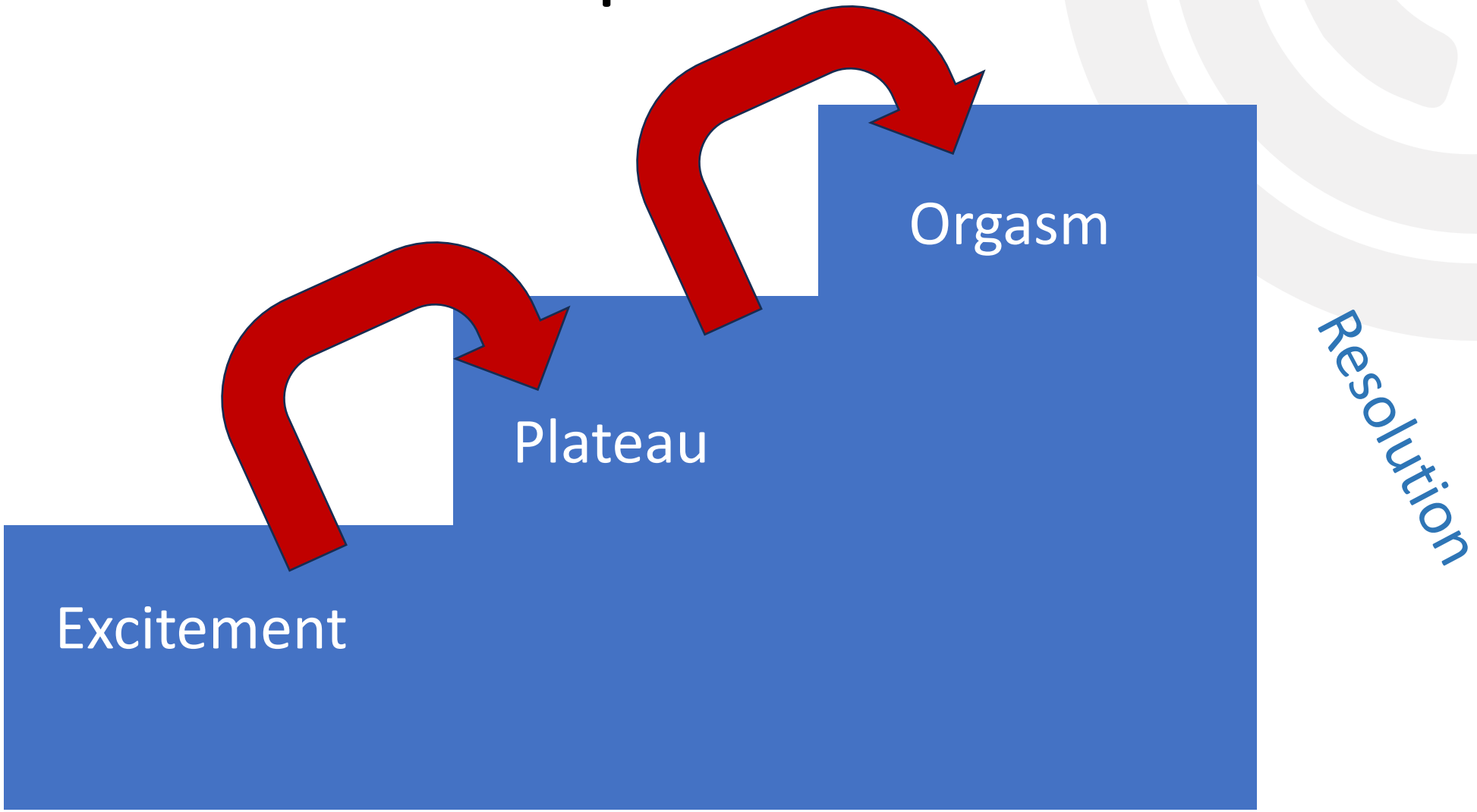
- It was over before I got started
- I didn’t come
- It’s not as much fun as I thought
- My partner doesn’t know what they’re doing
- It’s all about my partner’s pleasure…

An Adaptation of Basson's Model
Female Sexual Response Cycle



Basson, R. 2001.

Male Sexual Response Model



Adaptation from Masters & Johnson

Anatomy Review

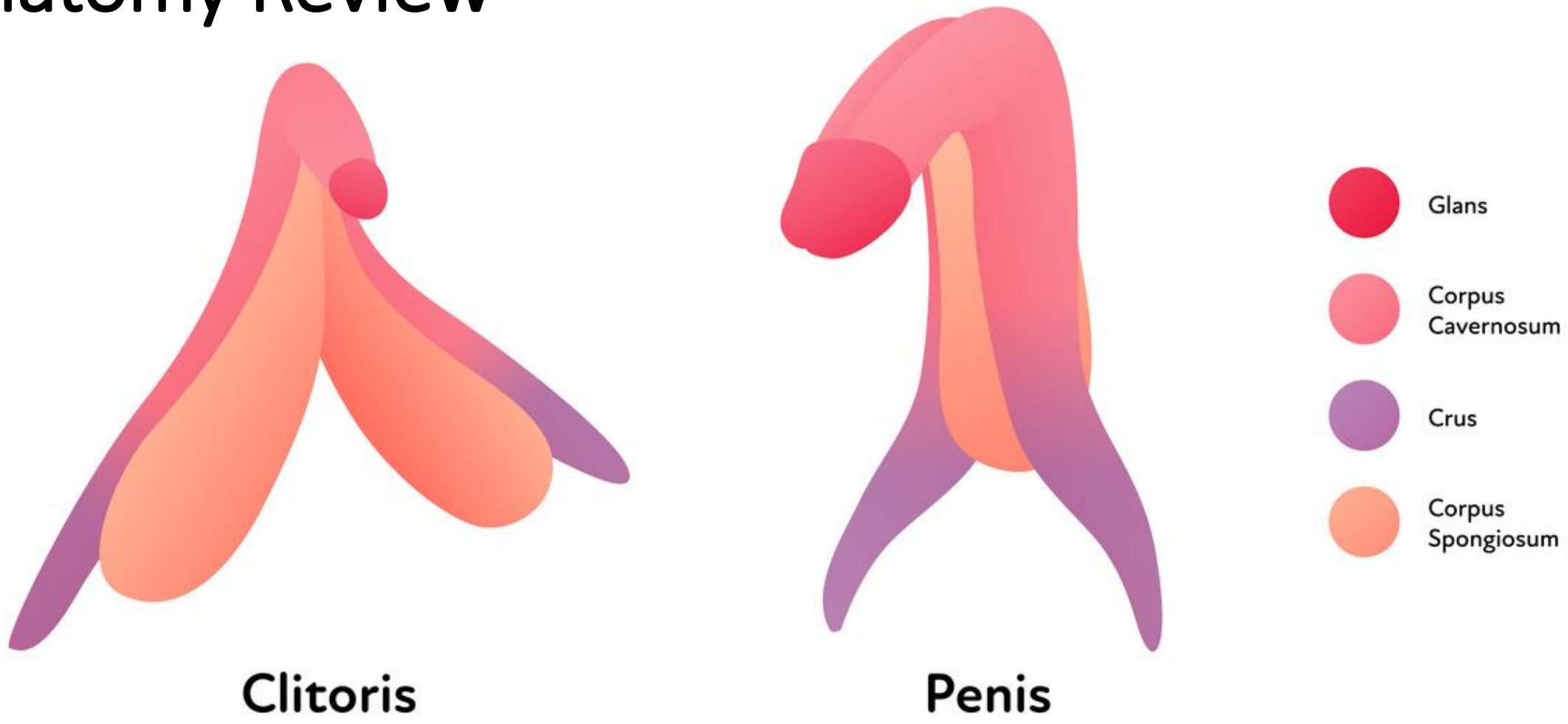
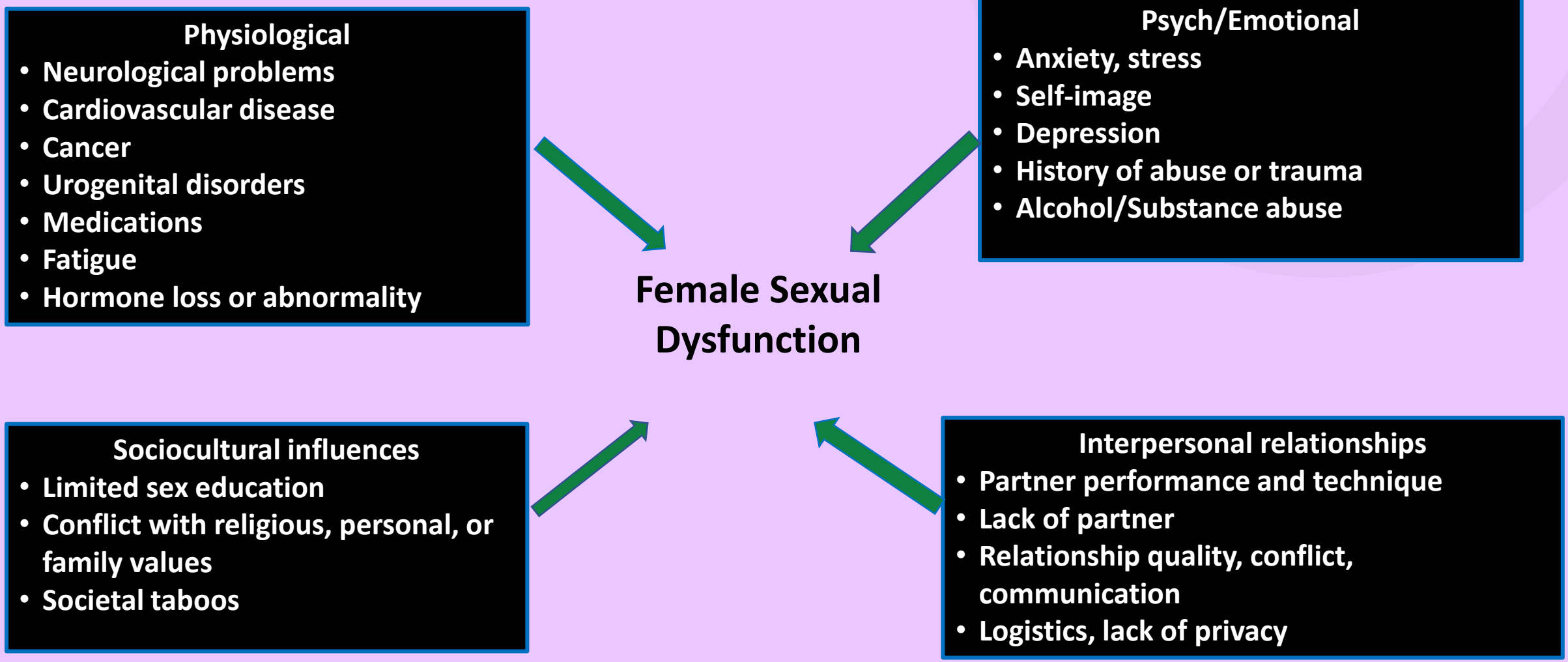


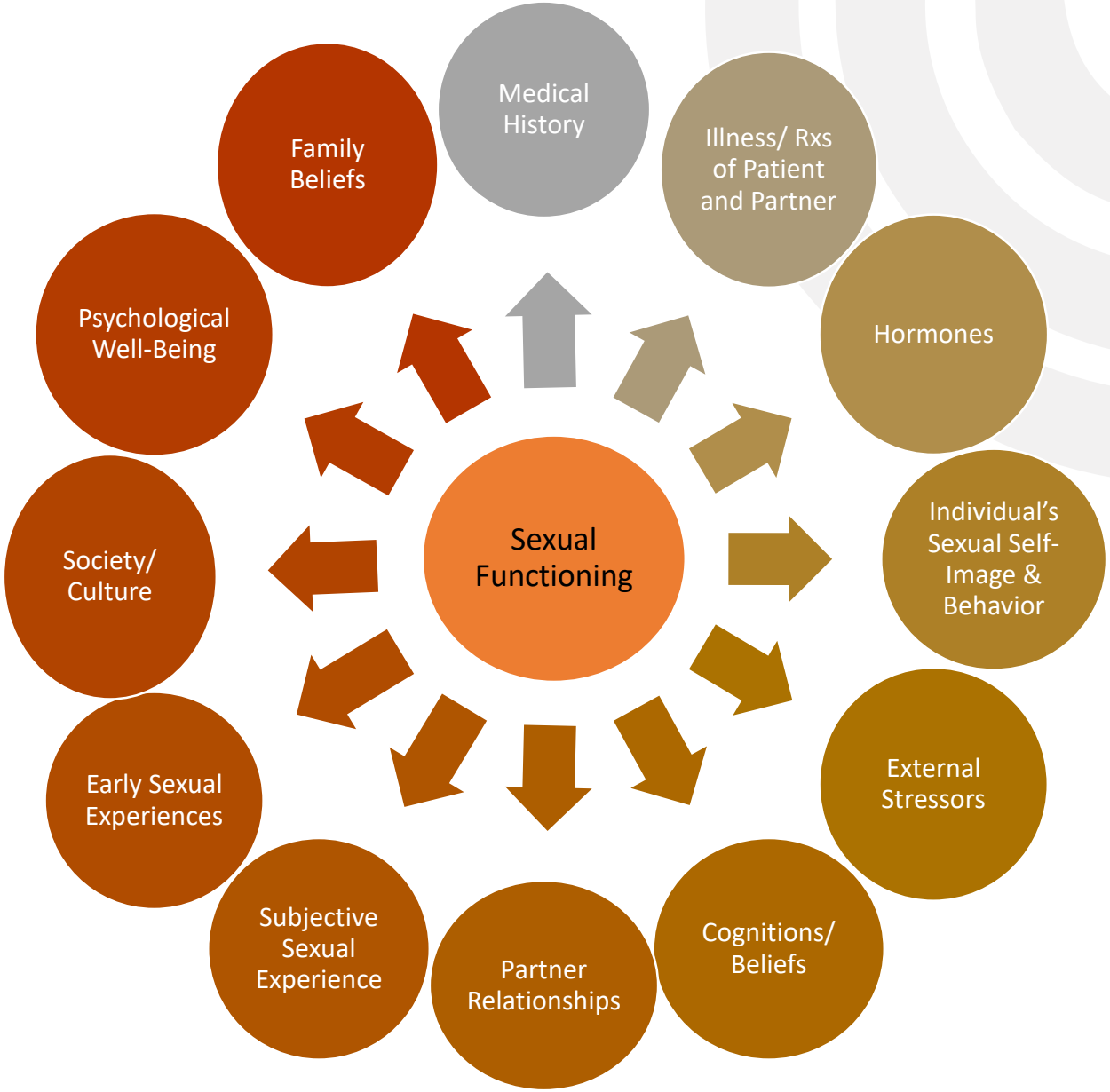
Illustration: Anastasia Usenko, iStockphoto

Biopsychosocial Model



Kingsberg SA, et al. *J Sex Med*. 2017;14:1463-1461

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

Phillips, NA. *Am Fam Physician.* 2000.

Conditions that Impact Sexuality

Debilitating

- Cancer
- Degenerative disease
- Lung disease

Psychiatric

- Anxiety
- Depression

Voiding Disorders

- Overactive bladder
- Stress urinary incontinence

Phillips, NA. *Am Fam Physician.* 2000.

Medications that contribute to Desire Disorders

- **Psychoactive medications**
  - Antipsychotics
  - Barbiturates
  - Benzodiazepines
  - Lithium carbonate
  - Ssris
  - 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

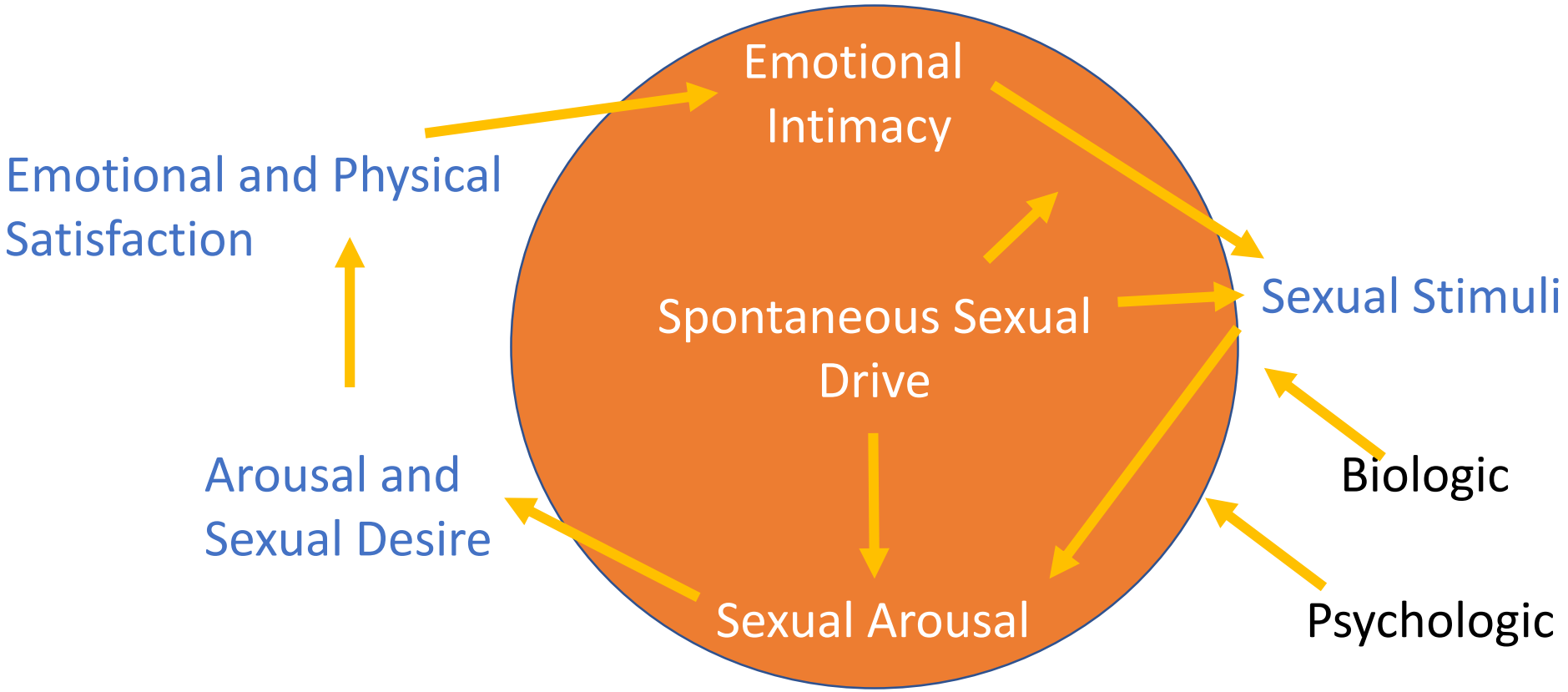
- Nope! 80% of couples will experience Desire Discrepancy at some point
- You're normal!
- Is this bothersome?
- If so, what do you think contributes to this?
- Would you like some suggestions
  - How to ask
  - How to say no thank you
  - How to increase frequency

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

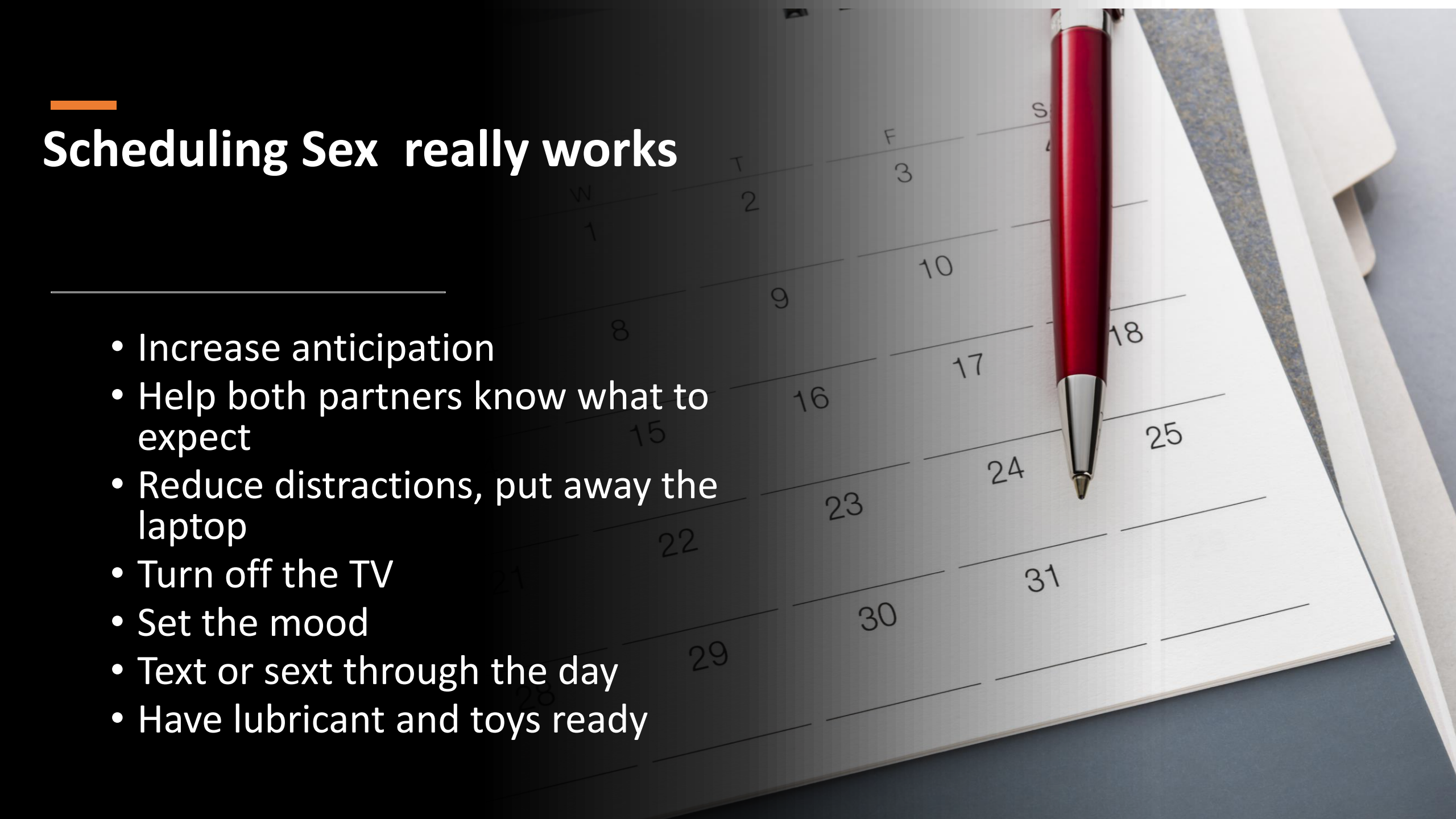


Basson, R. 2001.

How to spark desire

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
- Orgasm
- Overall sexual satisfaction
- Few people have side effects like nausea, headache, or digestive discomfort

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

Katz, M et al. *J Sex Med,* 2013.

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.

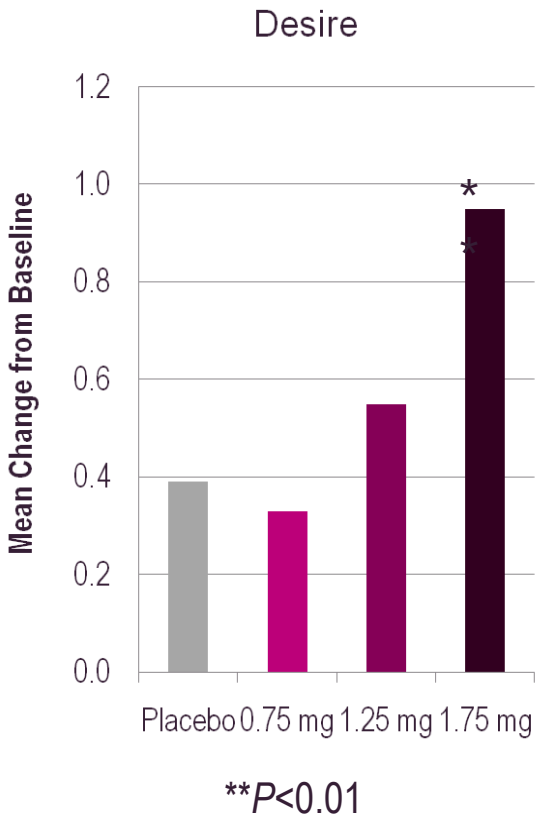
Kingsberg SA, et al. Obstet Gynecol. 2019

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.
- 4 fold increase in Satisfying Sexual Events in the 1st month of use

Kingsberg SA, Clayton AH, Portman D, Williams LA, Krop J, Jordan R, Lucas J, Simon JA. Bremelanotide for the Treatment of Hypoactive Sexual Desire Disorder: Two Randomized Phase 3 Trials. Obstet Gynecol. 2019 Nov;134(5):899-908. doi: 10.1097/AOG.0000000000003500. PMID: 31599840; PMCID: PMC6819021.

FSFI: Desire & Arousal Domain Scores



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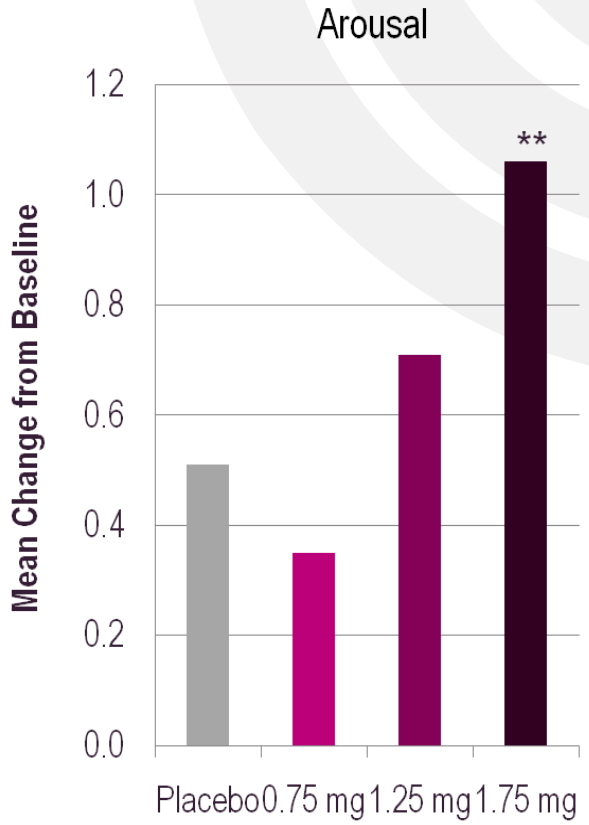


This is taking FOREVER!

- 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

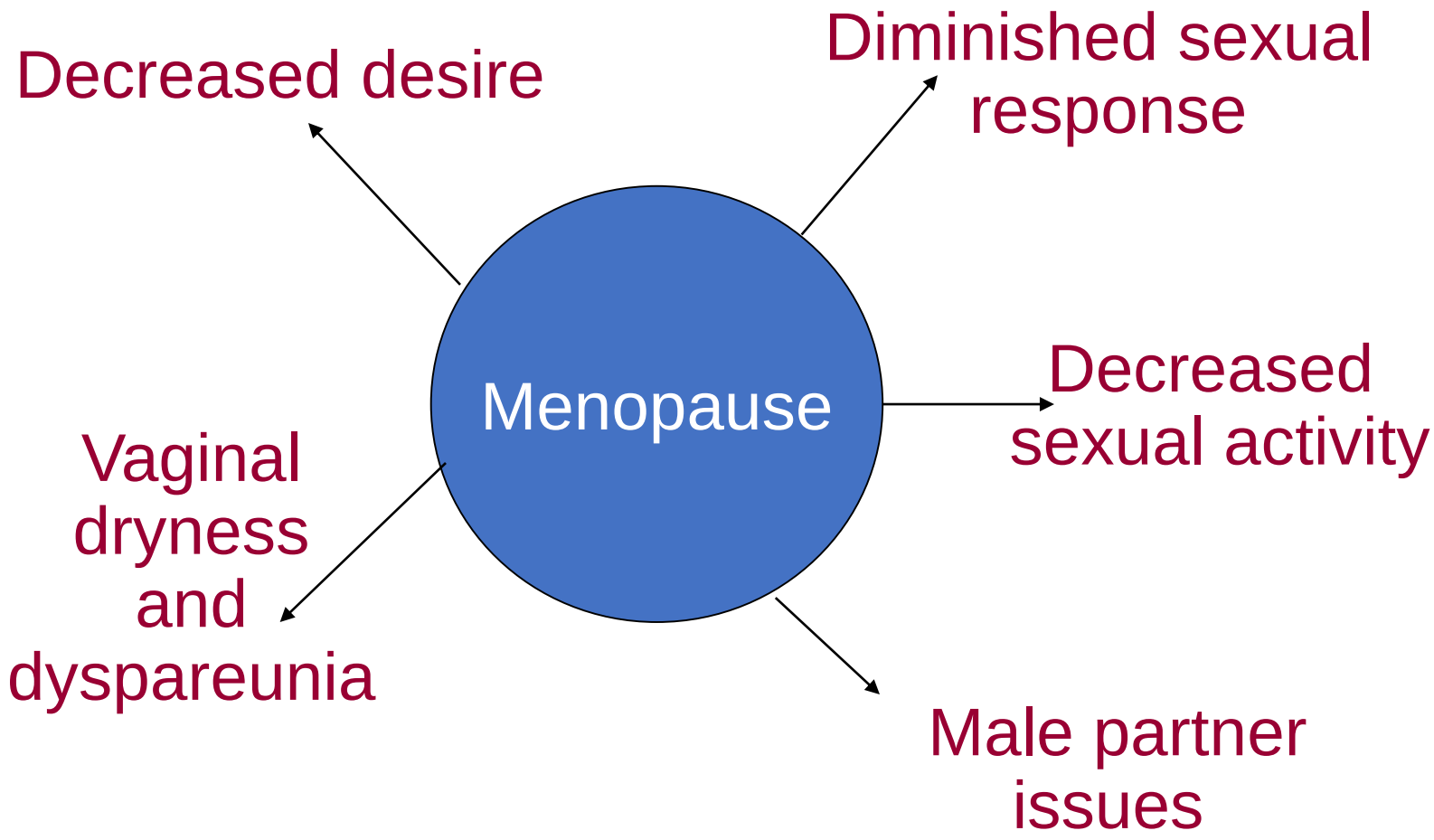
Concerns and myths

- 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



Kingsberg, SA. *Arch Sex Behav.* 2002.
Basson, R. *Menopause.* 2004.

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

Santoro N, et al*. J Sex Med*. 2016;13(3):305-316.

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

Islam RM, et al. *Lancet Diabetes Endocrinol*. 2019;7(10):754-766; Davis SR, et al. *Climacteric.* 2019; 22(5):429-434.

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

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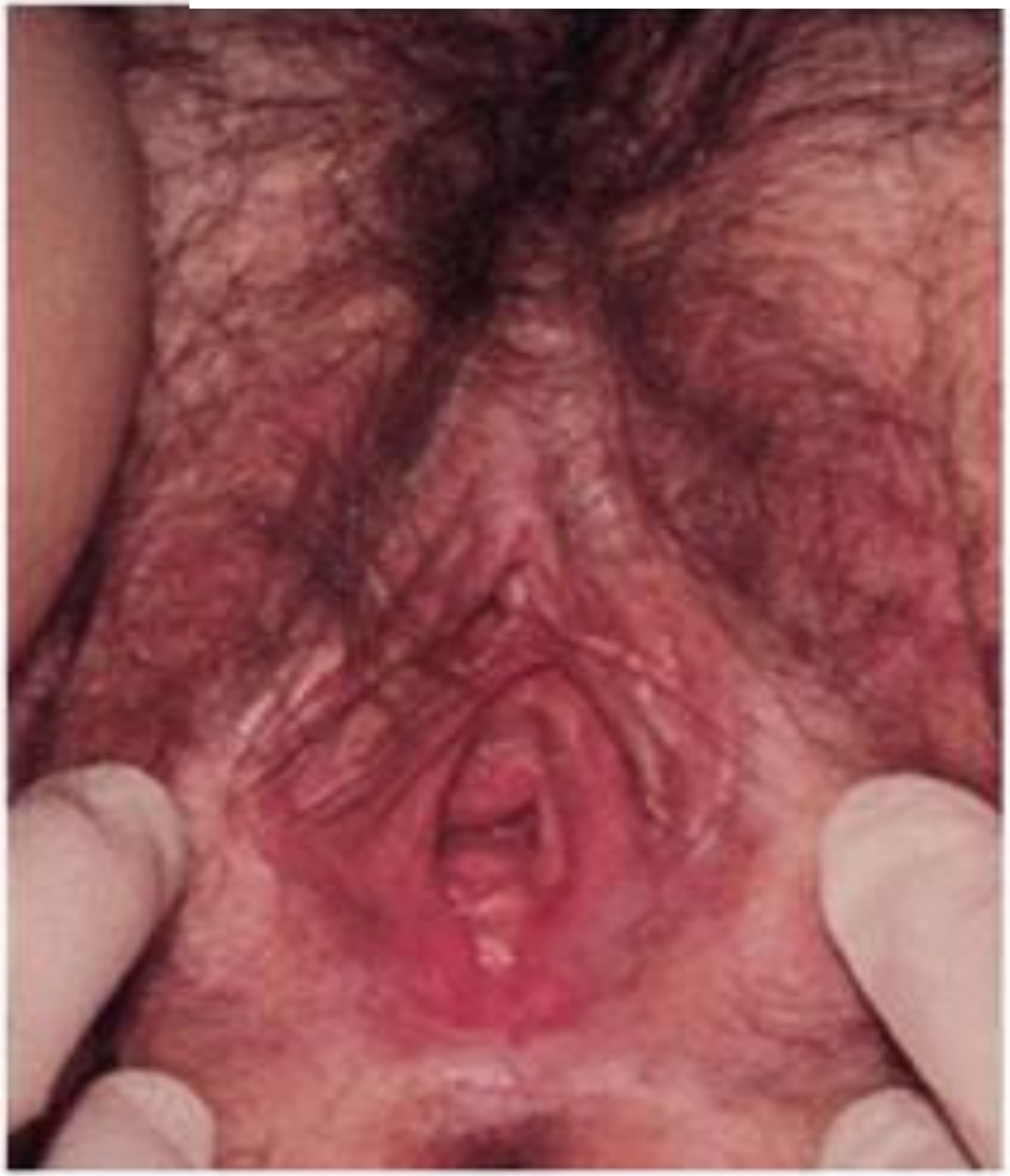

Image courtesy of Barb Dehn NP

Puberty in Reverse

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

Frequent concerns

Specific Suggestions

Sensate Focus – changing the dynamic

- Developed by Masters & Johnson to reduce sexual performance anxiety
- Shift from ingrained, goal-oriented sexual patterns of what “should” happen to have an orgasm to enjoying all the sensations
- The technique consists of a series of touching exercises that a couple completes in a sequence.
- Partners to let go of their expectations and judgements and instead focus on the sensory aspects of touch like temperature, texture, and pressure.
- Also described as mindful touching, or non-orgasm/non-arousal focused touch.

Cornel Health, https://health.cornell.edu/sites/health/files/pdf-library/sensate-focus.pdf. Accessed Sept 3, 2024.

Sensate Focus: Toucher & Receiver Step approach without intercourse

- *Step 1: Non-Genital Touching* – Suggested 15 minutes each of exploration without commenting (unless uncomfortable). Ok to repeat for a series of days, moving on when both feel ready.
- *Step 2: Genital (and Breast) Touching* – Ok now to touch the genital regions. Goal is still exploration, not sexual stimulation. Okay if one or both partners become aroused, they should avoid turning the experience into a sexual encounter.
  - May also use a technique called “hand-riding,” in which the receiver puts their hand over the toucher’s hand and gives gentle, nonverbal cues to the toucher such as lightly increasing pressure at times.

Cornel Health, https://health.cornell.edu/sites/health/files/pdf-library/sensate-focus.pdf. Accessed Sept 3, 2024.

Sensate Focus: Toucher & Receiver Step approach without intercourse

- *Step 3: Adding warm lotion/lubricant – Essentially the same as* Step 2, this enhances the sensation of touch. Receiver focuses on the experience, no goal in mind. “Being in the moment”
- *Step 4: Mutual Touching* – both partners are allowed to touch one another at the same time. No intention or expectation of sexual arousal. Ok to use their lips and tongues to touch one another but should avoid kissing and oral sex.

Cornel Health, https://health.cornell.edu/sites/health/files/pdf-library/sensate-focus.pdf. Accessed Sept 3, 2024.

Sensate Focus: Sensual Intercourse

- *Step 5: Sensual Intercourse* – Avoid returning to the sometimes mechanical, orgasm-driven nature of *sexual* intercourse.
  - May try mindful approach of noticing sensations, temp, shape, texture, etc.
  - May vary breathing patterns

Cornel Health, https://health.cornell.edu/sites/health/files/pdf-library/sensate-focus.pdf. Accessed Sept 3, 2024.

Premature Ejaculation

- The most common type of male sexual dysfunction
- Man ejaculates before he or his partner would like
- 30-70% of men at some point in their life
  - Most common in 18-30 yr olds
- Multiple etiologies, many psychologic

Crowdis M, Leslie SW, Nazir S. Premature Ejaculation. StatPearls, 2023.

Premature Ejaculation classifications

- **Primary or Secondary**
  - **Primary -** Lifelong, present since the first sexual experience. Often due to conditioning, upbringing, or an early, traumatic sexual event
  - **Secondary:** Acquired: developing after a period of relative normal sexual functioning
- **Global or Situational:**
  - **Global:** Constant: all the time, not limited to specific types of stimulation, partners, or situation
  - **Situational:** Intermittent: varies with partner, stimulation, situation, masturbation, location, or other factors
- **Severity:**
  - Mild - occurs 30 seconds to 1 minute of penetration
  - **Moderate** - occurs 15 to 30 seconds of penetration
  - **Severe** - occurs before or during foreplay, at the start of sexual activity, or within approximately 15 seconds of penetration

Premature Ejaculation - Permission

- On average, how long does it take after penetration before ejaculation?
- How often do you experience this?
- How long have you been concerned about this?
- Did it come on gradually or start suddenly?
- Does it happen with masturbation? All partners? All situations
- Do your erections work OK? Some of the time or all the time?
- Do you lose your erection before ejaculation?
- Is there anything that makes this better? Worse?

Premature Ejaculation – Specific Suggestions

- **Start & Stop technique** – At the point when ejaculation seems likely, stop any genital arousal, switch to non-sexual thinking. Math problems, To do list, Baseball scores, “Anything but sex”
- **Using a condom** to reduce sensation
- **Squeeze Method** – At the point when ejaculation seems likely, patient or partner gently squeezes the head of the penis where the glans joins the shaft. This is not painful and typically reduces the erection very quickly.
- **2nd Try** - After the first ejaculation from masturbation or penetration, wait for the “refractory period” when the penis can become erect again. Usually, the next ejaculation takes longer

Erectile Dysfunction – ED

- Characterized by the consistent or recurrent inability to attain and maintain an erection sufficient for satisfactory sex
- Etiology is diverse
  - Organic, psychogenic, and mixed factors
  - May be interwoven with comorbidities such as diabetes, cardiovascular disease, and neurologic disorders
- Impacts the individual and partners
- Unaddressed, it may precipitate anxiety, depression, diminished self-esteem, and strained interpersonal relationships.
- 50% at age 50 60% age 60 70% age 70

Leslie SW, Sooriyamoorthy T. Erectile Dysfunction. StatPearls, 2024.

ED – Independent predictor CV events

- Screen all patients with ED for cardiovascular risks
- Strong correlations between ED and
  - HTN
  - Hyperlipidemia
  - Diabetes
  - Depression
  - Premature ejaculation
  - Obesity
    - Smoking
  - Alcoholism
  - Benign prostatic hyperplasia (BPH)

Imprialos K, et al. Curr Vasc Pharmacol. 2021.

ED – Etiology from prescription meds

- 25% of cases due to prescribed medications
- These list ED as an adverse effect
- Most antidepressants including SSRIs
- Cimetidine
- Ketoconazole
- Spironolactone
- Some antihypertensives
  - Methyldopa
  - Clonidine
  - Thiazide diuretics
- NOTE: ACE inhibitors and calcium channel blockers are the *LEAST* likely to cause ED
- Beta-blockers are only a minor contributor to ED, while alpha-blockers improve erectile function.

Imprialos K, et al. Curr Vasc Pharmacol. 2021.

ED – Non-prescription options

- **Lifestyle modifications -** Diet, exercise
  - Stop smoking, drugs, and alcohol
  - Gain reasonable control of diabetes, lipids, and cholesterol
- **External vacuum devices –** placed over penis. Vacuum pulls blood into the corpus cavernosa. 70% effective, low pt satisfaction
- **L-arginine** - Amino acid,1500 -5000 mg Increases blood flow.
- **Eroxon** - OTC topical gel, with FDA recommendation. Increases blood flow.
  - 60% efficacy in 10 minutes, 75% efficacy in 20 minutes

Imprialos K, et al. Curr Vasc Pharmacol. 2021.

ED – Prescription Options

- **Oral phosphodiesterase-5 inhibitors** (PDE-5 inhibitors)
- Effective for a wide range of etiologies: CV, DM, HTN
- PDE-5 inhibitors increase intracavernosal arterial blood flow
- They do *not* initiate the erectile response
- Sexual stimulation is required to release nitric oxide from the vascular endothelium and penile nerve endings to start the erectile process.
- Success rate of up to 76%
- Increased success with addition of L-arginine

Imprialos K, et al. Curr Vasc Pharmacol. 2021.

PDE – 5 Inhibitors

- *Contraindication – Do Not use with nitrates due to potentially dangerous, profound hypotension.*
- *Use with caution with antihypertensives and alpha-blockers*
- Adverse events – 40% of patients, usually mild.
- The most common: headache, indigestion, nasal stuffiness, and mild visual changes such as temporary light sensitivity or bluish coloration to vision
- Different PDE-5 inhibitors have varying half-lives, which can influence the patient's final selection.
- Patients who fail PDE-5 inhibitor therapy should try at least one other PDE-5 medication.
- Instructing patients on how to take their medication correctly is essential. Some are best absorbed on an empty stomach. Some require several therapeutic tries

Imprialos K, et al. Curr Vasc Pharmacol. 2021.

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Questions

Thank You

Barb Dehn, NP, FAANP, NCMP

@NurseBarbDehn