Low Libido & Pain with Sex
You can treat this!

Demystifying the unknown

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Objectives

- Prevalence of female sexual dysfunction
- Myths
- Science of sexual function
- Definitions
- Evaluation
- Management
- Resources
- Questions

WOMEN'S HEALTH COLLECTIVE

Why is this important?

- Ready or not: your patients WILL ask you
- Every man AND every woman has the right to better understand and utilize his/her own sexuality
- Sex can affect disease risk and progression
- It is important to remember that there is risk associated with sexual behavior of patient and partner
- Sexual health IS a part of general health

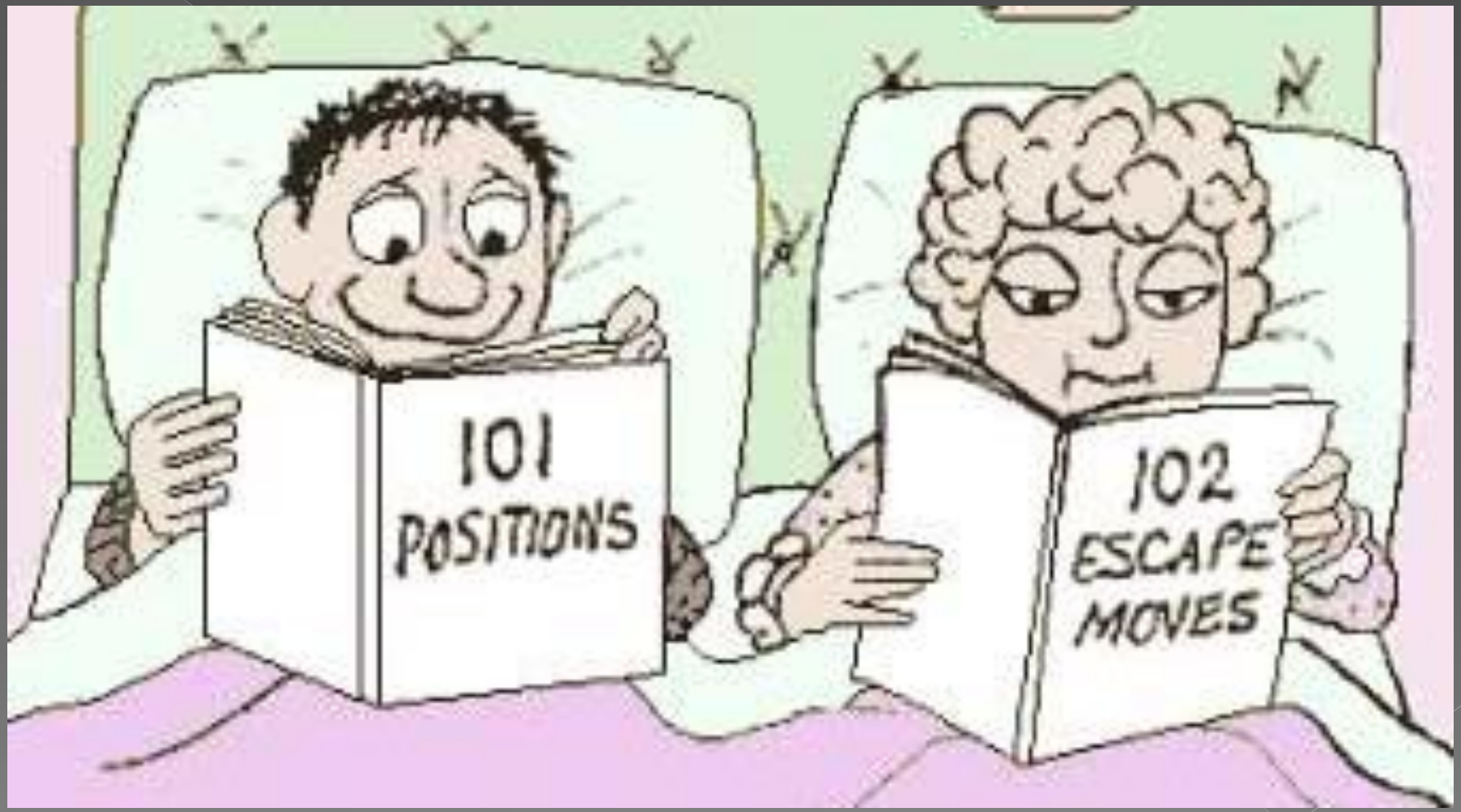
WOMEN'S HEALTH COLLECTIVE

How common is it?

- 43% of US women aged 18-59 reported
  - Lacking interest in sex
  - Lubrication difficulties
  - Inability to achieve orgasm
  - Anxiety about sexual performance
  - Pain during intercourse
- Adversely affecting quality of life
  - Emotional well being
  - Relationship with partner

Laumann et al. Sexual dysfunction in the United States - prevalence and predictors. JAMA 1995; 281; 537-44

WOMEN'S HEALTH COLLECTIVE



WOMEN'S HEALTH COLLECTIVE

PRESIDE Study

- Largest US study of FSD
- Studied sexual dysfunction in women – included women not in relationships
- Studied distress due to FSD
- 31,581 women from 50,002 households ages >18 yrs were sampled using validated questionnaires
- 43.1% reported any sexual problem
- 12% associate personal distress related to sexual problems
  - 1 in 8 women aged 45-64 have distress associated with low desire
  - 1 in 15 women have distress associated with arousal and orgasm difficulty

Shifren et al Obstet Gynecol. 2008; 112(5): 970

WOMEN'S HEALTH COLLECTIVE

PRESIDE

Sexual Complaint	Sexual Problem	Sexual Problem Plus Distress
Desire	38.7%	10.0%
Arousal	26.1%	5.4%
Orgasm	20.5%	4.7%
Any Dysfunction	44.2%	**12.0%**

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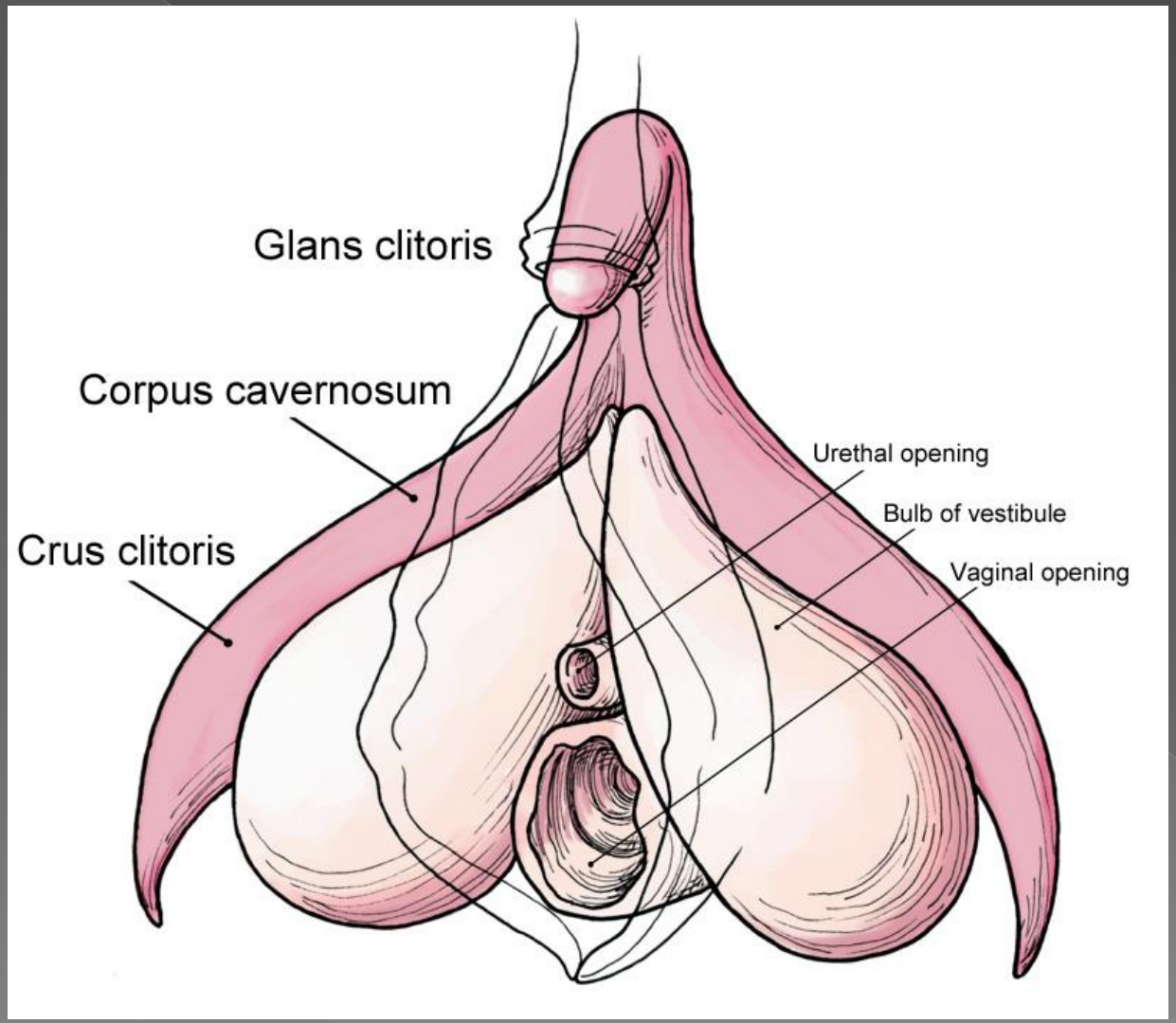
WOMEN'S HEALTH COLLECTIVE

Sexual Mythbusting

- Guided imagery
  - Virgin
- G spot
  - Female prostate
- Clitoral vs Vaginal vs Uterine orgasms
- Only men can ejaculate
- You must sound/look like you're having sex like a porn star
  - Your authentic arousal is not necessary and can/will not be noticed by a male partner
- Genital non-concordance
  - Lubrication correlates poorly with degree of subjective arousal (Laan. J Sex Med 2008; Chivers. Arch Sex Behav 2010)
  - Vaginal changes correlate poorly with brain imaging data during visual erotic stimulation (Amow J Neurosci 2009)
- Clitoris is left out of 90% of sex ed models
  - Anatomic textbooks completely omitted depictions of the clitoris from mid 19th into 20th century
- Foreplay vs Outercourse

WOMEN'S HEALTH COLLECTIVE



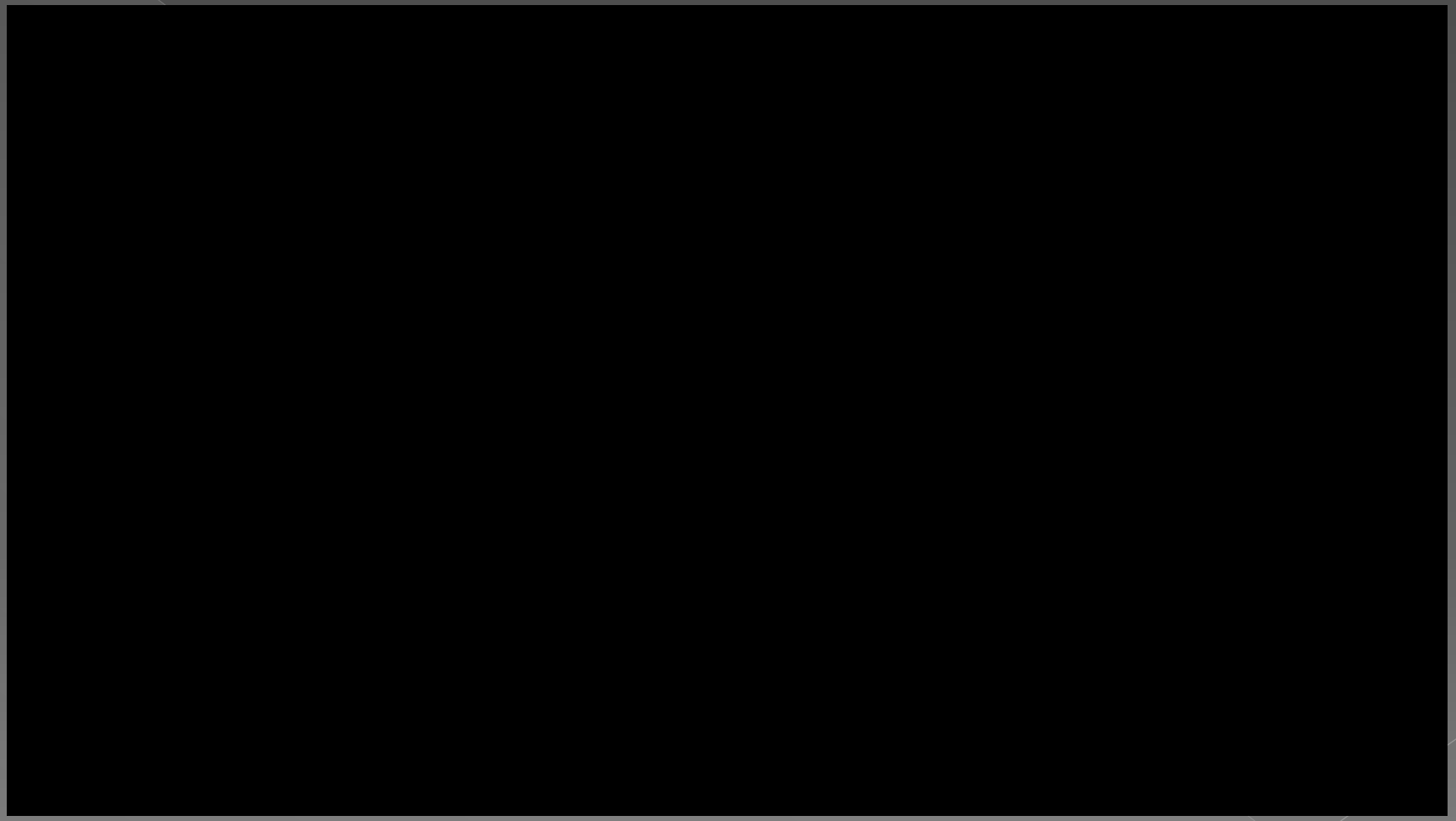
Clitoris

10,000 nerve endings

Penis

6,000 nerve endings

WOMEN'S HEALTH COLLECTIVE



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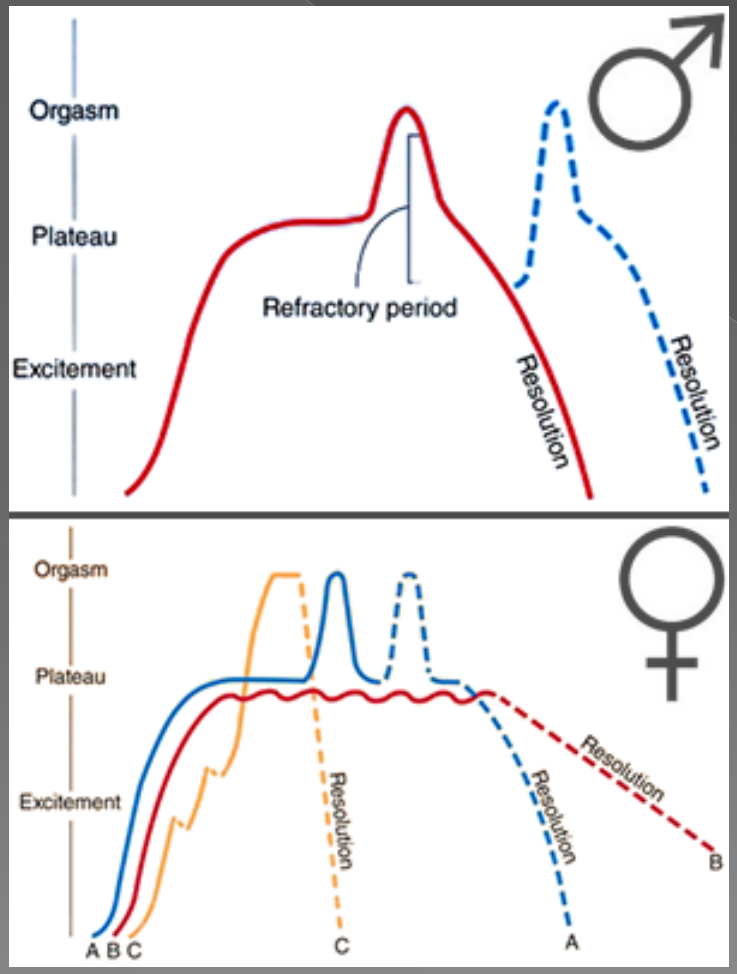
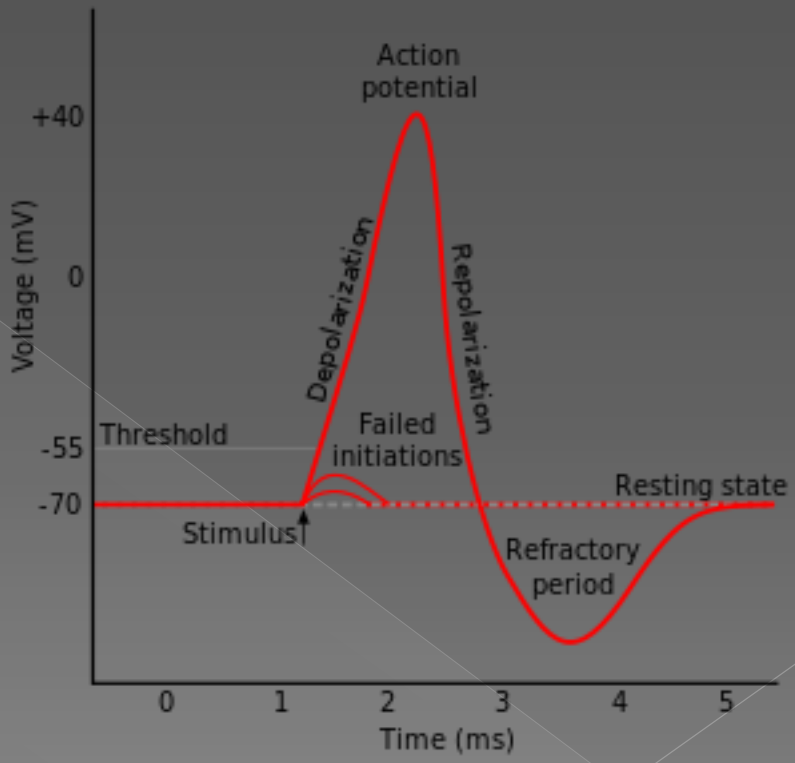
Human Sexual Response Cycle…

- Linear model, little variation/customization, genitally focused, devoid of external triggers/stimuli, both partners start with desire
- Masters and Johnson 1966 – 4 stages
  - Excitement, plateau, orgasm, resolution
- Helen Singer Kaplan 1979 – 3 stages
  - Desire, arousal, release

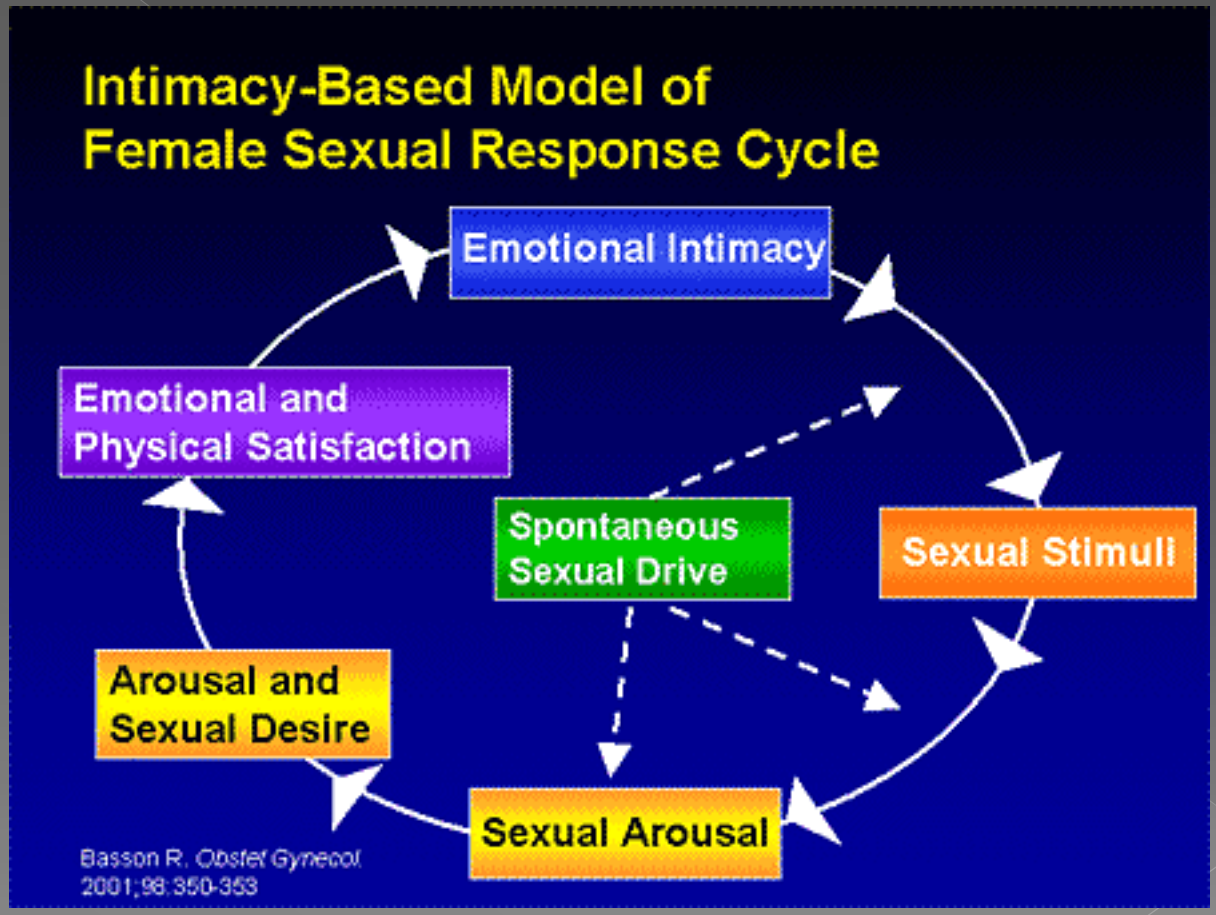
…or Action Potential???





WOMEN'S HEALTH COLLECTIVE

Sexual Response Cycle – Basson



WOMEN'S HEALTH COLLECTIVE

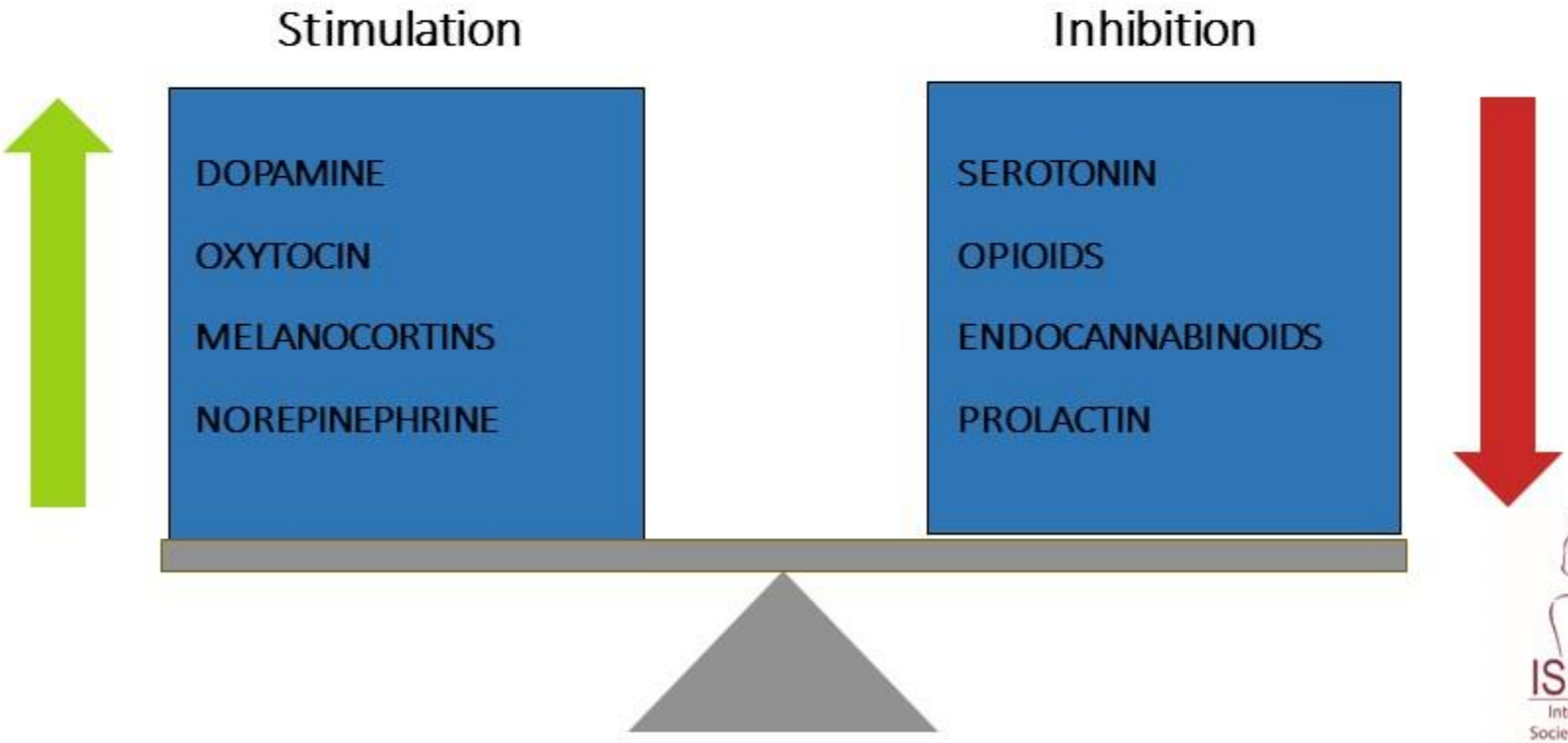
Why do we have sex?

WOMEN'S HEALTH COLLECTIVE

Why do we have sex?

WOMEN'S HEALTH COLLECTIVE

The Dual Control Model: Biology



ISSWSH
International Society for the Study of Women's Sexual Health, Inc.

Dual Control Model

*Sexual Excitation System (SES)
*Sexual Inhibition System (SIS)

The Sexual Excitation System (SES) notices all the sexually relevant information in the environment.

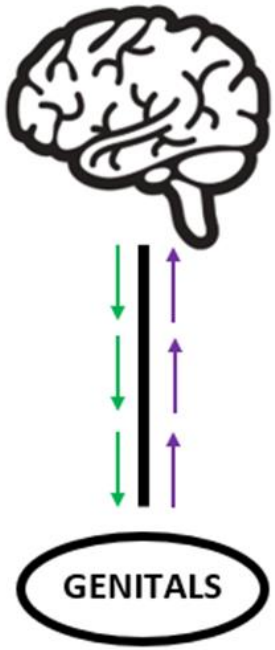
Partner Smell
Partner Appearance
Pleasant genital sensations
Seeing or hearing other people having sex
Partner makes you feel special.
Making up after a fight
Novelty
Trusting your partner
New love

TURN ON

AKA = ACCELERATOR

Everyone's accelerator is uniquely sensitive. And it can vary depending on context. Most people's accelerator fires up with a combination of:

Love/bonding
Explicit or erotic cues
Visual cues
Romantic behaviors



The Sexual Inhibition System (SIS) notices all the very good reasons not to be turned on right now.

TURN OFF

Body image
Trauma history
Sleep deprivation
Relationship conflict
Reputation
Unwanted pregnancy/STIs
Depression/Anxiety/Stress
Performance anxiety
Feeling obligated

AKA = BRAKES

Everyone's brakes are also unique. And most of the things that turn us "off" have nothing to do with sex:

Feelings about our body
Our reputation
Feeling used by a partner.
Feeling accepted, Stress/Mood, Sexual history

Causes of low sex drive

- **Medications:**
  - SSRIs
  - TCAs
  - BZDs
  - Antihistamines
  - Narcotics
  - B Blockers
  - Diuretics
  - GnRh agonists
  - Aromatase Inhibitors
  - Combined hormonal contraceptives

Causes of low sex drive

- **Medical conditions:**
  - Diabetes
  - HTN
  - Depression
  - Musculoskeletal/movement disorders
  - Chronic pain
  - Genital pain
  - Substance abuse
  - Hormonal disruptions

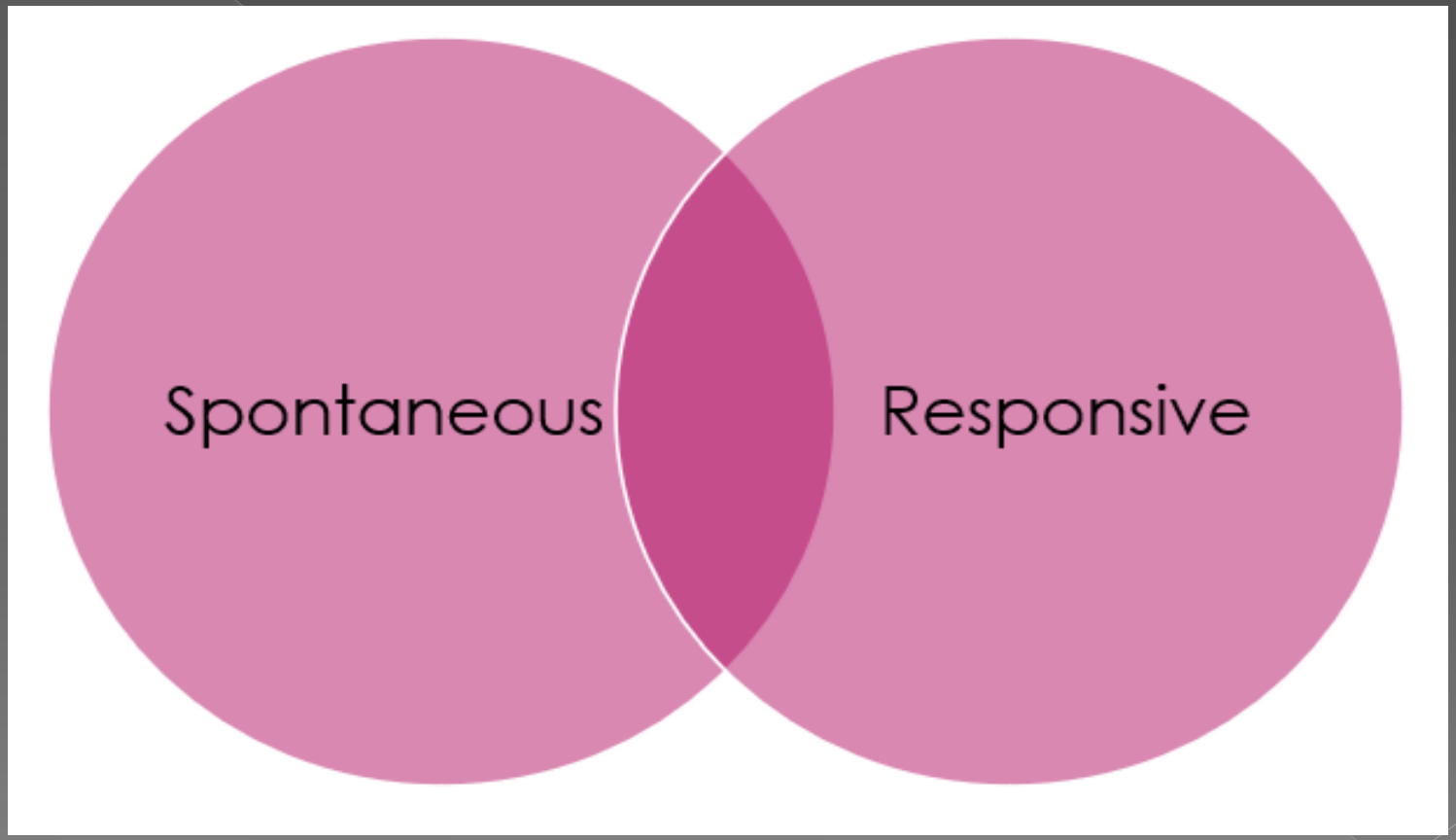
Causes of low sex drive

- **Relational**
  - What pattern of communication have we developed?
  - How does lower desire partner respond to the ask?
  - How does higher desire partner initiate?
  - How is pleasure received for both partners?
    - Expected?
    - Added bonus?

Causes of low sex drive

- **Cultural**
  - What messages did we receive growing up – family, school, friends?
  - Religious messages?
  - Western culture places high value on intentionality and hard work

A Word on Desire



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HSDD – Hypoactive Sexual Desire Disorder

- In a woman is defined as the persistent deficiency or absence of sexual fantasies and desire for sexual activity that causes marked distress or interpersonal difficulty
- Not better accounted for by another Axis I disorder (except another sexual dysfunction) and is not due exclusively to the direct physiological effects of a substance or general medical condition

Female Orgasmic Disorder

Characterized by a persistent or recurrent, distressing compromise of orgasm frequency, intensity, timing, and/or pleasure, associated with sexual activity for a minimum of 6 months

Frequency: orgasm occurs with reduced frequency or is absent

Intensity: orgasm occurs with reduced intensity (muted orgasm)

Timing: orgasm occurs either too late or too early than desired by the woman (delayed or spontaneous/premature)

Pleasure: orgasm occurs with absent or reduced pleasure (anhedonic orgasm, pleasure dissociative orgasm disorder)

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Post-Orgasmic Illness Disorder

- Characterized by peripheral and/or central aversive symptoms that occur prior to, during, or following orgasm
- *Central*: disorientation, confusion, impaired judgment, decreased verbal memory, anxiety, insomnia, depression, seizures, headache (coital cephalgia)
- *Peripheral*: diarrhea, constipation, muscle aches, abdominal pain, diaphoresis, chills, hot flashes, fatigue, akathisia, genital pain
- May last minutes, hours, or days

Persistent Genital Arousal Disorder (PGAD)

- Persistent or recurrent, unwanted or intrusive, bothersome or distressing, *genital dysesthesia* that is unrelated to sexual interest and may be associated with:
  - Despair, frustration, emotional lability, catastrophizing thoughts
  - Co-occurrence of OAB and RLS
  - Potential pelvic or pudendal neuropathy
  - Alterations in orgasm (spontaneous, recurrent, aversive, absent, delayed, muted, or not associated with pleasure or satisfaction)
  - Limited or no resolution of symptoms, even aggravation, with orgasm

Genital/Sexual Pain Disorders

Genitourinary Syndrome of Menopause

Vestibulodynia

- Hormonally mediated, inflammatory, neuroproliferative, pudendal neuralgia, PGAD

Vulvar dystrophies

- Lichen planus, lichen sclerosus, lichen simplex chronicus

Endometriosis/IC

Allergic dermatitis

Pelvic floor dysfunction

- Overactive pelvic floor

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Introital dyspareunia and vulvar pain:
A diagnostic and treatment algorithm

- Vulvodynia.com
  - Publications
    - Vulvodynia
      - Dyspareunia and pain algorithm

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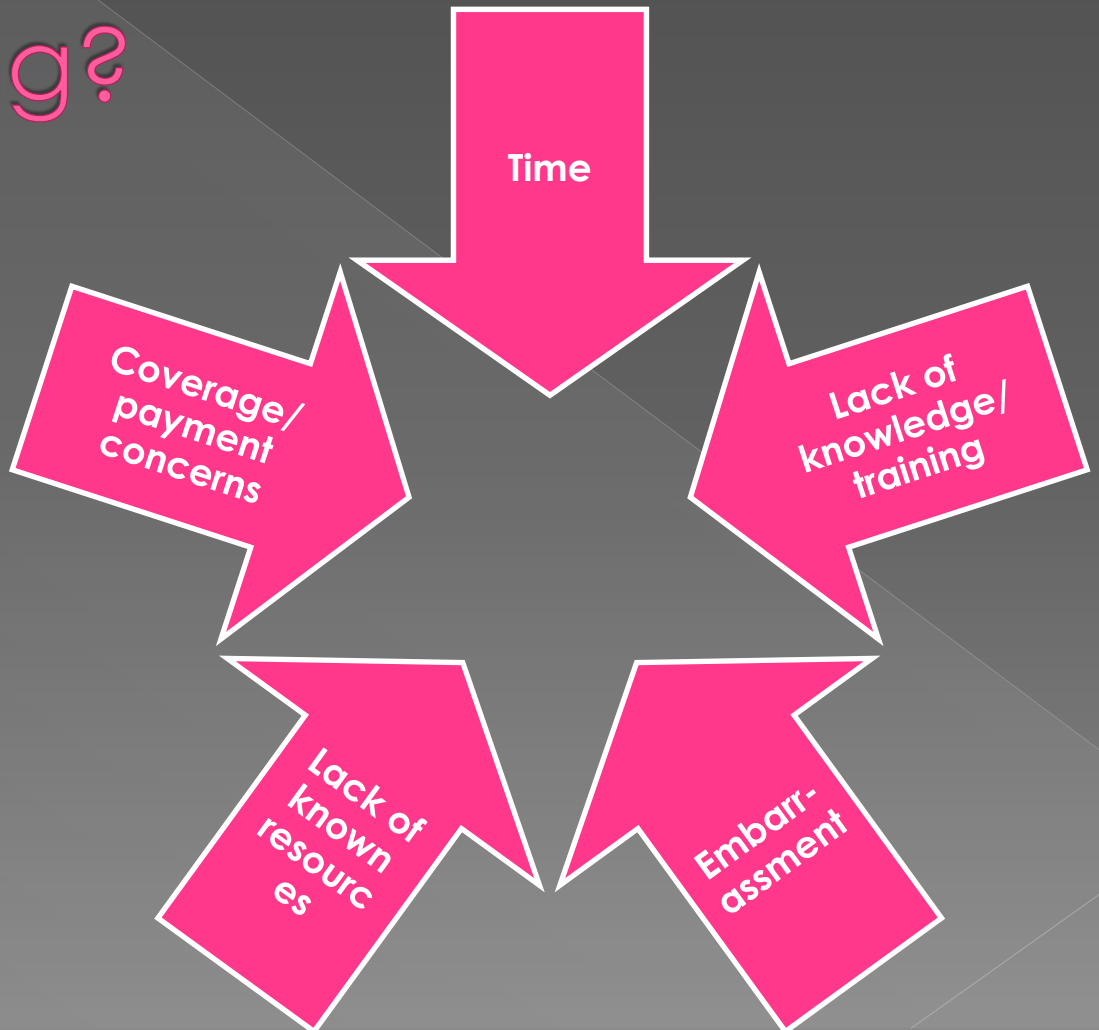
WOMEN'S HEALTH COLLECTIVE

Why is it difficult for providers to bring up sexual function and satisfaction in patient history taking?



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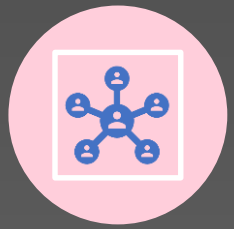
Why is it difficult for patients to ask their questions?

FEAR OF EMBARRASSMENT

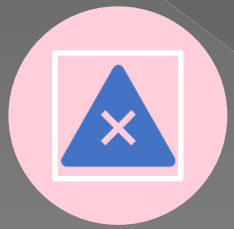
FEAR OF JUDGMENT



SOCIAL NORMS/EXPECTATIONS

ALREADY ASKED ANOTHER PROVIDER AND TOLD PROBLEM WAS "NORMAL"

COVERAGE/PAYMENT CONCERNS



INTAKE FORMS – ALREADY MADE THEM UNCOMFORTABLE?

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PLISSIT

Permission

Limited

Information

Specific

Suggestions

Intensive

Therapy

WOMEN'S HEALTH COLLECTIVE

Evaluation

- Ubiquity style
  - Many women (after menopause, your age, after a baby, who are breastfeeding…) experience changes in their sexuality. Is this anything you would like to discuss today?
- Use informal words
  - Dryness vs lubrication
  - Meet them at their level (mimic their wording)
- Always ask what their goal is for the visit

WOMEN'S HEALTH COLLECTIVE

Work-up

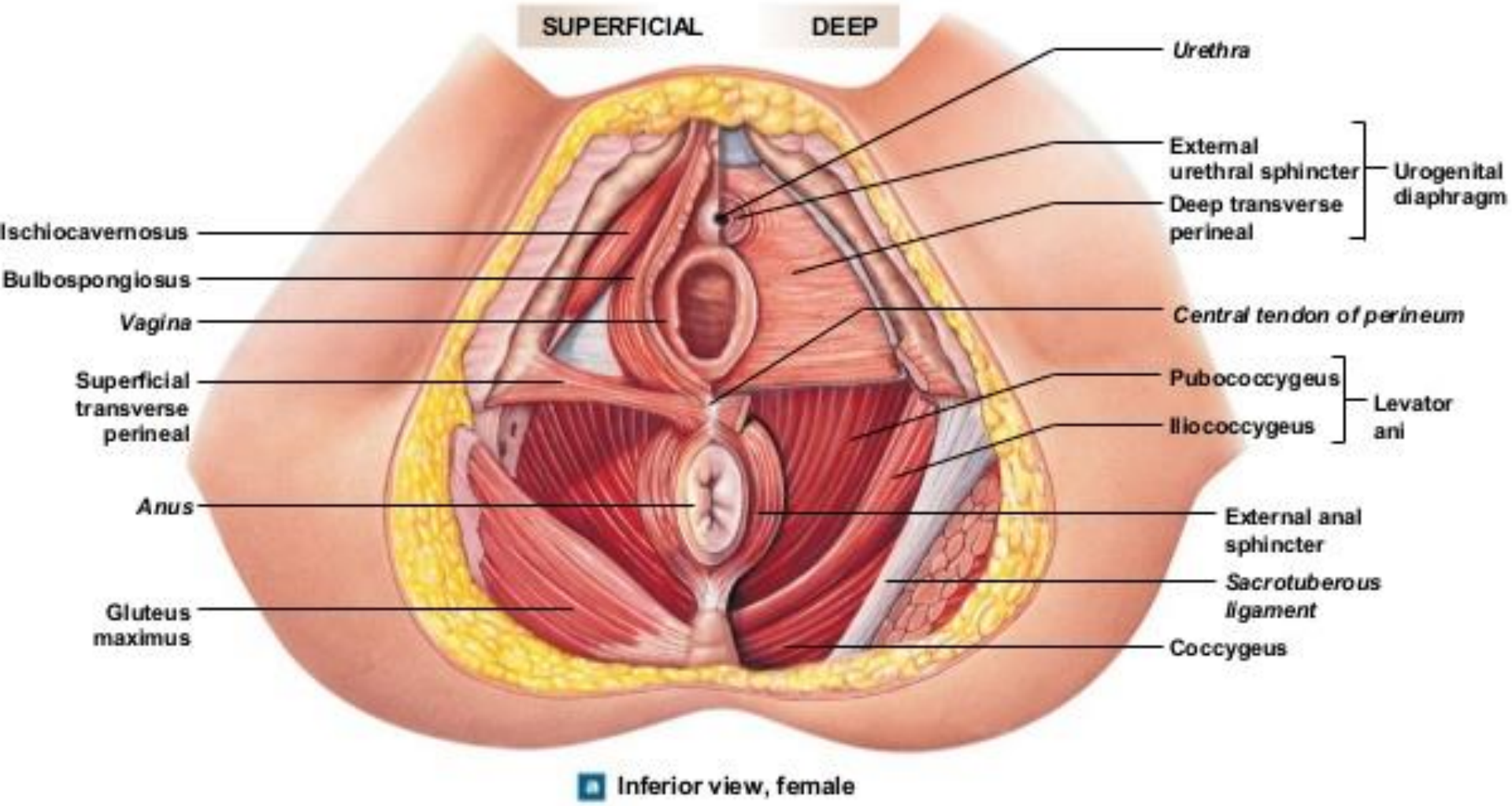
Labs

- Hormone levels (not usually necessary)
  - TSH, FT4, Vit D, Vit B12, iron studies, FSH, estradiol, total testosterone, SHBG

Vulvovaginal exam

- Don't forget the vulva!!!
- Vulvoscopy
- Q-tip test
- Vaginal pH
- Evaluate periurethral tissue – robust?
- Pelvic floor muscles

Figure 10.13a Muscles of the Pelvic Floor



Inferior view, female

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WOMEN'S HEALTH COLLECTIVE

Specific Suggestions

Counsel to your comfort

Use specifics

Date night
Small touches
Self stim
Exercise/diet/body image
Lubricants
Moisturizers
Dilators
Toys
Sensate focus
Text resources

Know your local referral resources

"Thank you for bringing this up today. This is a really important issue. I know just the person who can help you find the answers you need."

WOMEN'S HEALTH COLLECTIVE

Lubricants

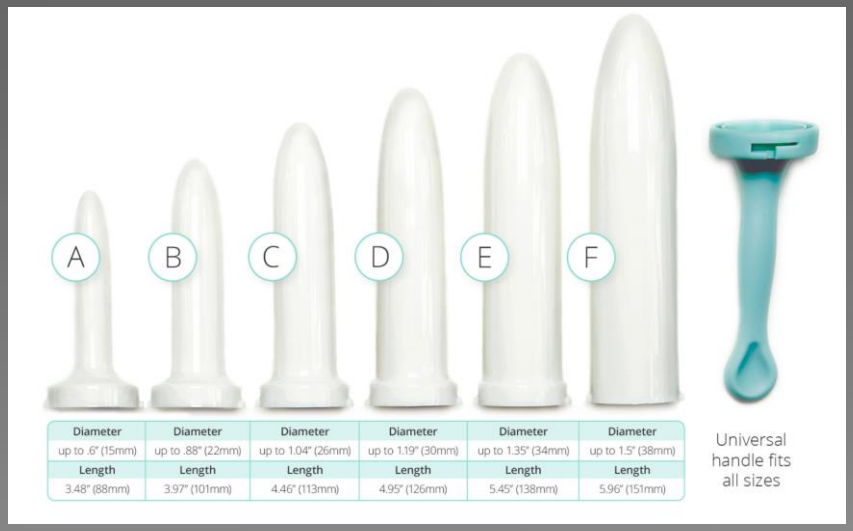
- Lubes are a shifting landscape
  - FDA registers them as a class 2 medical device
- Water based with and w/o glycerin
- Silicone
- Gel
- Hybrid
- Cream
- pH ranges from 4.0-7.0
- Counsel regarding use with condoms and with toys
  - No oil based
  - ⊘ Silicone with silicone toys
- Caution with "warming" or "zesty" lubricants

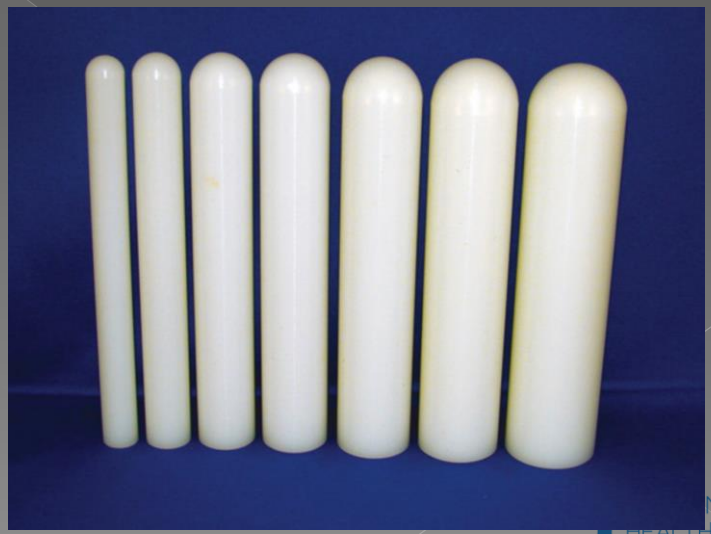
WOMEN'S HEALTH COLLECTIVE

Moisturizers

- Not to be used as lubricant prior to penetration
- Used as a lotion
- 2-3 times a week post meno
- Cancer survivors will likely need 4-5 times/wk
- Lubrigyn (*Hyaluronic acid*) - moisturizer
- Replens (*Glycolic acid*) – FDA approved
- Hyalogyn (*Hyaluronic acid*)– moisturizer
- Revaree (*Hyaluronic acid*)
- CBD (*multiple manufacturers*)

Dilators

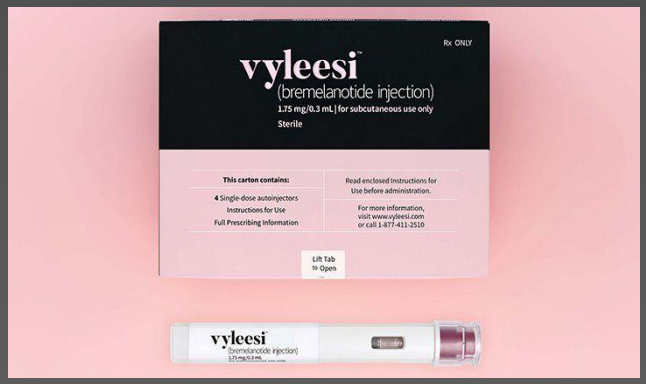




Medications – On-but - mostly-off-label

- Flibanserin (Addyi)
  - Approved 8/2015
  - 5-HT1A agonist
  - 5-HT2A antagonist
  - Weak partial Dopamine D4 receptor agonist
  - Contraindications
    - Alcohol
      - Studied in 25 people, 23 men
      - 2-4 beers/glasses of wine over 10 min after light breakfast
      - 4 had hypotension or syncope with standing
    - Moderate to strong CYP450 3A4 inhibitors
    - Hepatic impairment
  - REMS program
    - FDA removed ban/CI for Etoh 9/2019

Bremelanotide (Vyleesi)



- Approved 6/2019
- on demand subQ injection
  - Autoinject >45 min prior to sexual activity, up to 8/month
- Melanocortin agonist
  - MC1R expressed on melanocytes
  - MC4R expressed in CNS
- Side effects: nausea, flushing, headache, vomiting, hot flush
- Potential for transient increase in BP
- CI: Uncontrolled HTN, pregnancy
- Caution: hyperpigmentation risk

WOMEN'S HEALTH COLLECTIVE

Off label additions for SSRI related dysfunction

Buproprion

- Consider adding for SSRI related dysfunction
- 5-HT2A antagonist, moderate 5-HT1A partial agonist
- Excitatory

Buspirone and Trazadone

- Also 5-HT1A agonist (prosexual side effects)
- Trazadone is norepinephrine and dopamine reuptake inhibitor
- Inhibitory

Sildenafil

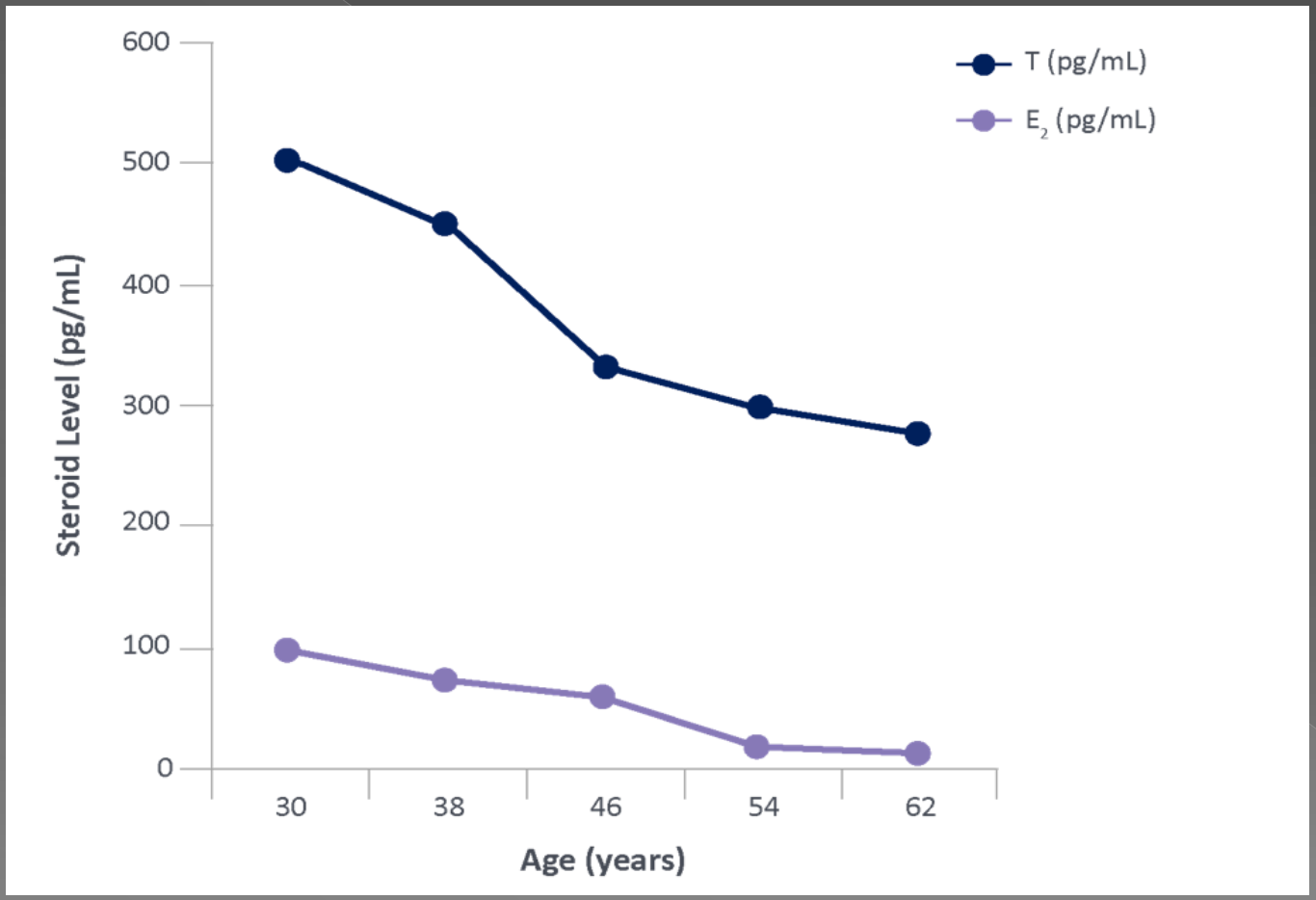
- Blockade of PDE5 – relaxation of smooth muscles in arterial walls and increases blood flow to clitoris

Relative Frequency of Sexual Dysfunction by Drug

Drug	Sexual Desire	Sexual Arousal	Orgasm
Buproprion	+	+	+
Citalopram	+++	+++	+++
Fluoxetine	+++	++	+++
Fluvoxamine	+++	++	+++
Mirtazapine	++	++	++
Nefazodone	+	+	+
Paroxetine	+++	+++	+++
Sertraline	+++	+++	+++
Venlafexine	+++	+++	+++
Vilazodone	+	+	+

+ <10% frequency or <5% relative to placebo; ++ 10-25% frequency; +++ >25% frequency

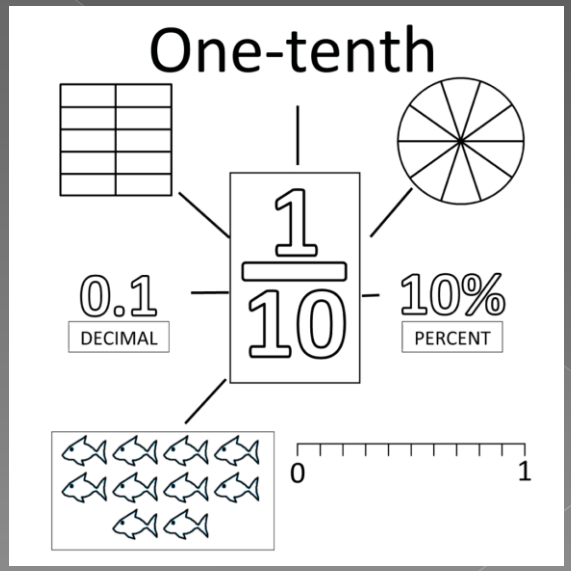
Role of Hormones



Adapted from: Glaser R, Dimitrakakis C. Maturitas. 2013; 74(3):230-234.

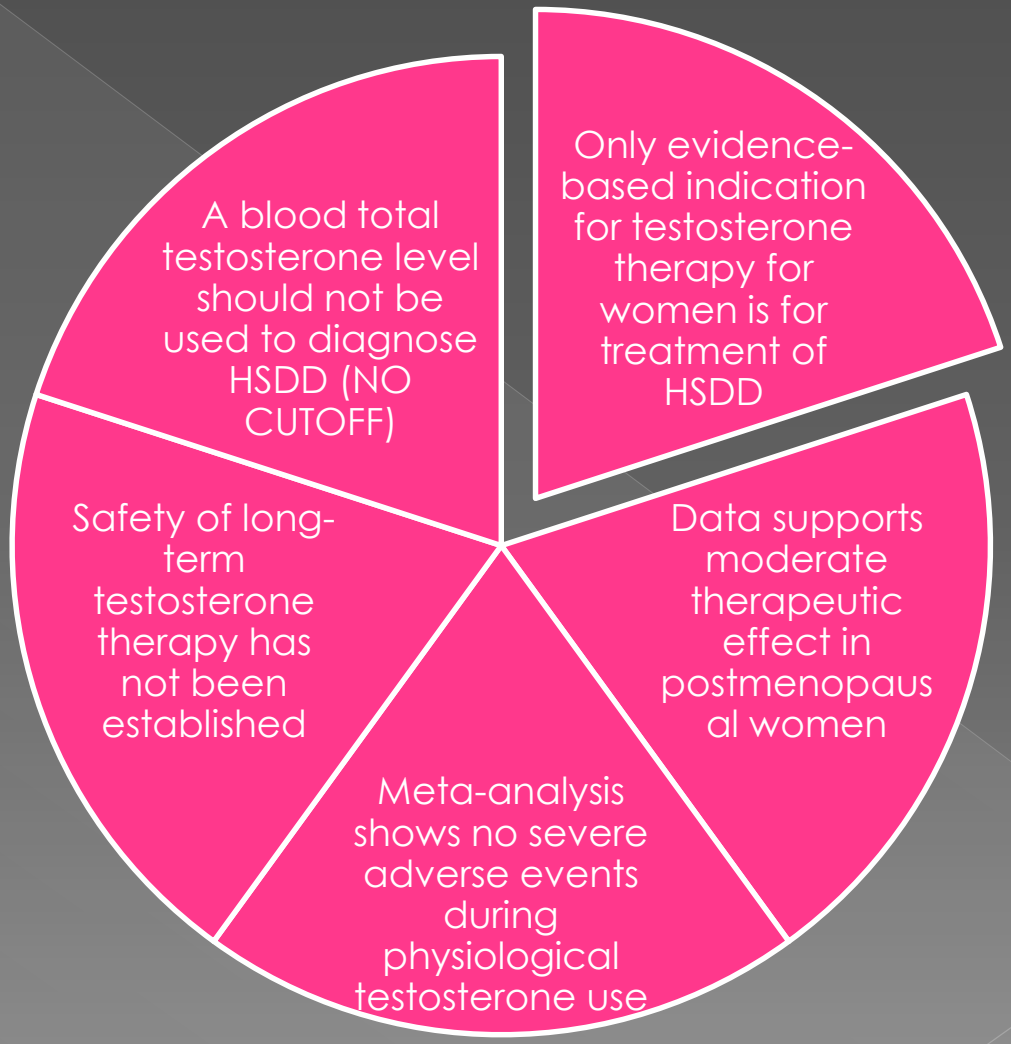
WOMEN'S HEALTH COLLECTIVE

- Testosterone
  - Not FDA approved YET for women
  - Counsel regarding potential androgenic SEs
  - Used in women for > 80 yrs
  - Oral, Transdermal, IM Injections, Pellets, Troche
  - 1/10 male dose



WOMEN'S HEALTH COLLECTIVE

Key Messages for Testosterone Use per ISSWSH



WOMEN'S HEALTH COLLECTIVE

Key Messages for Testosterone Use per ISSWSH

Transdermal treatment provides the most physiological form of replacement therapy for women

Recommendations do **not** apply to injectables, pellets, or formulations that result in supraphysiologic blood concentrations of testosterone, or compounded preparations

Normal **premenopausal** range can be achieved with delivery of ~ 1/10 a standard male dose or about 300 mcg/day prescribed off label with informed consent

Additional **testing** may be required in certain cases where androgen excess is suspected, or to assess a failure to respond to typical testosterone treatment

WOMEN'S HEALTH COLLECTIVE

Testosterone Clinical and Lab Monitoring

Annual breast and pelvic exams

Annual mammography

Eval of AUB

Eval for acne, hirsutism, androgenic alopecia, voice changes, clitoromegaly

Monitor testosterone direct assay of total T

Goal: not to exceed normal range for reproductive-aged women

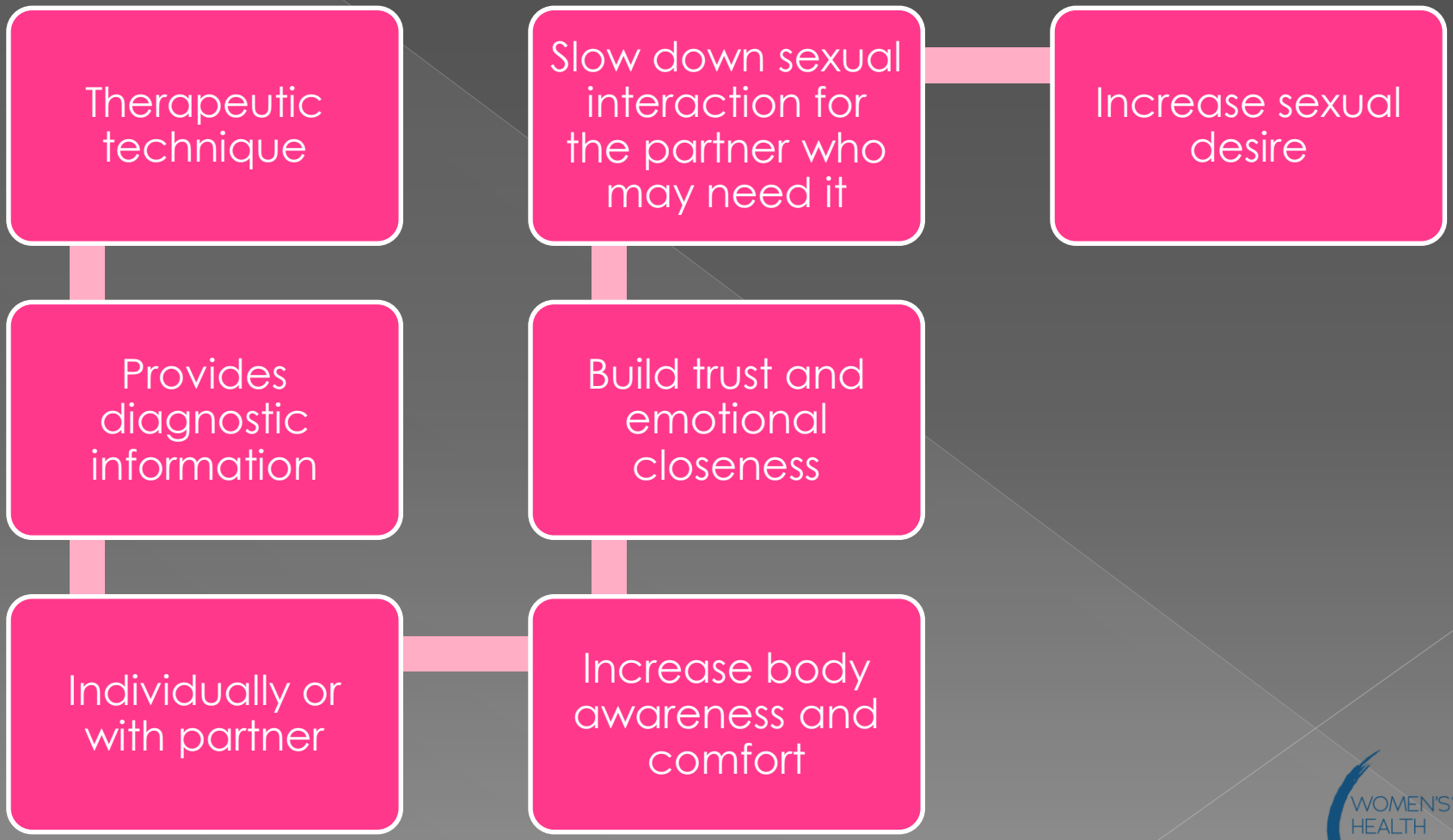
Lipid profile, LFTs, CBC – baseline, 6 months, annually

Use for 6 months contingent on clear improvement and absence of AEs

Sensate Focus

- Developed by Masters and Johnson in the‘60s
- Formed the foundation of sex therapy
- Touch exercises
  - For one’s own pleasure without regard to physical or sexual arousal
- Modified in the ‘80s to touch for whatever sensations they experienced
  - Temperature
  - Texture of the skin and hair
  - Variations in feelings of pressure
- No expectations
- Assignment is to focus on sensation

Sensate Focus



WOMEN'S HEALTH COLLECTIVE

Sex Therapy

- Goal – teach people how to get their conscious, goal-oriented mind out of the way and return sex to its natural state
- Sex ed for grown-ups
- Discuss vulnerability
- Improving sense of physical intimacy helps neutralize the small irritations that happen outside the bedroom

WOMEN'S HEALTH COLLECTIVE

Team Approach

- Physician/PA/NP – gynecologist, urogynecologist, internist, oncologist
- Sex therapist/sex counselor
  - AASECT
- Pelvic floor physical therapist
  - Herman Wallace Institute
- Psychiatrist/psychologist
- Eastern Medicine practitioners

WOMEN'S HEALTH COLLECTIVE

What's on the Horizon?

Drug Name	Drug Category	Current Status
Lybrido (on demand oral tablet)	sildenafil + testosterone	Phase III for HSDD
Lybridos (on demand oral tablet)	buspirone + testosterone	Phase III for HSDD
Tefina (intranasal testosterone gel)	testosterone	Phase II complete for anorgasmia
Lorexys (daily oral combo)	trazodone + buproprion	Completed Phase IIa for HSDD

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WOMEN'S HEALTH COLLECTIVE

Resources

- AASECT
  - aasect.org
- The Menopause Society
  - menopause.org
- International Society for the Study of Women's Sexual Health
  - isswsh.org
- International Pelvic Pain Society
  - pelvicpain.org
- International Society for the Study of Vulvar Disease
  - issvd.org
- Herman & Wallace
  - hermanwallace.com
- Women's Health Collective
  - www.whcollective.com

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