

# Female Sexual Medicine

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# Conflict of Interest Disclosure

None

# Learning Objectives



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

# Acknowledgements

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

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

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

<sup>1</sup> Wilson H, McAndrew S. Sexual health: foundations for practice. New York: BaillièreTindall, 2000:xi.

<sup>2</sup> Nusbaum MR, Hamilton CD. The proactive sexual health history. Am Fam Physician 2002; 66: 1705– 12.

# Taking a Sexual History

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

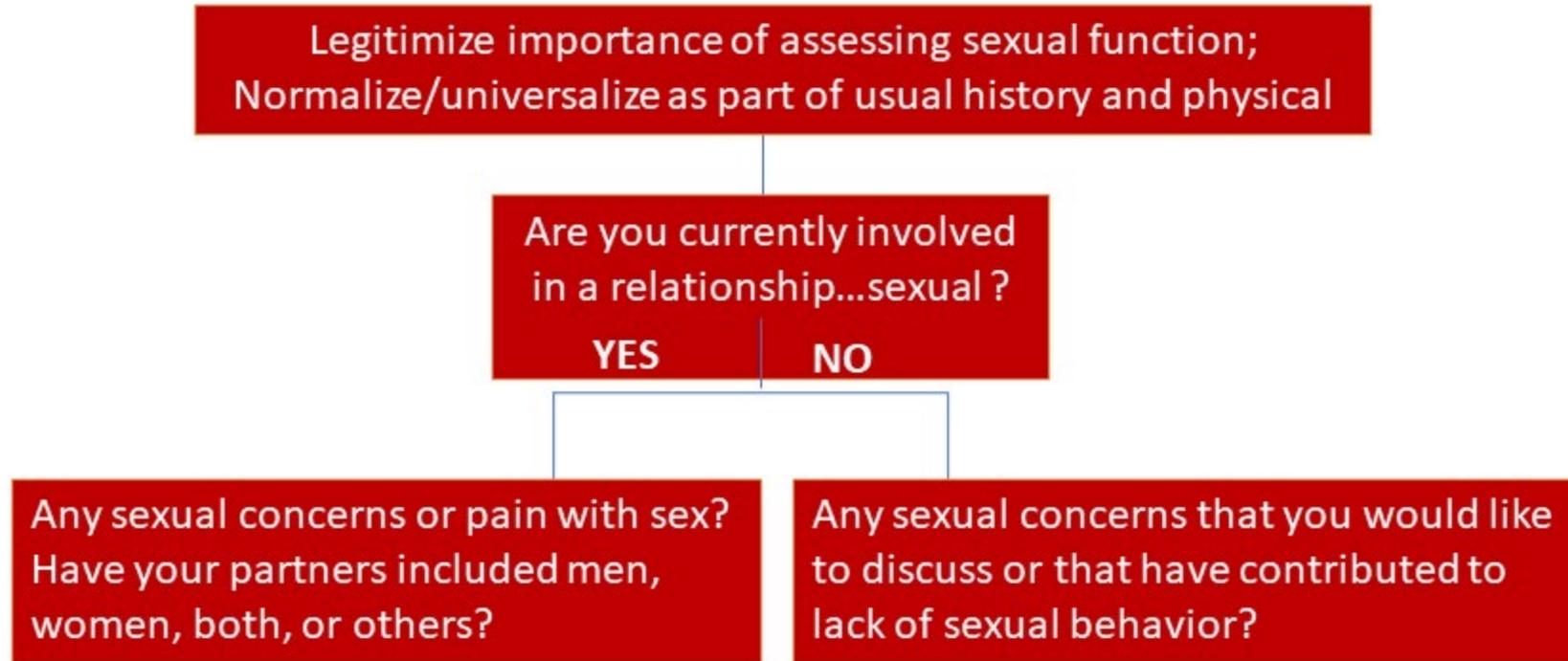


Shifren JL, Monz BU, Russo PA, Segreti A, Johannes CB. Sexual problems and distress in United States women: prevalence and correlates. *Obstet Gynecol* 2008; 112: 970– 8

Nusbaum MR, Hamilton CD. The proactive sexual health history. *Am Fam Physician* 2002; 66: 1705– 12.

Palmore EB. Predictors of the longevity difference: a 25-year follow-up. *Gerontologist*. 1982;22:513-8

# Screening for Sexual Function



Adapted from Kingsberg S. Sex, Urol Clin N Am. 2000;34:497-506.

# Female Sexual Function Index (FSFI)

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

## Female Sexual Function Index (FSFI)

Name:

Date:

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

In answering these questions the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation, and vaginal intercourse.

Sexual intercourse is defined as penile penetration (entry) of the vagina.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

### CHECK ONLY ONE BOX PER QUESTION.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

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

- 5 = Almost always or always
- 4 = Most times (more than half the time)
- 3 = Sometimes (about half the time)
- 2 = A few times (less than half the time)
- 1 = Almost never or never

#### 2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?

- 5 = Very high
- 4 = High
- 3 = Moderate
- 2 = Low
- 1 = Very low or none at all

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

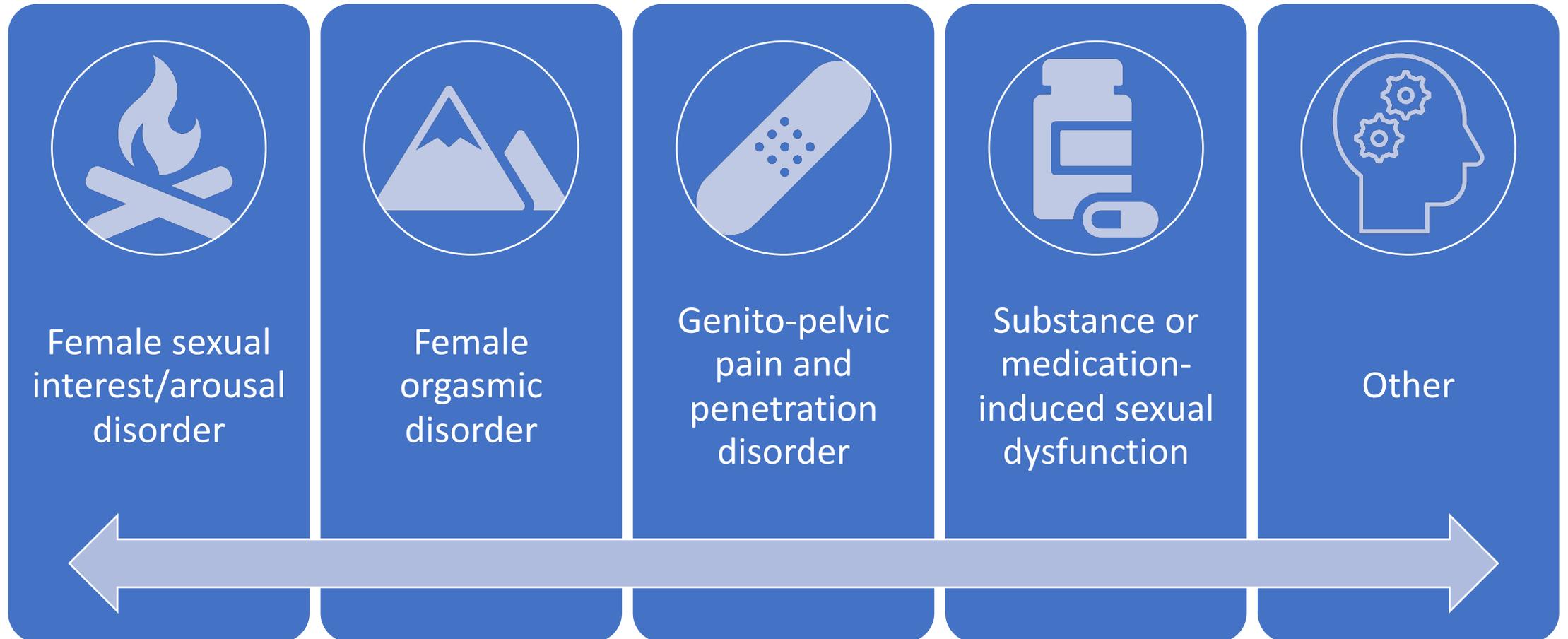
#### 3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- 0 = No sexual activity
- 5 = Almost always or always
- 4 = Most times (more than half the time)
- 3 = Sometimes (about half the time)
- 2 = A few times (less than half the time)
- 1 = Almost never or never

#### 4. Over the past 4 weeks, how would you rate your level of sexual arousal ("turned on") during sexual activity or intercourse?

- 0 = No sexual activity
- 5 = Very high
- 4 = High
- 3 = Moderate
- 2 = Low
- 1 = Very low or none at all

# Classifications of Female Sexual Dysfunction



# Sexual Interest and Arousal Disorder



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

# Spontaneous Desire

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

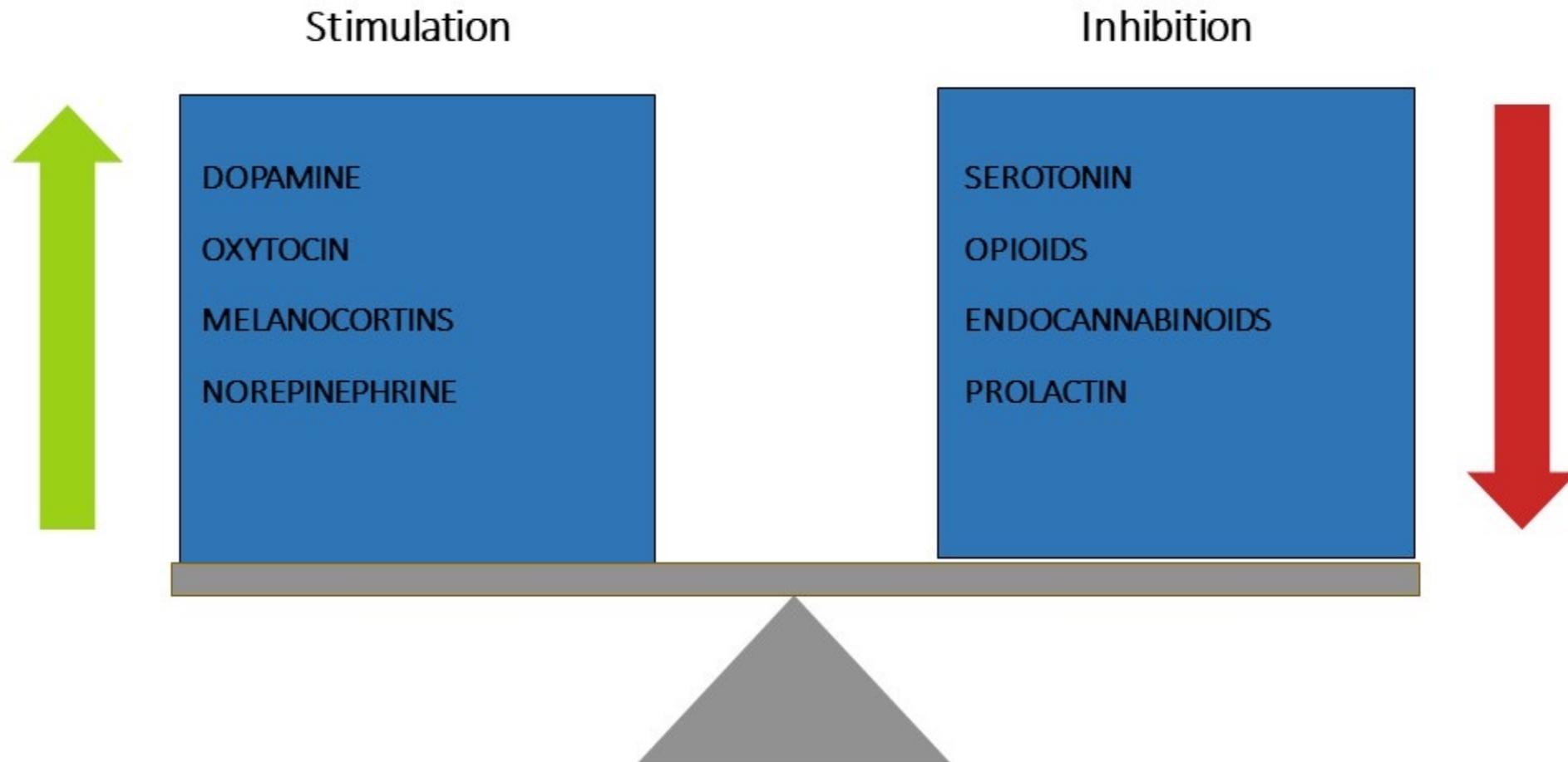


# Responsive Desire

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



# Dual Control Model



Pfaus JG. Pathways of sexual desire. *J Sex Med.* 2009;6:1506-1533.

Bancroft J, Graham CA, Janssen E, Sanders SA. The dual control model: current status and future directions. *J Sex Res.* 2009;46(2-3):121-142.

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

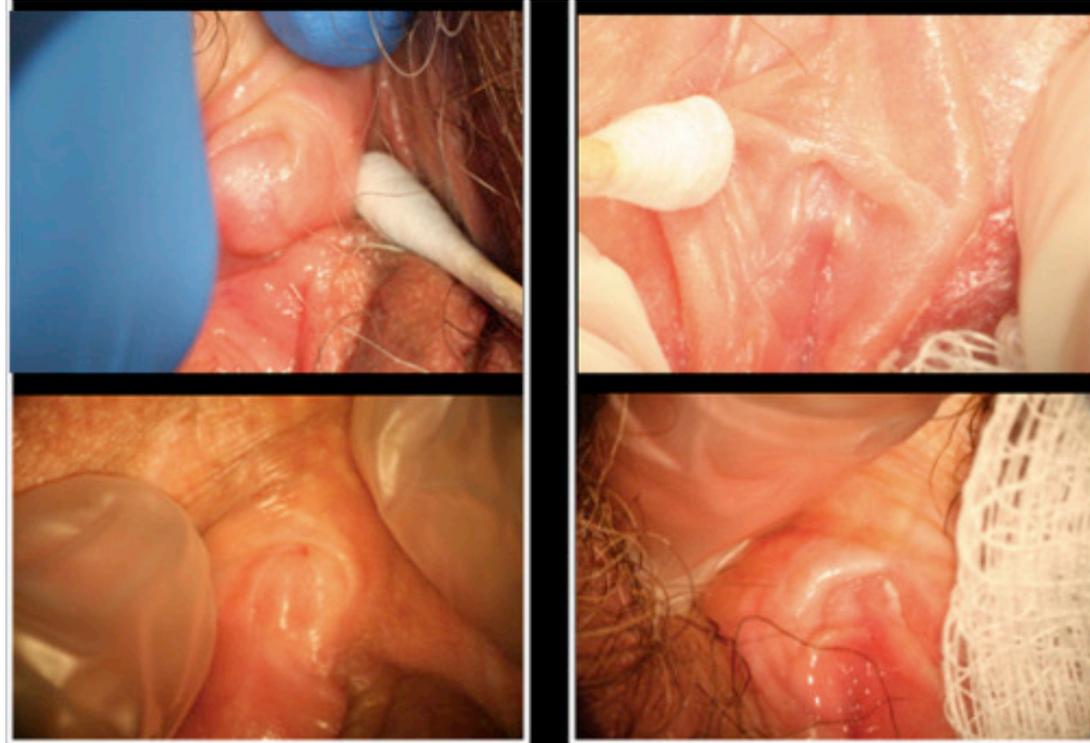
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# Female Orgasmic Disorder



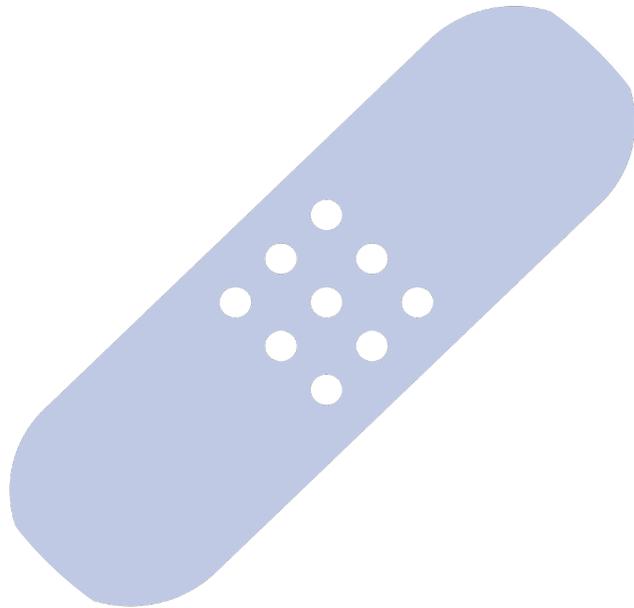
- *Orgasm that is*
  - ***Absent***
  - ***Delayed***
  - ***Infrequent***
  - ***Reduced intensity***
- *>6 months*
- *Distress*

# Female Orgasmic Disorder



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

# Genitopelvic Pain and Penetration Disorder



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

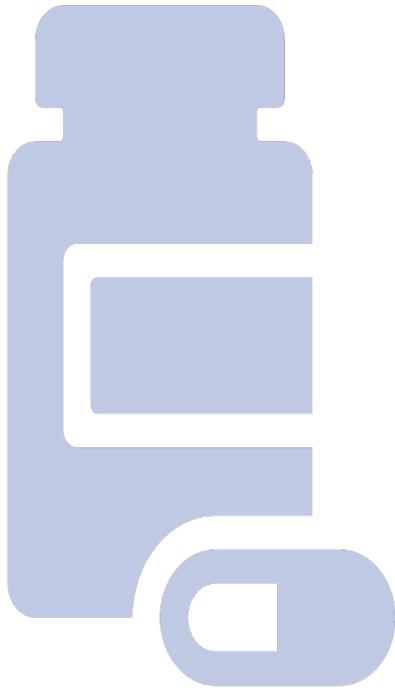
# Genitopelvic Pain and Penetration Disorder



## Common causes:

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

# Substance/Medication-Induced Dysfunction



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

# Substance/Medication-Induced Dysfunction



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

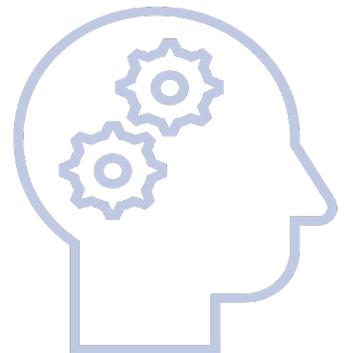
# Other: Peripartum, Menopause

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



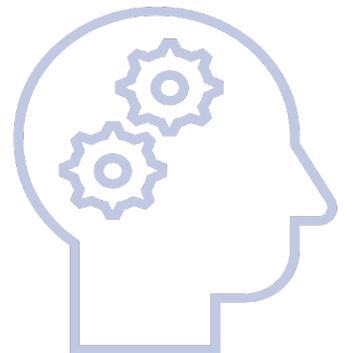
# Other: Mental Health

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



# Other: Psychosocial Factors

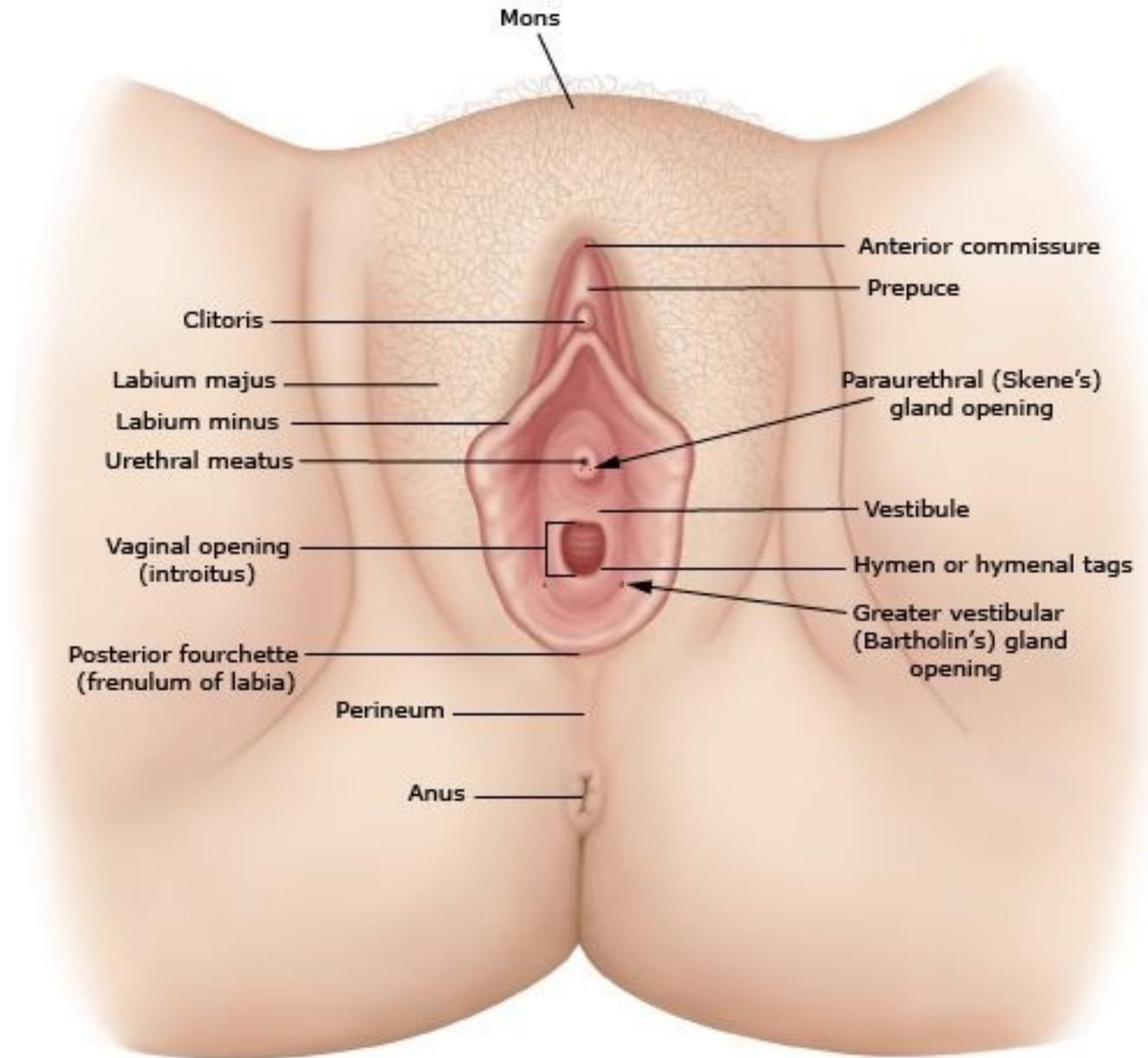
- Sexual/relational factors
  - Partner sexual dysfunction
  - Lack of novelty/repetition
  - Poor attention/focus on sexual stimulation
  - Pain or diminished arousal
  - Partner sexual awkwardness
- Cultural/Relational factors
  - Attachment styles
  - Religious/cultural/familial values, beliefs, taboos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



# Exam



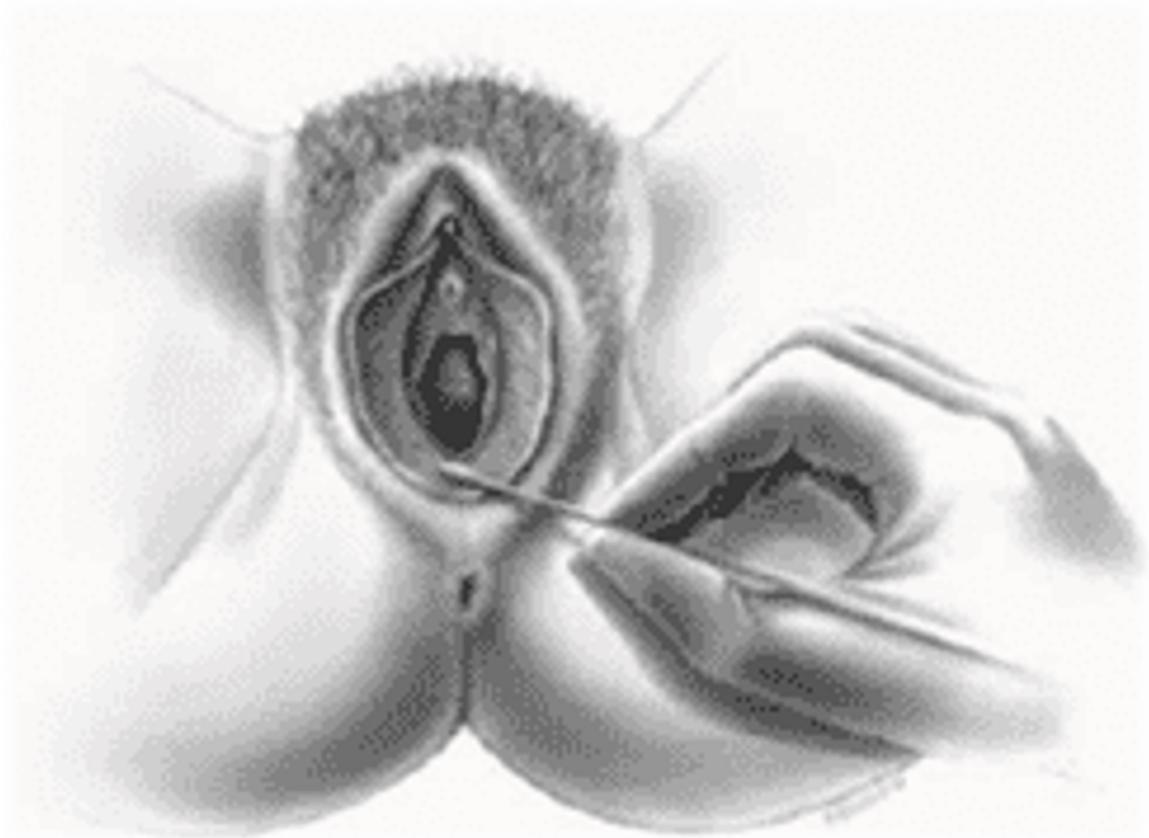
- Adhesions
- Atrophy
- Inflammatory changes

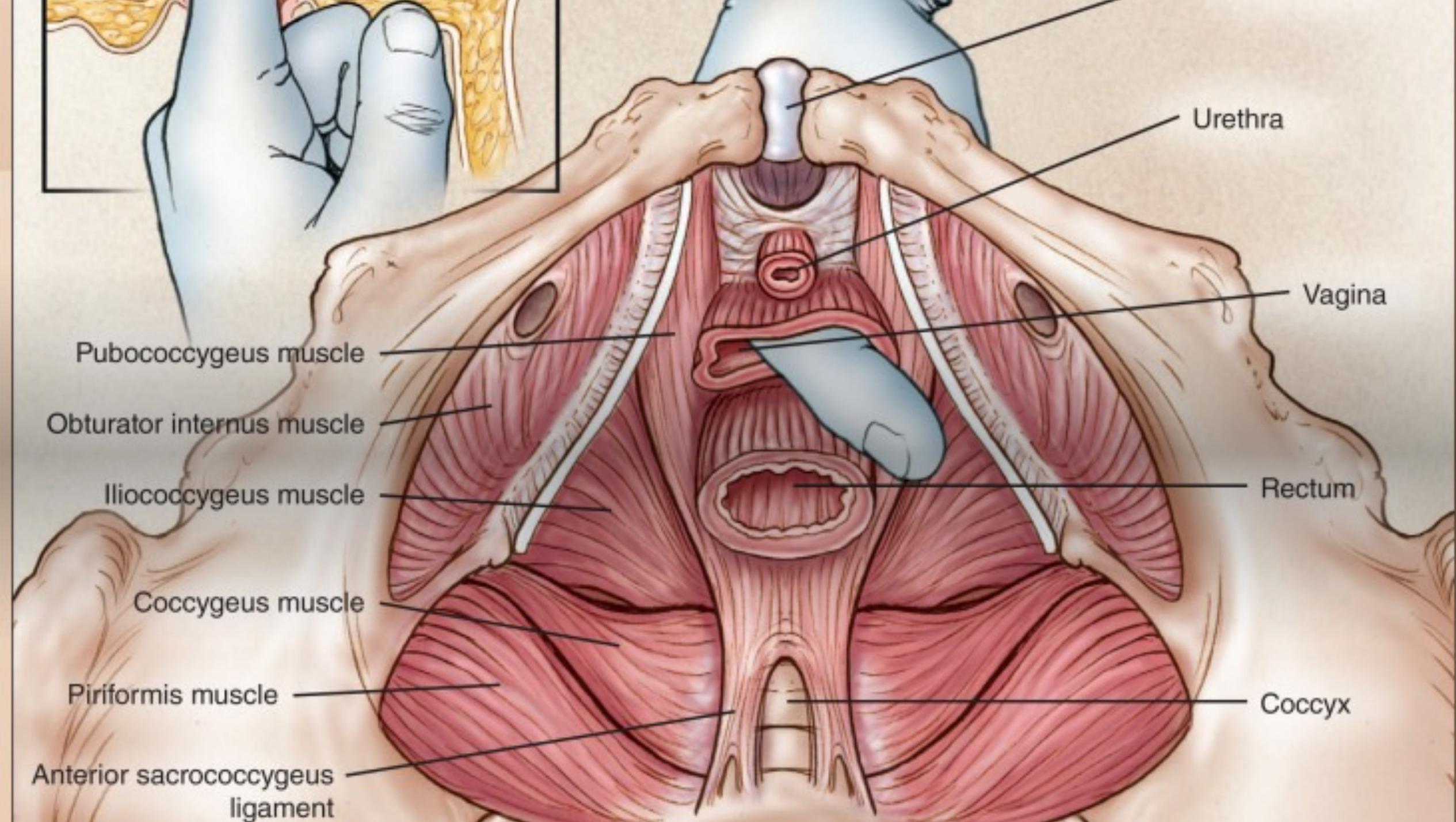


# Exam

## Test for dysesthesia on:

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





# Treatment

Moving beyond....

*“Have a glass of wine or two to relax.”*

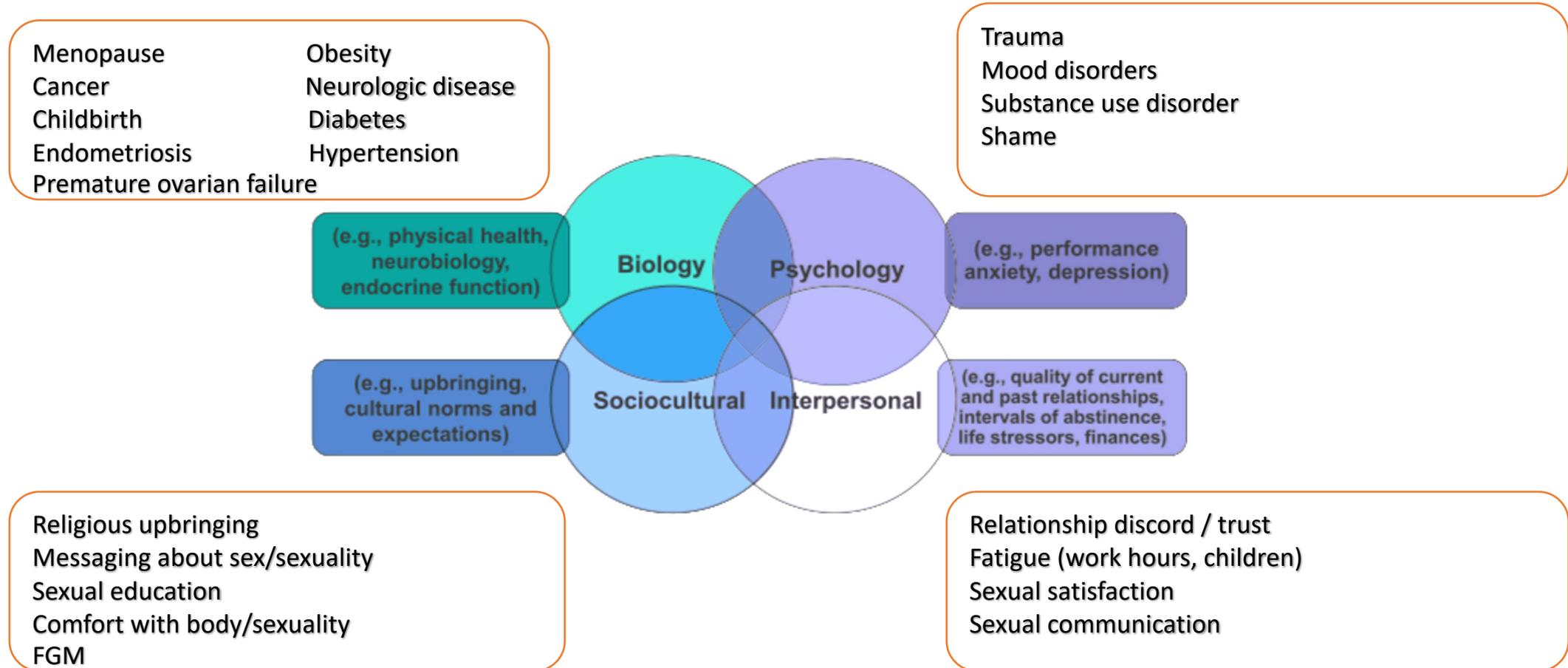
*“Go on vacation.”*

*“This is what happens after you’ve been partnered for 15 years.”*

*“Biology didn’t intend for females to be sexually active after menopause.”*

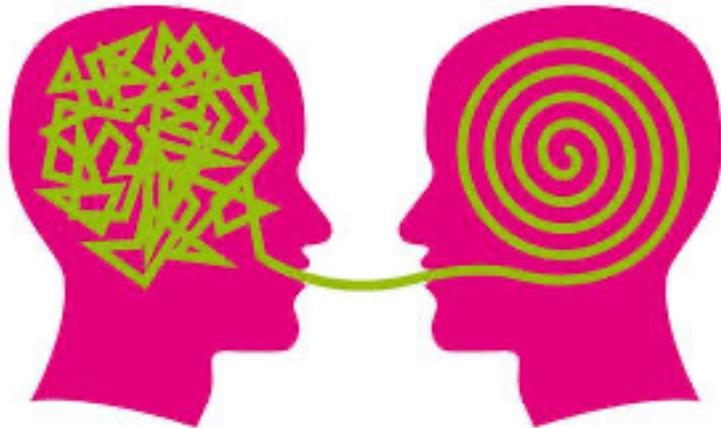
# Treatment

## Multimodal, multidisciplinary, biopsychosocial approach



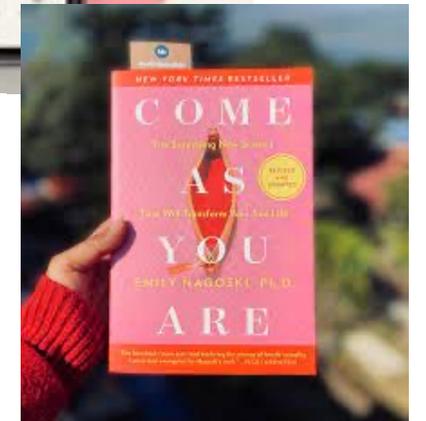
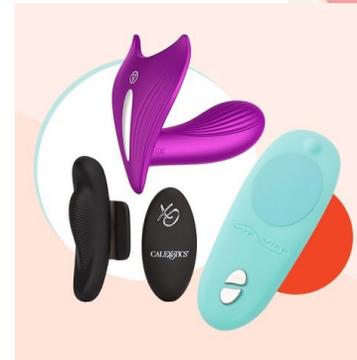
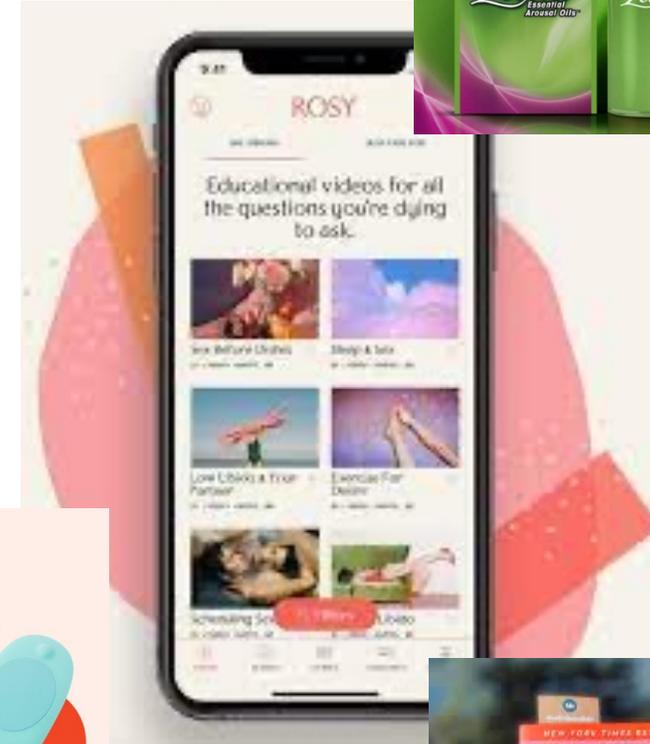
# Treatment: Interest/Arousal Disorder

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



# Treatment: Interest/Arousal Disorder

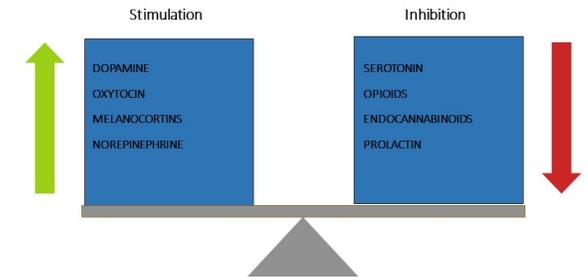
- Education
  - Rosy App
  - *Come As You Are* by Emily Nagoski, PhD
  - *Better Sex Through Mindfulness* by Lori Brotto, PhD
- Increase satisfaction
  - Lubricants (silicone-based)
  - Zestra
  - Devices
- Over-the-counter supplements
  - L-Arginine
  - Ristella (Bonafide)
  - ArginMax
  - StronVivo



# Treatment: Interest/Arousal Disorder

## Flibanserin “Addyi”

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



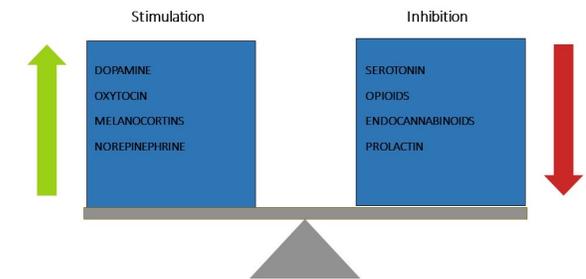
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# Treatment: Interest/Arousal Disorder

## Bremelanotide “Vyleesi”

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



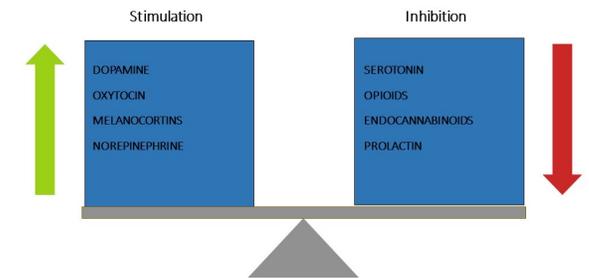
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# Treatment: Interest/Arousal Disorder

## Bupropion “Wellbutrin”

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



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# Treatment: Interest/Arousal Disorder

## Post-menopausal women

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



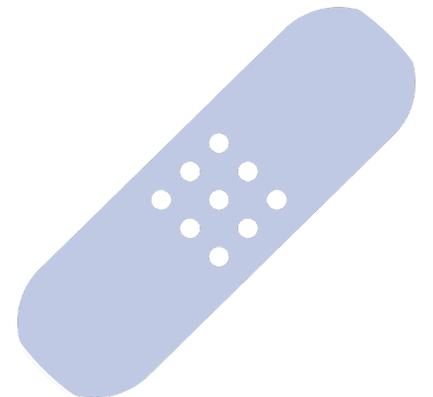
# Treatment: Female Orgasmic Disorder

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



# Treatment: Genitopelvic Pain & Penetration Disorder

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



# Treatment: Genitopelvic Pain & Penetration Disorder

## Address comorbid conditions:

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

HyaloSyn

Revaree

Replens



# To learn more....

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



# Sexual Problem Assessment

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

# Validated Tools

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