Let's Talk About Sex!

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Objectives

- Define what's normal
- Define female sexual dysfunction
- Identify the causes of female sexual dysfunction
- Review the major studies in the field of female sexual dysfunction
- Discuss options for treatment
What's Normal? In Magazines

- Sex in Magazines
  - Cosmopolitan
    - 5 cover stories May 2009
  - Glamour
    - 2 cover stories May 2009
What's Normal? On TV

- Media Monitor (2002)
  - Major Broadcast Networks – 11 instances per hour
  - Premium Channels – 23 instances per hour
  - TV as a whole – 12 scenes of sexual material
    - One every five minutes

- Sex on Television 4 (2005)
  - 70% of Programs had some sexual activity
    - 5.0 scenes per hour containing sex
    - 4.6 scenes per hour referencing sex
What's Normal? In Movies

- Sex in the Movies
    - 7 scenes of sexual material per movie
    - 10 movies with the most sexual material
      - 6 Rated R
      - 4 Rated PG-13
The Discrepancy

"Or we could turn on the TV and let younger, more beautiful people have sex for us."
What's Normal?

- The Kinsey Report (1948)
  - 16-20 years old
    - 3.7 times per week
  - 21-25 years old
    - 3 times per week
  - 26-30 years old
    - 2.6 times per week
  - 31-35 years old
    - 2.3 times per week
  - 40 and over
    - 2 times per week
The Durex Survey (2005)

- By Country
  - Greece
    - 138 times per year
  - United States
    - 113 times per year
  - India
    - 75 times per year
  - Japan
    - 45 times per year
The Durex Survey (2005)

- Globally, people are having sex
  - 103 times per year
  - About 1 time every 3-4 days (Twice a week)

- By age group
  - 16-20 year old – 90 times per year
  - 21-34 year old – 108 times per year
  - 34-44 year old – 112 times per year
Female Sexual Dysfunction

- Sexual Desire Disorder
  - Hypoactive Sexual Desire
  - Sexual Aversion
- Sexual Arousal Disorder
- Orgasmic Disorder
- Sexual Pain Disorder
  - Dyspareunia
  - Vaginismus
  - Non-coital Sexual Pain
Sexual Response Cycle

SEX RESPONSE CYCLE

EXCITEMENT

PLATEAU

ORGASM

MEN ONLY-REFRACTORY PERIOD

RESOLUTION

TIME 

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Or Is It?
Intimacy and Drive Based Model

Figure 2. Blended intimacy-based and sexual drive-based cycles.

Sexual Dysfunction

- Sexual dysfunction vaginismus
- Decreased arousal
- Decreased desire
- Inadequate stimulation
- Unsatisfying encounters
Hypoactive Sexual Desire Disorder

- Absence or deficiency of sexual interest
  - Sexual thoughts
  - Sexual fantasies
  - Sexual activity

- Causes distress or interferes with interpersonal relationships
Sexual Arousal Disorder

- Inability to attain or maintain adequate lubrication in response to sexual excitement
- Causes distress or interferes with interpersonal relationships
Orgasm Disorder

- Delay or absence of orgasm after normal sexual excitement phase
- Causes distress or interferes with interpersonal relationships
Causes of Sexual Dysfunction

- Psychological
  - Depression
  - Anxiety
  - Relationship conflict
  - Emotional distress
  - Stress
  - Fatigue
  - Sexual abuse
  - Physical abuse

- Physical
  - Medications
    - Estrogen
    - OCPs
    - Corticosteroids
    - Antidepressants
  - Substance abuse
  - Atrophic vaginitis
  - Endometriosis
  - Chronic Illness
National Health & Social Life Survey

- Prevalence of sexual problems (female)
  - 31.5% lacked interest in sex
  - 25.7% unable to achieve orgasm
  - 15.5% experienced pain during sex
  - 22.6% found sex not pleasurable
  - 12.3% anxious about performance
  - 20.6% trouble lubricating
- Overall Prevalence – 43% (oft quoted)

Laumann et al. (1999) JAMA.
NHSLS Results

● 43% of women have female sexual dysfunction
● What's missing?
Problems to Dysfunction

“When do problems with sexual function become female sexual dysfunction?”

-Gierhart, Obstetrics & Gynecology 2006
Dysfunction Needs Distress

Disorder must be accompanied by personal distress or result in interference with interpersonal relationship or social functioning.

- DSM IV-TR
Women's International Study of Health and Sexuality (WISHeS)

- Women with Normal Sexual Desire
  - 72.5% of participants
- Women with Low Desire without Distress
  - 13.9% of participants
- Women with Low Desire and Distress (HSDD)
  - 13.6% of participants

Low Desire without Distress

- Women aged 20-49*
  - Premenopausal – 24%
  - Surgically menopausal – 36%
- Women 50-70
  - Naturally menopausal – 33%
  - Surgically menopausal – 29%
Among Women with Low Desire

- Age 20-49*
  - Surgically menopausal – 72% had distress
  - Premenopausal – 59% had distress

- Age 50-70
  - Surgically menopausal – 44%
  - Naturally menopausal – 33%

Low desire (with and without distress) also correlated with low levels of arousal, orgasm, and pleasure.
Surgically Menopausal Women

- Significantly more likely to experience low sexual desire and distress
- Complete loss of estrogen
- 50% reduction in androgens
- Psychological implications
What’s love got to do with it?

- Women with HSDD have a high degree of negative emotional and psychological statements about themselves and partners.
Desire

- As desire increases, the following increase
  - Frequency of female initiated activities
  - Intercourse
  - Orgasm
  - Masturbation
How much sex are we having? WISHES

- In the last 30 days...
  - Premenopausal Age 20-49
    - Low desire – 7.8
    - Normal desire – 12.9
  - Surgically Postmenopausal Age 20-49
    - Low desire – 6.0
    - Normal desire – 14.3
  - Naturally Postmenopausal Age 50-70
    - Low desire – 4.1
    - Normal desire – 8.5
What about those without a partner?
Sexual Problems and Distress in United States Women

- 70% had a current partner
- 62% were premenopausal
- 27% had current depression
  - 13% on antidepressants
- 72% with chronic medical condition

Sexual Problems & Distress

- Overall prevalence of any problem – 44.2%
  - 38.7% with low sexual desire
  - 26.1% with low arousal
  - 20.5% with orgasm difficulties
- Prevalence associated with distress – 12%
So Now What?

- Women are more likely than men to seek professional help for sexual problems
  - 5 in 10 women
  - 1 in 10 men
- But do they get help from us?
Seeking Help

- Volunteer sample of 3807 women
- Addressed experiences of seeking help for sexual function complaints
  - 77% with low desire
  - 62% with low arousal
  - 56% with difficulty with orgasm
  - 46% with vaginal dryness

Dissatisfaction With Care

- Patient did **NOT** feel the doctor
  - Wanted to hear about the problem (52%)
  - Thoroughly examined the patient (76%)
  - Made a diagnosis (85%)
  - Developed a follow up treatment plan (86%)
  - Actually followed up with patient (87%)

- More than half felt frustrated or anxious **AFTER** seeing the physician!
Physician-Patient Relationship

- Fear of discussion because of embarrassment
  - Embarrassed silences
  - Misinformation
  - Surprised or shocked expression
  - Imposition of personal values
  - Apparent boredom or preoccupation
  - Personal discounting
  - Belitting
Assessing Sexual Dysfunction

- General Health Assessment
- Quality of Relationship with Partner
  - Depression
  - Relationship Conflict
  - Poor Feeling Toward Partner
- Gynecological History
  - Pre-, Peri-, Post-menopausal
- Current Medications
“I just don't feel like having sex.”

- Duration and Type of Low Libido
  - “When was it last normal (for you)?
  - “Is it decreased interest in sex?”
  - “Is it an inability to get aroused?”
  - “Does it hurt?”
  - “Does it bother you?”
Decreased Sexual Desire Screener

- Five questions
- Well understood by subjects
- Good validity
  - 83.6% sensitive
  - 87.8% specific

http://www.issm.info/sexual-health-qa/what-kinds-of-questions-are-on-the-decreased-sexual-desire-screener-dsds
Decreased Sexual Desire Screener

● In the past was your level of sexual desire or interest good and satisfying to you?

● Has there been a decrease in your level of sexual desire or interest?

● Are you bothered by your decreased sexual desire or interest?

● Would you like your level of sexual desire or interest to increase?
Decreased Sexual Desire Screener

- Are there factors that may be contributing to your current decrease in sexual desire or interest?
  - Operation, depression, injury, medical condition
  - Medication, Drugs, Alcohol
  - Pregnancy, Childbirth, Menopause
  - Other sexual issues (pain, arousal, orgasm)
  - Partner's sexual problems
  - Dissatisfaction with relationship or partner
  - Stress or fatigue
How to Treat?

“An additional controversy is whether the pharmaceutical industry has “created” the disease of female sexual dysfunction, because, too easily, difficulties become dysfunction and dysfunction become disease.”

-Gierhart, Obstetrics & Gynecology 2006
How to Treat?

NOT TONIGHT... I HAVE LOW BLOOD PRESSURE, FATIGUE, Fainting Spells AND/OR DIZZINESS
Options: What Treats What?

- Estrogen
- Estrogen and Testosterone
- Lasofoxifen
- Flibanserin
- Sidenafil
- Eros Clitoral Therapy Device
- Bupropion
- Herbal Medications
Lack of Desire

- Ensure well Estrogenized
  - Systemic
    - Transdermal more effective than oral
  - Vaginal
    - Estrogen cream
    - Consider Lasofoxifene
- Premenopausal: Flibanserin
- Testosterone
Lasofoxifene (Fablyn ®)

● Selective estrogen receptor modulator
  – Prevention and treatment of osteoporosis
  – Treatment of vaginal atrophy
  – Breast cancer prevention
  – Improves subjective sexual function parameters
Flibanserin (Addyi ®)

- FDA Approved in August 2015
- First libido drug for premenopausal females
- Seratonin receptor agonist/antagonist

- Side Effects
  - Alcohol is contraindicated
  - Drowsiness, dizziness, nausea
Lack of Arousal/Orgasm

- Normal desire
  - Try Sildenafil (off label)
  - Try Eros Clitoral Therapy Device
Eros Clitoral Therapy Device

- Small, handheld device
- Soft plastic cup placed over clitoris
- Increased blood flow to clitoris increases vaginal lubrication and ability to achieve orgasm
- FDA approved for treatment of Female Arousal Disorder in April 2000
What Treats What?

- Sexual Problems on an SSRI
  - Change to bupropion
  - Try Sildenafil
  - Try Gingko Biloba
Herbal Therapies

- Yohimbine
  - Showed no significant effect on desire
- Gingko biloba
  - Efficacious in treating anti-depressant induced sexual dysfunction over 4 weeks
  - Average dose – 207 mg/day
In the Pipeline – Phase 3

- Bremalanotide
  - Melanocyte Stimulating Hormone
    - Initially a “sunless tanning” pill
  - Intranasally
  - Premenopausal women with Arousal Disorder
  - Looking for approval in late 2017
On The Horizon

- Alprostadil
  - Prostaglandin PGE1 Gel
  - Increase vaginal vasocongestion
  - Increase physical and subjective arousal
- Apomorphine
  - Dopamine agonist
  - Arousal disorder – major side effect (nausea)
Conclusions

● Be comfortable with asking the questions
● Be prepared to be comfortable with the answers
● Use the DSDS screener
● Rule out other medical causes
● Use the right medication for the problem