

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

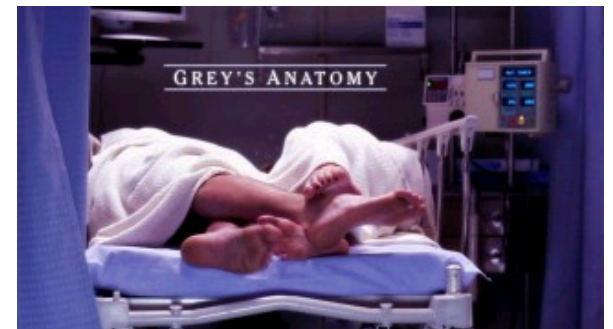
What's Normal? In Magazines

- 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

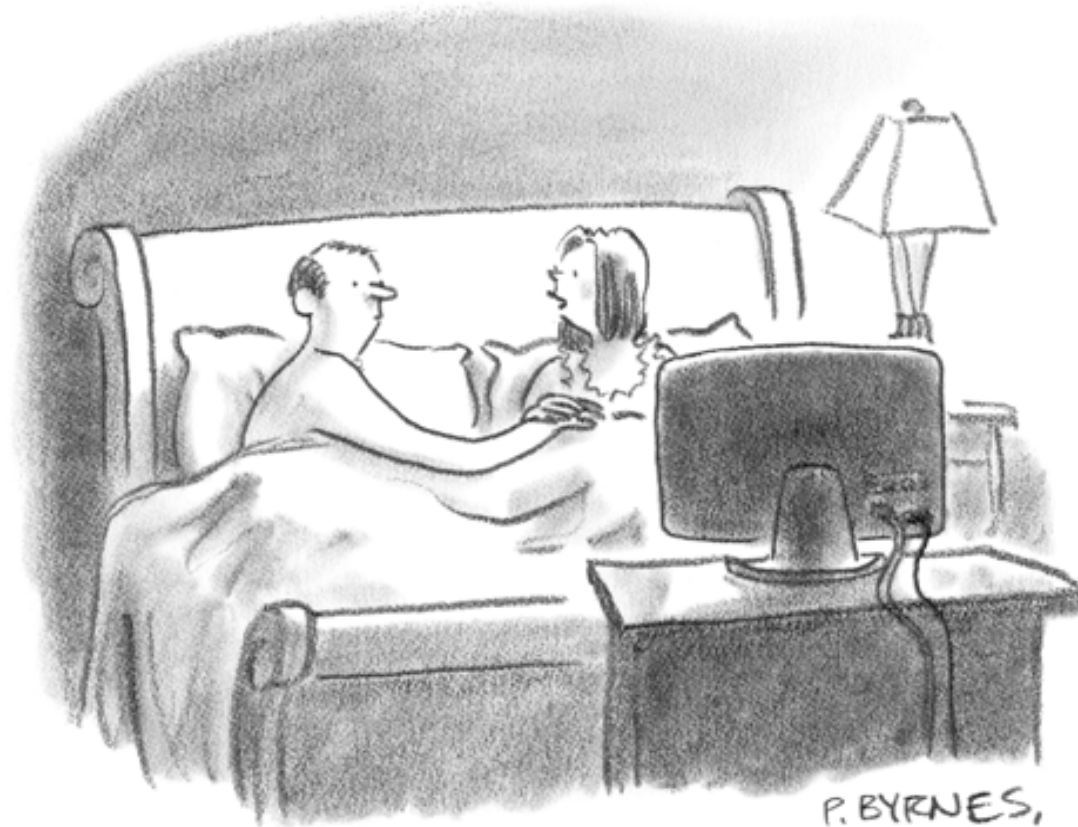
- Sex in the Movies

- Media Monitor (2002) Top 50 Grossing Films

- 7 scenes of sexual material per movie
 - 10 movies with the most sexual material
 - 6 Rated R
 - 4 Rated PG-13



The Discrepancy



P. BYRNES,

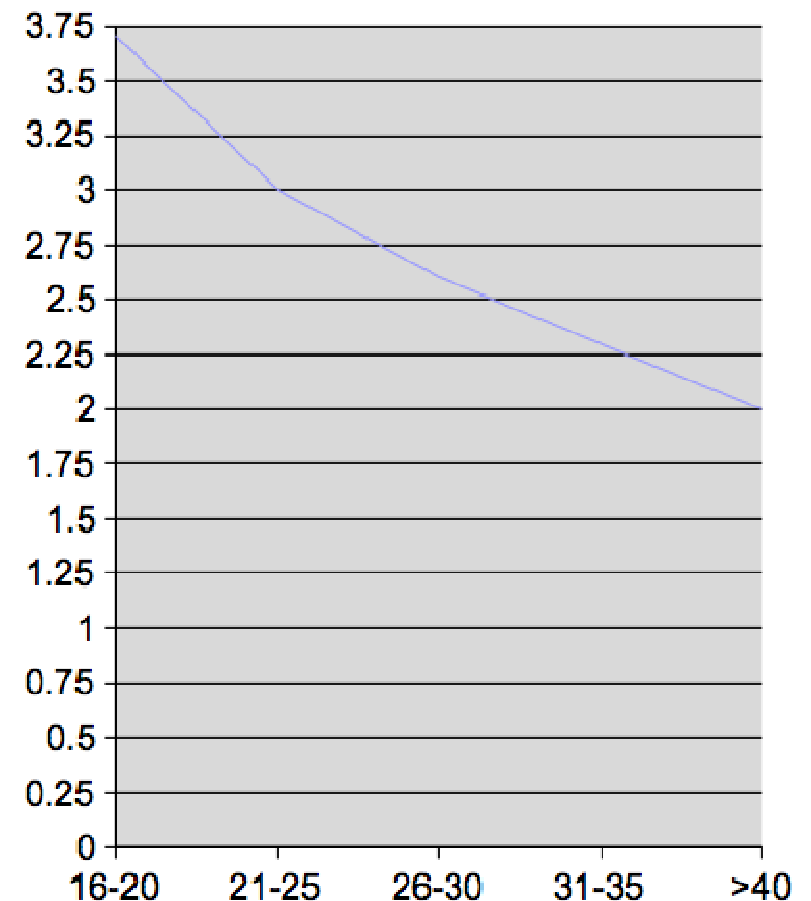
*"Or we could turn on the TV and let younger,
more beautiful people have sex for us."*

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

Frequency of Sex



The Durex Survey (2005)

- By Country

- Greece

- 138 times per year

- United States

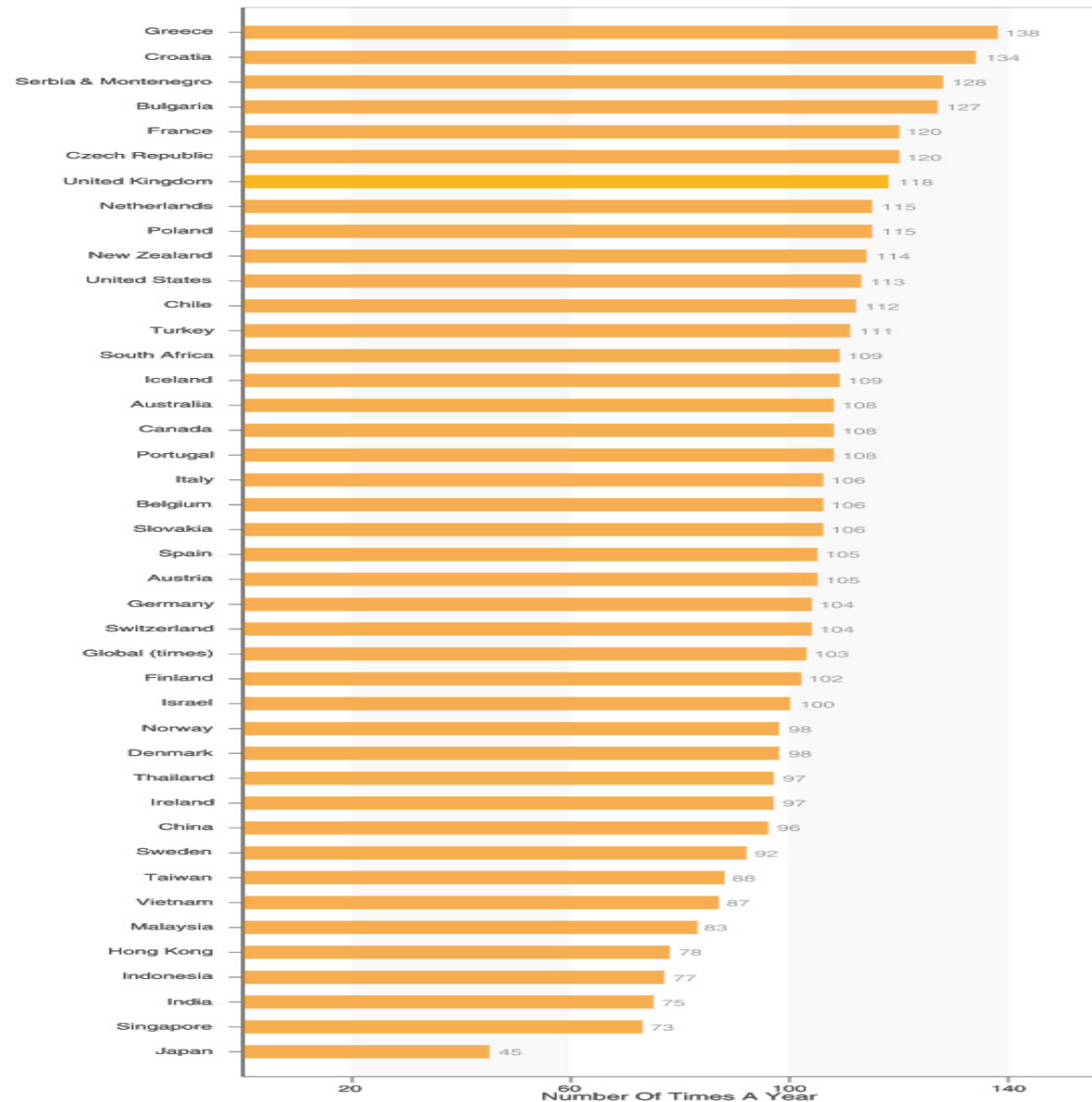
- 113 times per year

- India

- 75 times per year

- Japan

- 45 times per year



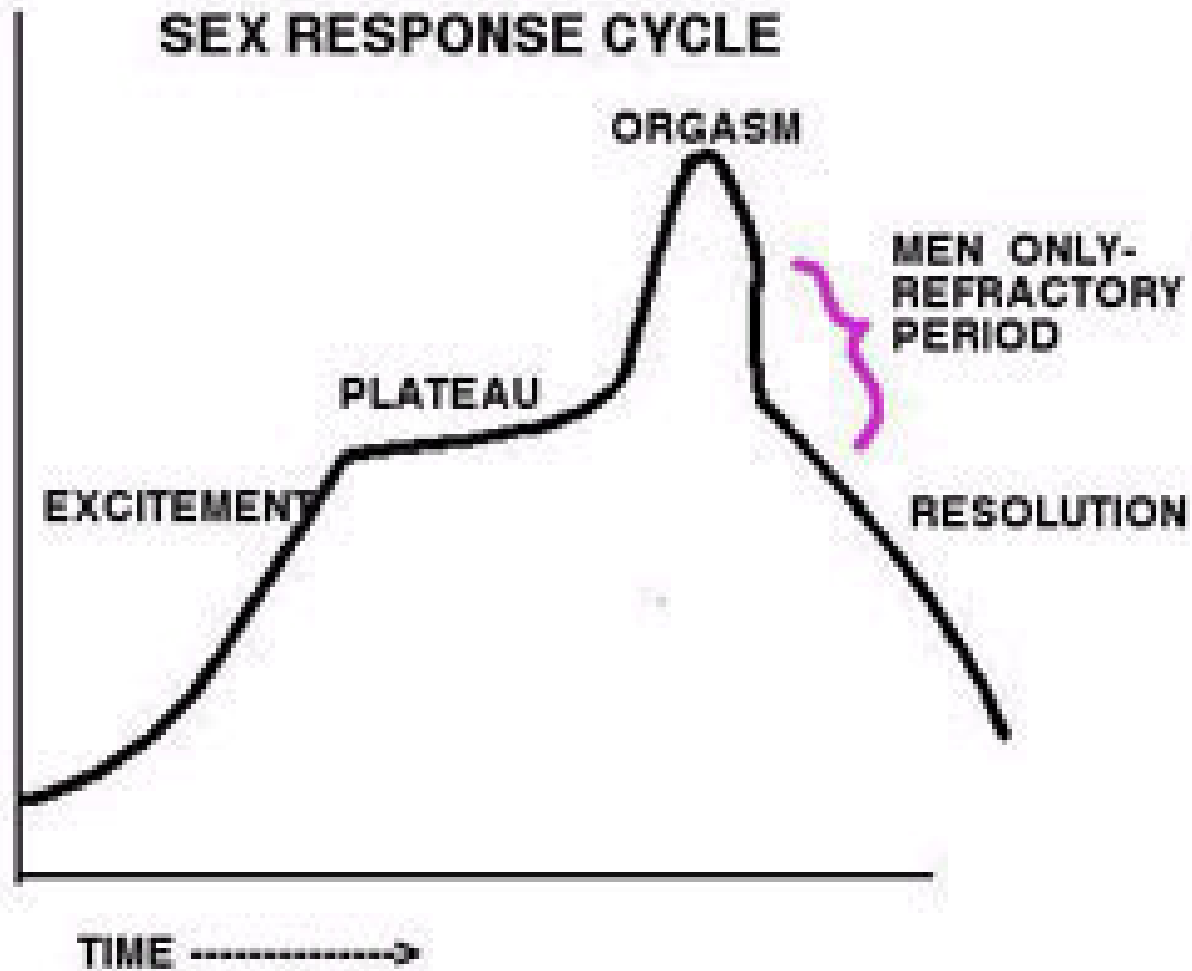
The Durex Survey (2005)

- 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

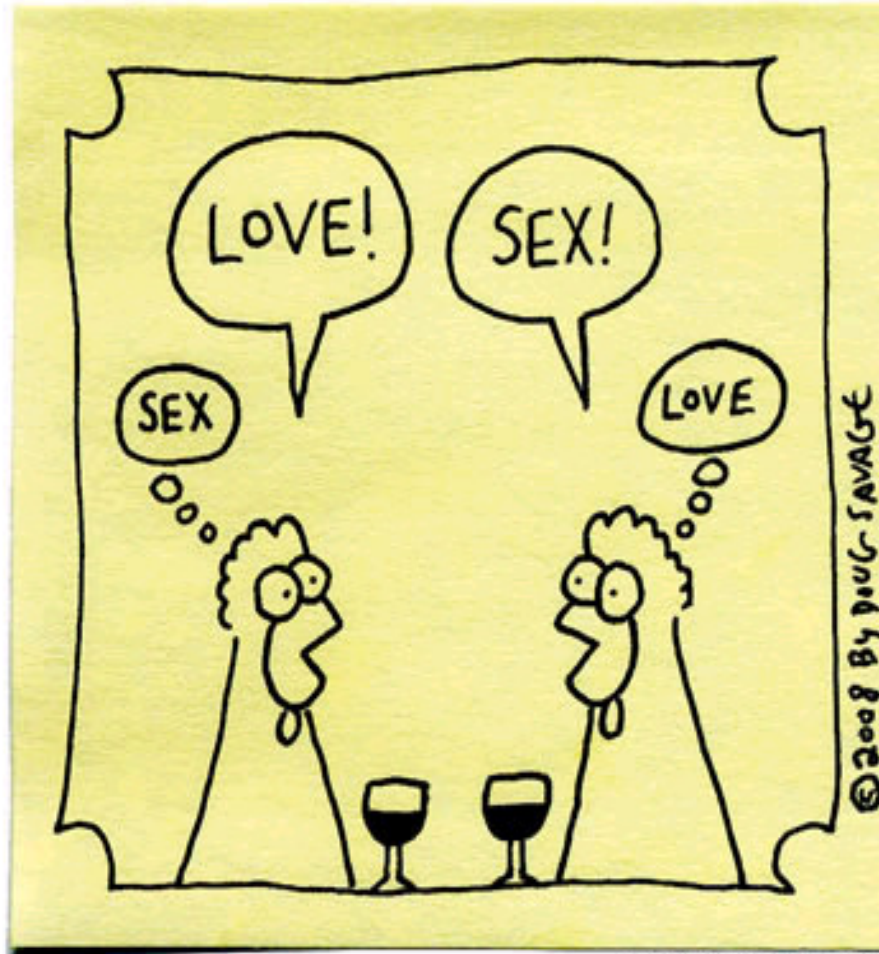
Sexual Response Cycle



Or Is It?

Savage Chickens

by Doug Savage



©2008 BY DOUG SAVAGE

Intimacy and Drive Based Model

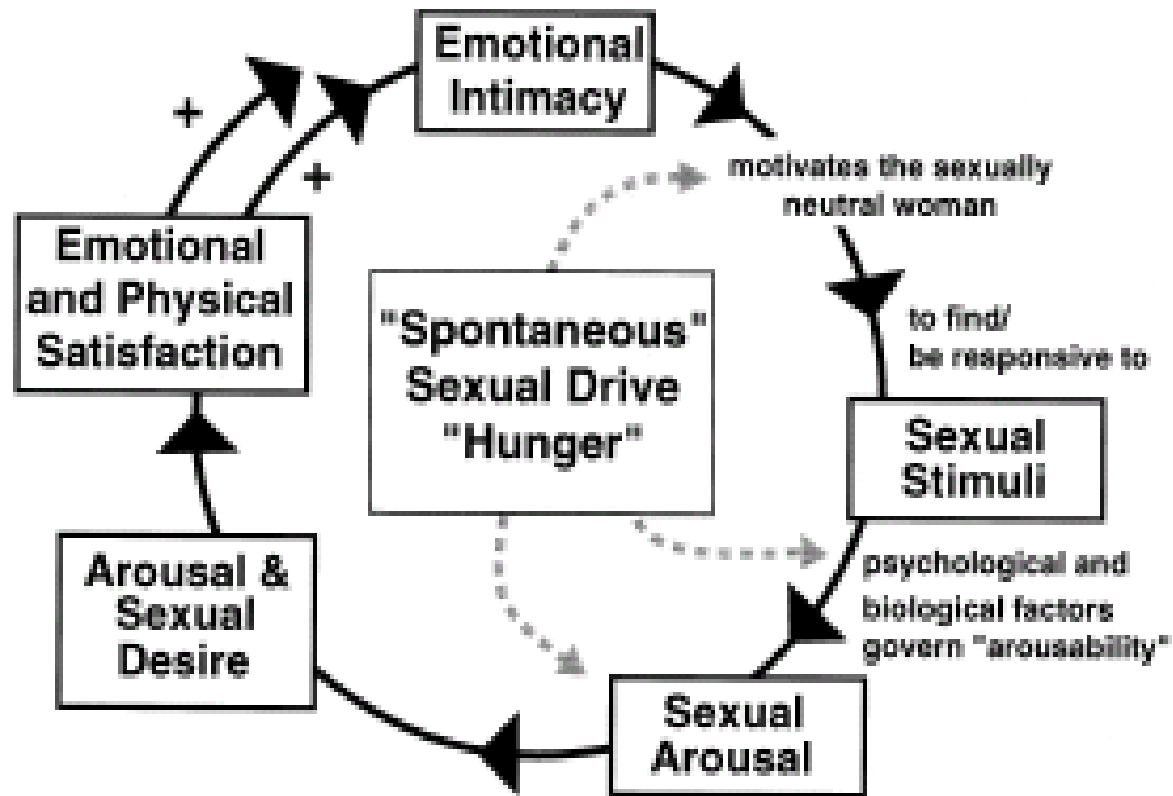
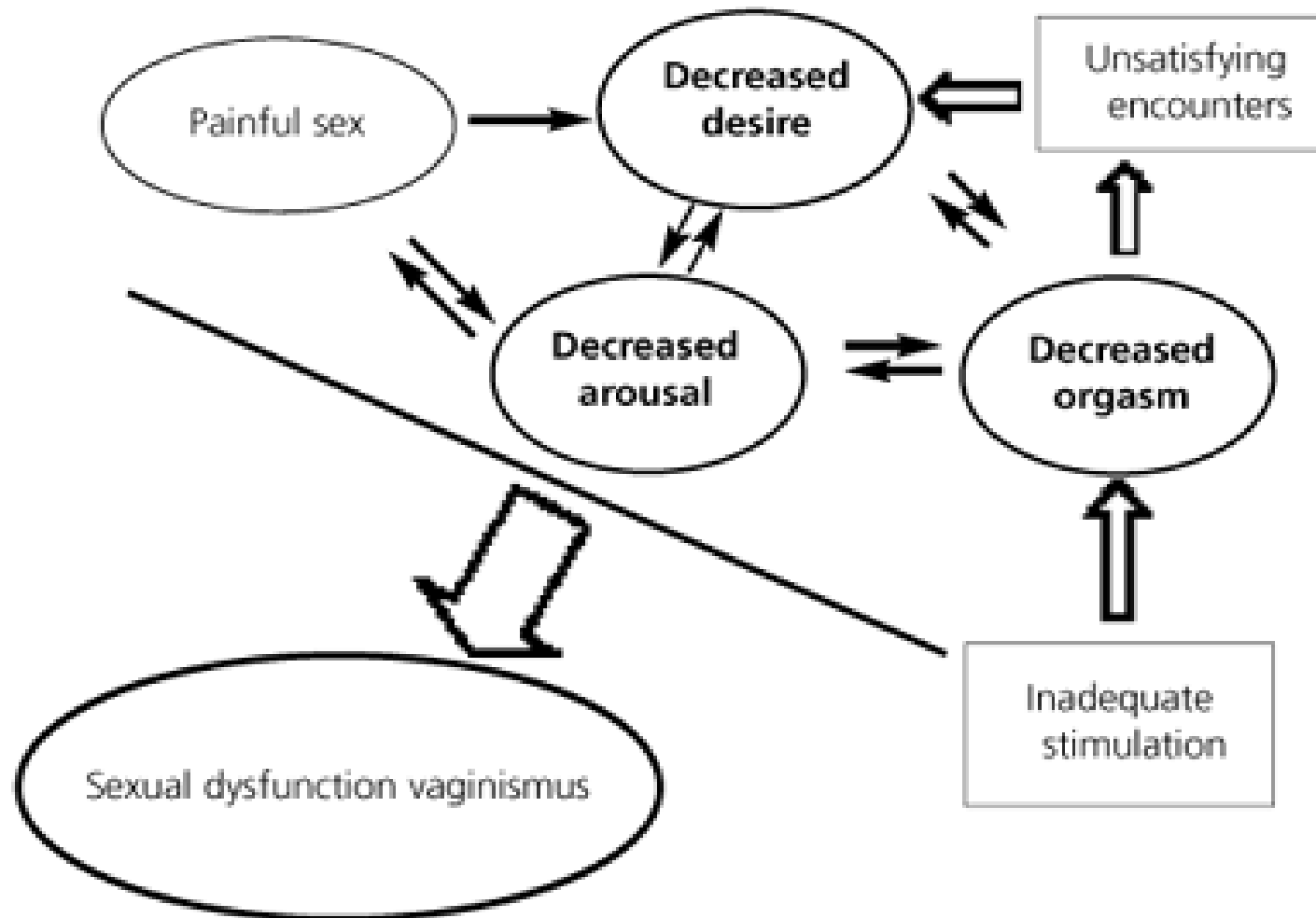


Figure 2. Blended intimacy-based and sexual drive-based cycles.

Basson. Drugs for Sexual Dysfunction. Obstet Gynecol 2001.

Sexual Dysfunction

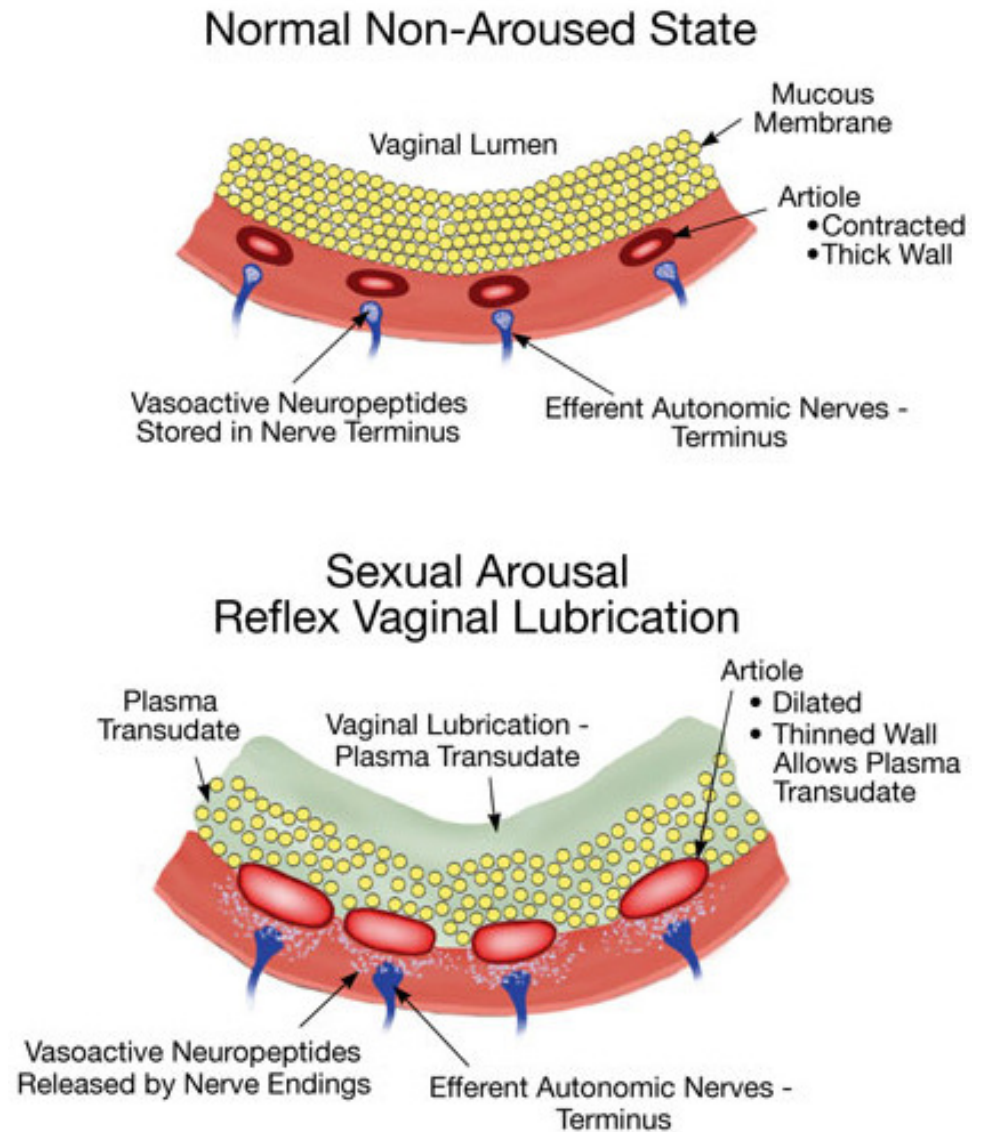


Hypoactive Sexual Desire Disorder

- 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



A COMMON DISAGREEMENT WHEN ONE OF YOU IS DOING ALL THE MOVING.

- 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

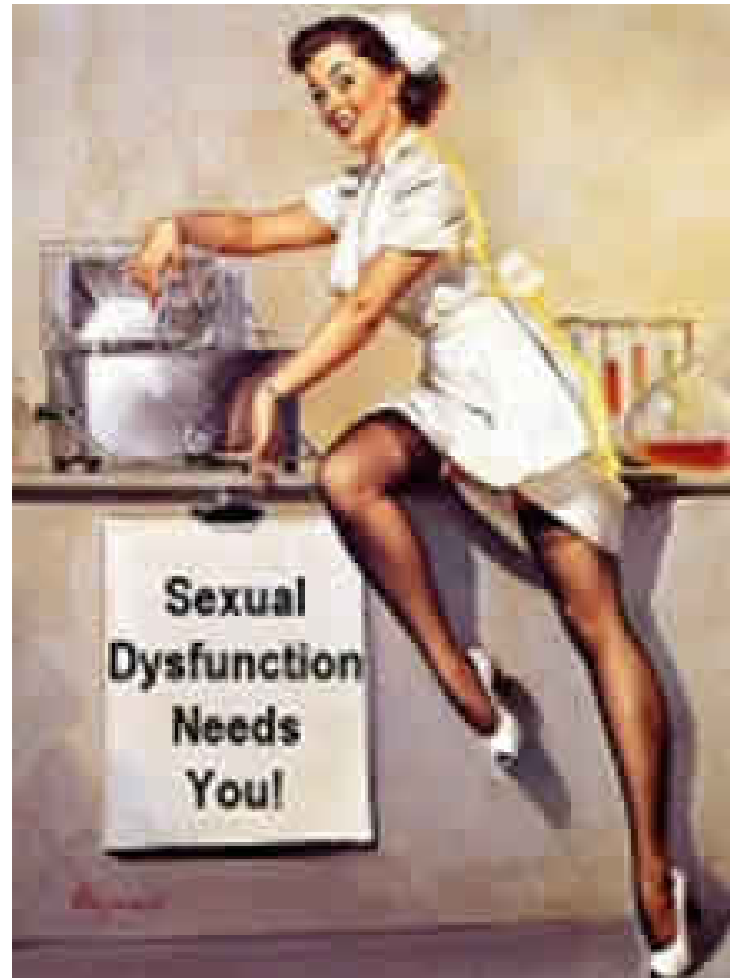
- Medications
 - Estrogen
 - OCPs
 - Corticosteroids
 - Antidepressants
- Substance abuse
- Atrophic vaginitis
- Endometriosis
- Chronic Illness

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)

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%

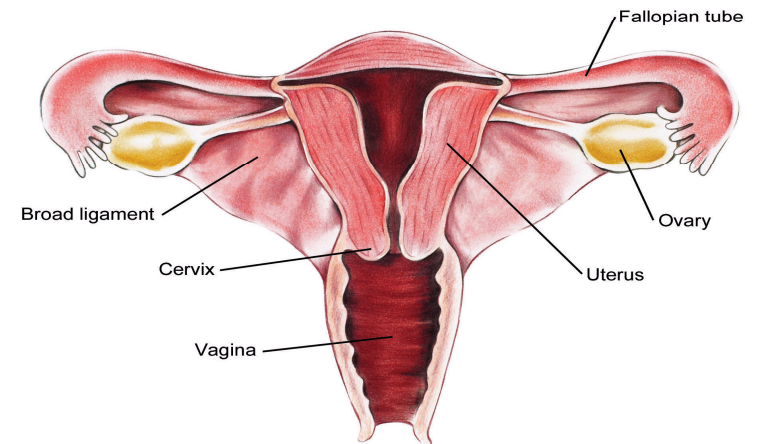
Among Women with Low Desire

- 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

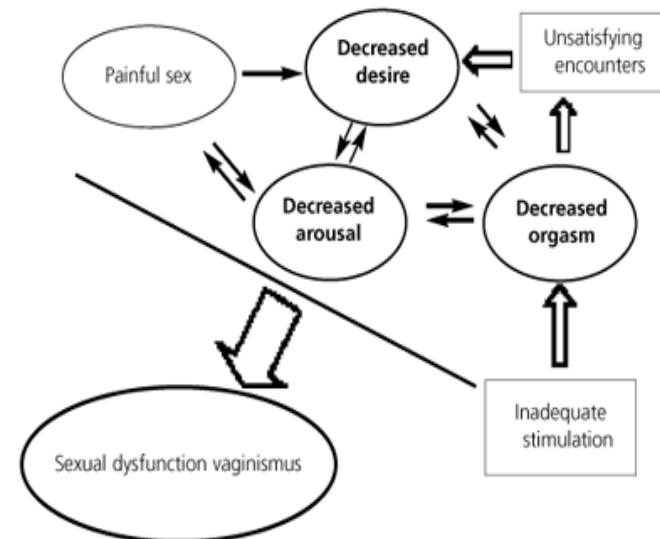
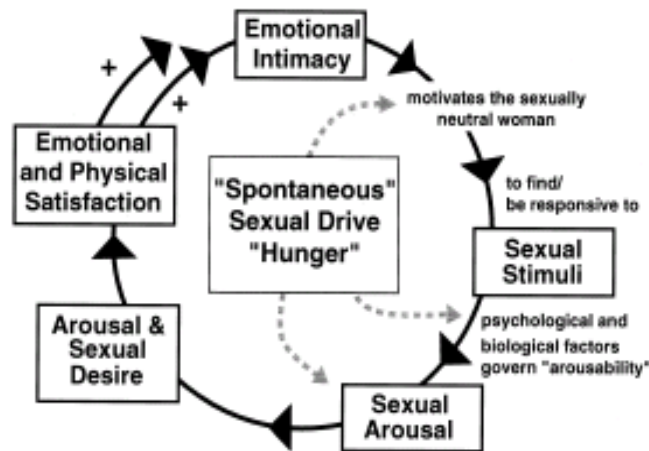


Figure 2. Blended intimacy-based and sexual drive-based cycles.

Basson. *Drugs for Sexual Dysfunction. Obstet Gynecol* 2001.

Desire

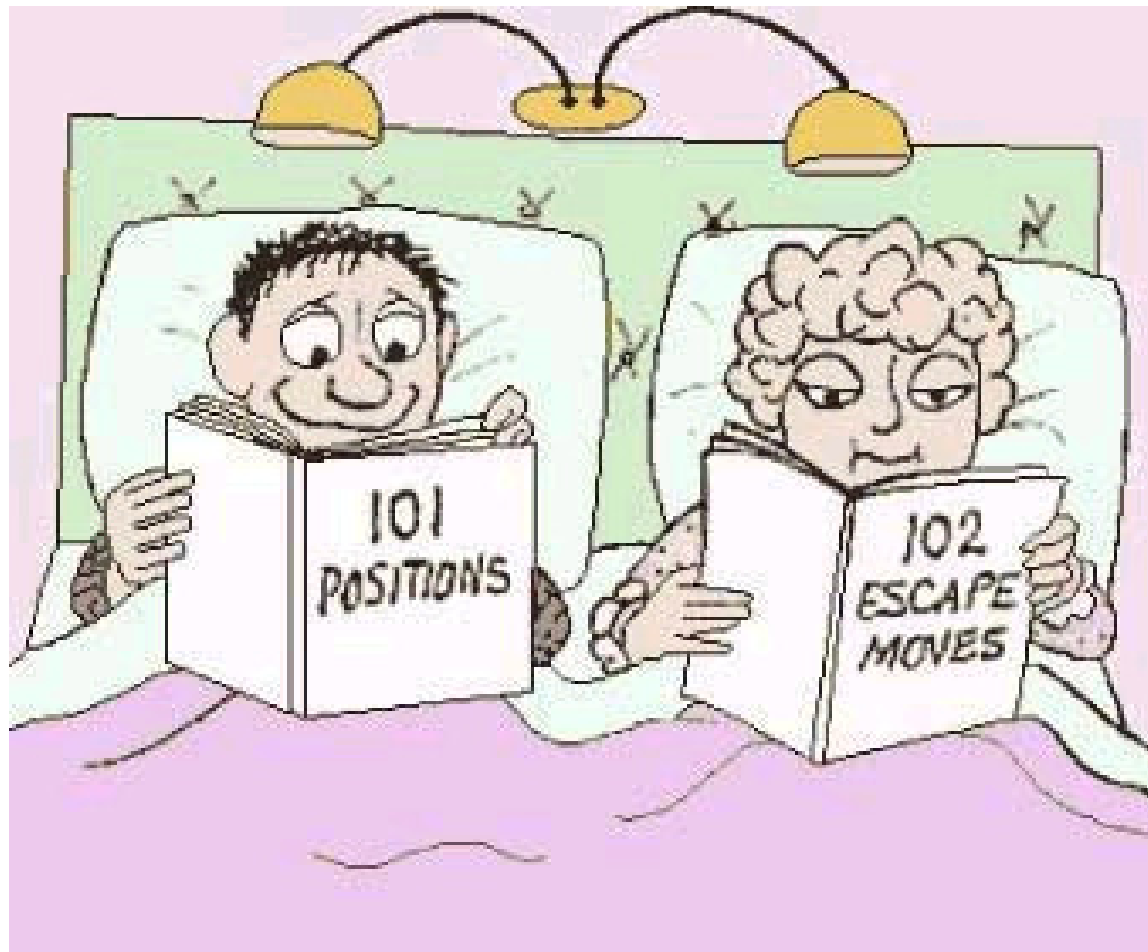
- As desire increases, the following increase
 - Frequency of female initiated activities
 - Intercourse
 - Orgasm
 - Masturbation



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
 - Belittling

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

DSDS: Five-Question Diagnostic Tool		
	YES	NO
1. In the past, was your sexual desire good and satisfying to you?		
2. Has your level of sexual desire/interest decreased?		
3. Does the decreased level of sexual desire/interest bother you?		
4. Do you want your level of sexual desire/interest to increase?		
5. List any of the following factors that you feel may contribute to the loss of sexual desire/interest		
Medications you are taking, drugs, or alcohol		
Pregnancy, childbirth, menopause		
Other sexual issues, such as pain, decreased arousal or orgasm		
Sexual problems of your partner		
Dissatisfaction with your relationship/partner		
Stress and/or fatigue		

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
 - Preganancy, 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?



Options: What Treats What?

- Estrogen
- Estrogen and Testosterone
- Lasofoxifen
- Flibanserin
- Sildenafil
- 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
- Serotonin 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



Art: Vince Colletta

Color: Allen Freeman

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
- Ginkgo biloba
 - Efficacious in treating anti-depressant induced sexual dysfunction over 4 weeks
 - Average dose – 207 mg/day

In the Pipeline – Phase 3

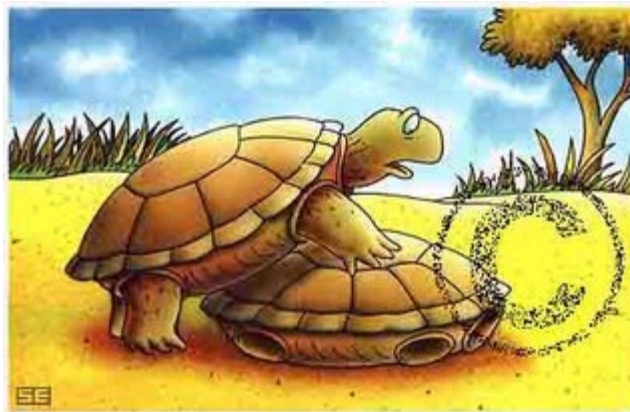
- Bremelanotide
 - Melanocyte Stimulating Hormone
 - Initially a “sunless tanning” pill
 - Intranasally
 - Premenopausal women with Arousal Disorder
 - Looking for approval in late 2017

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



"How was it for you darling?
...darling?"