Female Sexual Dysfunction

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Jefferiss Wing

Objectives

- To be aware of the most common sexual dysfunctions in women and how they may present
- Increased awareness of the often inter-related / multi faceted nature of these problems
- To understand the importance of the biopsychosocial approach to management

Case 1: Ms RB age 42

Presents to her GP

"*I have lost my libido*"

"I never feel turned on any more"

Important points in the history?

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What does she mean by ‘libido’?

Standard history- PMH/ DH etc

Sexual history

Mood?

DA/SV

Alcohol / rec drugs

Relationship? Children?

Treatment thus far?

Lifestyle factors e.g. working pattern

So what is sexual desire?

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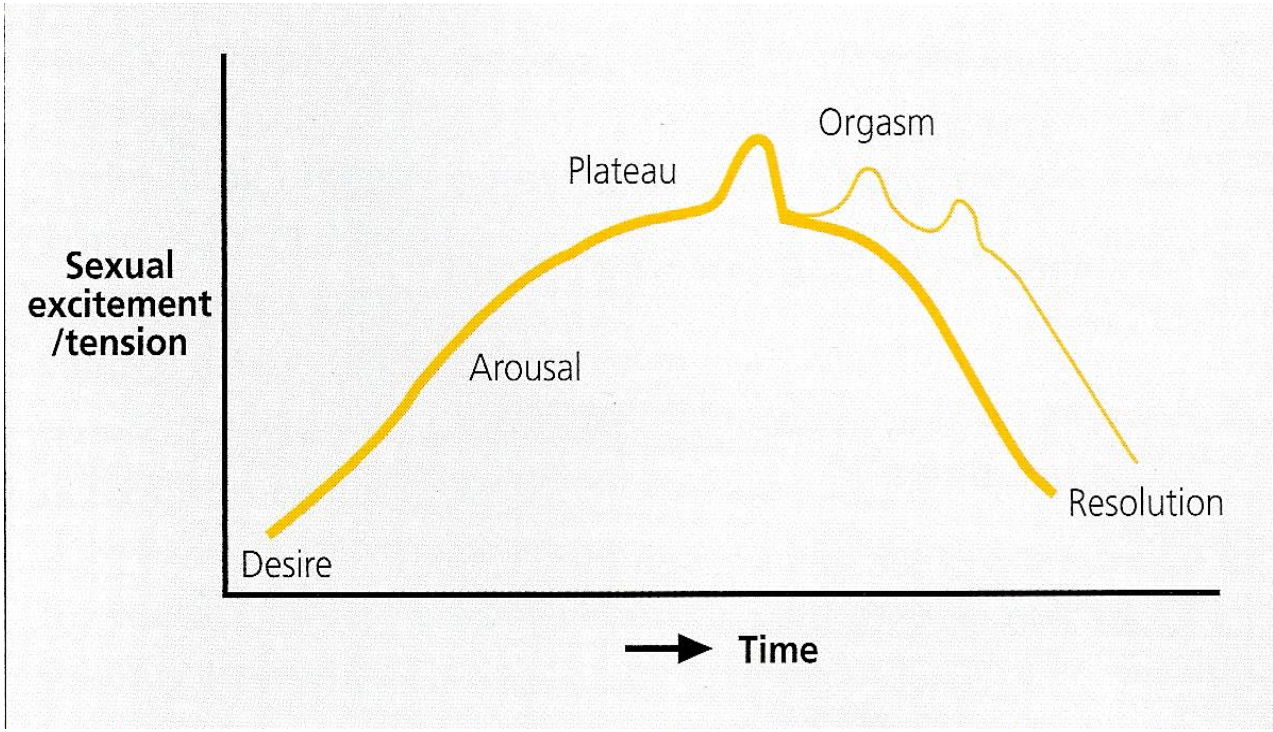
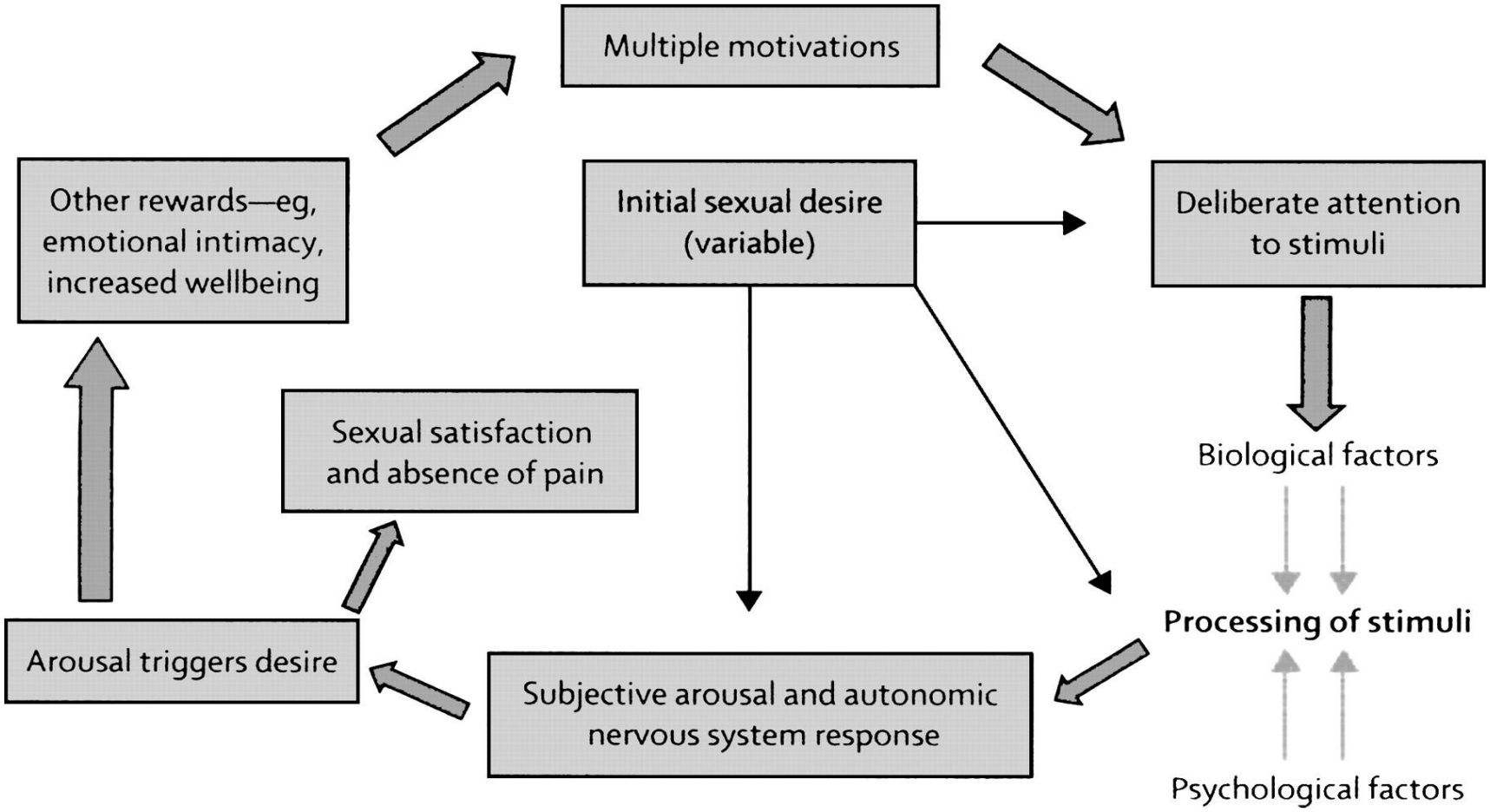
…Wanting something sexual that you do not currently already have.

A Model of Spontaneous Desire



Circular model of human sexual response, showing cycle of overlapping phases



Arousal?

- There is no universally agreed definition of 'sexual arousal'.

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- In simple terms, sexual arousal can be seen as sexual excitement

Arousal

Objective arousal (peripheral)

- Sexual arousal can be detected in the genital area by objective tests of how vaso-engorged the woman is at the time.

- Such engorgement also takes place in the clitoral area, in particular, as well as the nipples.

Arousal

Subjective arousal (central)

- This describes the woman's perception of how aroused/excited she feels and may well not correlate with the objective measures of arousal outlined above.

- Complaints of lack of subjective arousal, despite apparently normal genital vasocongestion, are common.

- **Subjective & objective arousal are not necessarily linked**

Sexual interest / arousal disorder

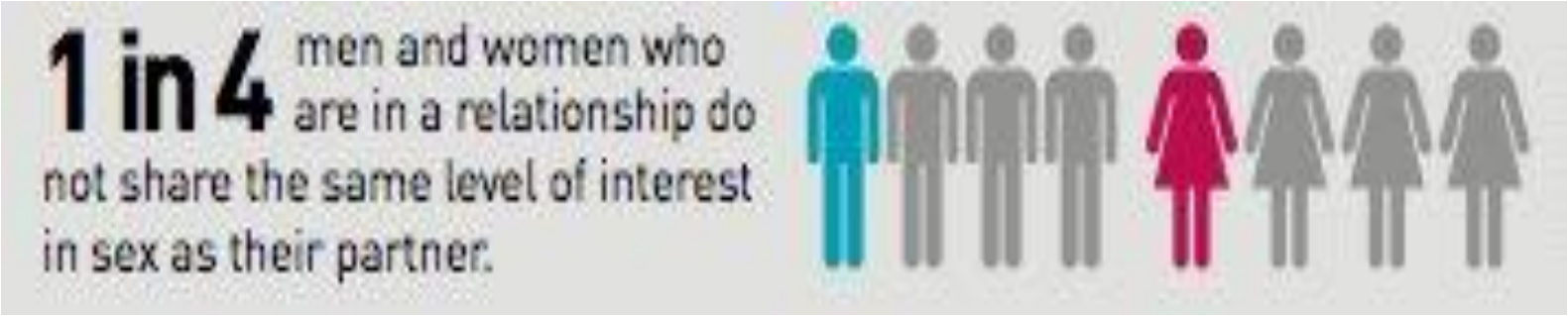
- Feelings of sexual interest or desire, sexual thoughts or fantasies and responsive desire are absent / diminished.
- Absent or reduced genital and non genital sensations during sex

- 6 months or more
- Causes clinically significant distress

Prevalence

- NATSAL: symptoms for >6 months over the past year & distressed, **<1%** experienced this

Make sure it isn't a ‘desire discrepancy’



Need to Consider During Assessment

- **May be relevant to aetiology and / or treatment:**
- **Partner factors** (e.g. partner's sexual problems, health status, blame etc.)
- **Relationship factors** (e.g. poor communication, discrepancies in desire for sexual activity)

- **Individual vulnerability factors** (e.g. poor body image, history of abuse, previous experiences)
- **Psychiatric comorbidity** (e.g. depression, anxiety)
- **Stressors** (e.g. job loss)
- **Socio Cultural/religious factors** (e.g. attitudes towards sexuality)

- **Medical factors**

Medical Factors

- **Endocrine** e.g. hypothyroid, hyperprolactinaemia. Oestrogen/testosterone deficiency. Post menopause or TAH/BSO.
- **Neurological** e.g. IDDM, MS
- **Vascular** e.g. CVD- atherosclerotic lesions in the hypogastric-pudendal arterial bed
- **Psychiatric illness** e.g. psychosis, depression, anxiety
- **Chronic illness** e.g. HIV, chronic renal failure, any severe chronic medical condition.
- **Medication** e.g. anticonvulsants, opiates, lithium, antipsychotics, benzodiazepines, antidepressants, COCP, B blockers, steroids, Rx for oestrogen sensitive breast cancer. Post chemotherapy or pelvic floor radiotherapy

Case 1 . Ms RB- Management

- Careful history
- (DA / SV)
- Examination
- +/- investigations e.g. Prolactin, TFT , glucose, Testosterone

- Depending on findings:
- Symptoms may be secondary to problems that need onward referral…

Medical Management-1

- **Local oestrogen creams, lubricants, vaginal moisturisers**

- **Tibilone -**systemic HRT which has been shown to enhance sexual desire.

- **PDE5i**

  A few placebo-controlled clinical trials show that PDE5 inhibitors such as sildenafil can help reverse SSRI-induced low desire and arousal.

  Not licensed for use in women but are not uncommonly used, off licence, with good results.

Medical Management-2

- **Testosterone gels or implants-** Not in the UK.
- Some efficacy in increasing desire & arousal over the short term & appears safe.
- Use female dose equivalents of male products to treat carefully selected women with FSIAD.

- **Flibanserin** – PO (works on central serotonin & dopamine receptors) Shown a small degree of efficacy in women with low sexual desire.
- October 2015: FDA treatment license

Non medical management

- Often see ‘sexual discordance’ in a couple
- Relationship therapy (communication)
- Education / permission giving
- Sex therapy
- Sex toys / reading materials / films etc
- Mindfulness meditation

  -look at distraction

- (new partner)

Very quick aside…. Long term relationships

- **Fire needs air - Desire needs space**

- You can't create desire…but you can "create an atmosphere where desire might unfurl".

- There is no 'need' in desire.
- Need is not an aphrodisiac - It is a shut down.

- Care taking is very loving – but will decrease 'erotic charge'

Esther Perel

Long term relationships...

- Sex is a place you go, not a thing you do
- It's a language not just a behaviour. **What is that place for you?**

- Dispel the myth of 'spontaneity' (The restaurant booking…)

- Need boundaries and good 'selfishness'

- **I shut myself off when?** E.g. Low self esteem, no time for myself/ bad day at work etc I turn off my desires when?

- **I turn myself on when?**

Esther Perel

Case 1: Ms RB….

- Detailed history
- Find out what ‘low libido’ means for her
- Assume nothing
- Look for any *cause* for her symptom
- Refer accordingly

Case 2: Ms EM age 35

Presents to her GP

Reports that she '…*has never been able to have 'sex' ….*

'It feels like a wall'

History- what do you want to know?

History

- **What does she mean exactly?**

- Any pain? (Dr Byrne's talk will cover this)
- Bladder / bowel symptoms
- PMH/ DH / allergies / DA / SV/ Alcohol / Rec drugs
- Any history of skin conditions?
- LMP / contraception

- last speculum examination / eg smear- ok?
- can she insert tampons / fingers / sex toys etc ?

History continued...

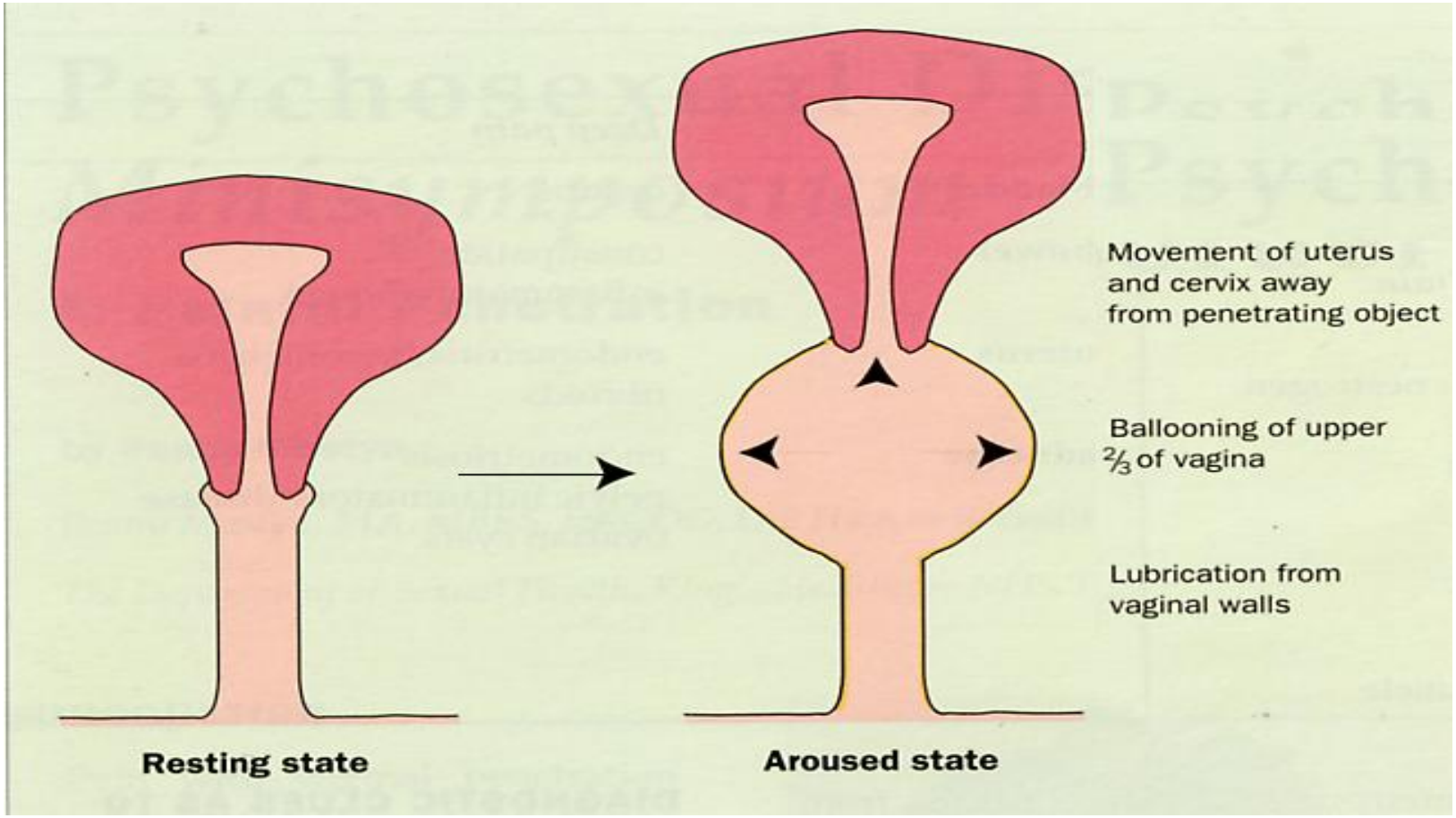
- Itch or soreness
- PV discharge
- **Dry / lack of lubrication with sex?** (uses lube?)
- **Tears/ breaks in skin with sex?**

- PHQ/GAD

- **Being mindful of her agenda / her coping mechanisms**

Normal Genital Arousal

(Inadequate Arousal can cause Superficial & Deep Dyspareunia)



History continued...

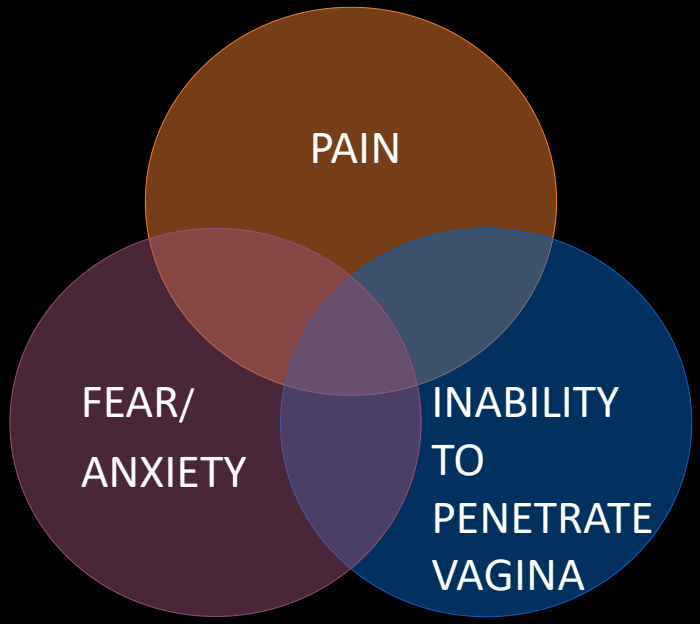
- What is going through her mind just before/during sex?
- Sexual functioning- does the rest of sex ‘work’?
- (Explore what 'sex' means to her etc etc)

Case 2: Ms EM

- Examination (at some point- by me): some anxiety during examination and tenderness on palpation of her pelvic floor muscles.
- No Allodynia
- Diagnosed with Primary VAGINISMUS…
- Refered to a sexual function service

Imperial College Healthcare NHS
NHS Trust

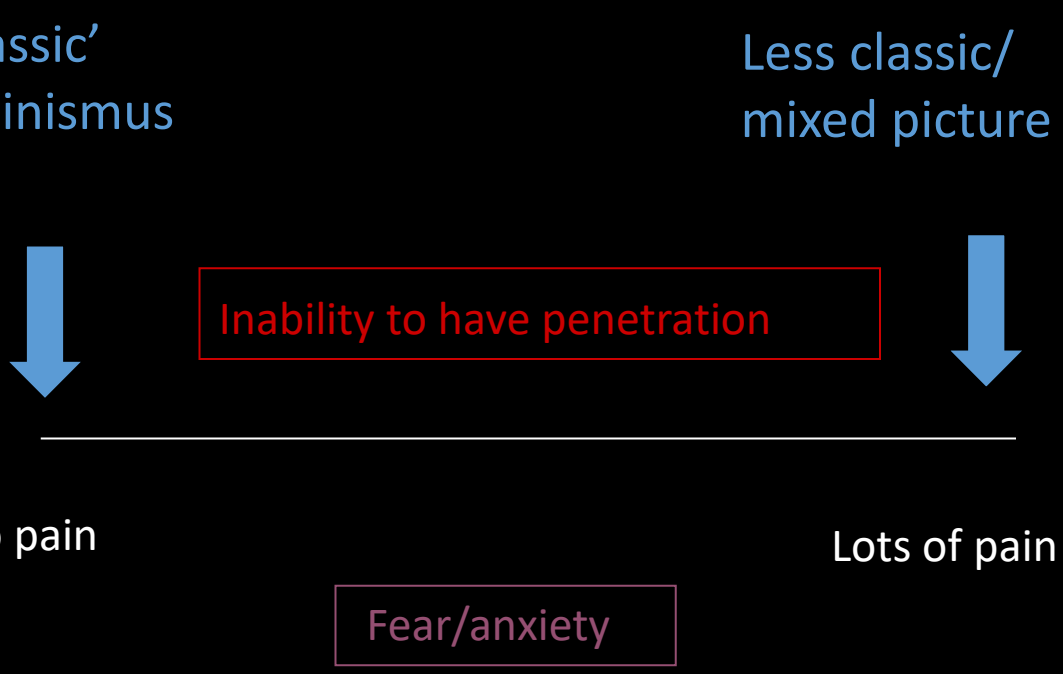
More of a clinical syndrome
(rather than a definitive diagnosis?)…



-global / situational
-total / partial
-primary / secondary

Imperial College Healthcare NHS
NHS Trust

And perhaps more of a continuum?



- **DSM 5**
- **Genito-pelvic pain / penetration disorder**
- Assess vaginal penetration in 4 domains:
    - -Success of penetration attempts
    - -Pain
    - -Fear
    - -pelvic muscle function

AND associated distress and / or impairment

> 6 months

Vaginismus 1st Line Management

Stop the Pain

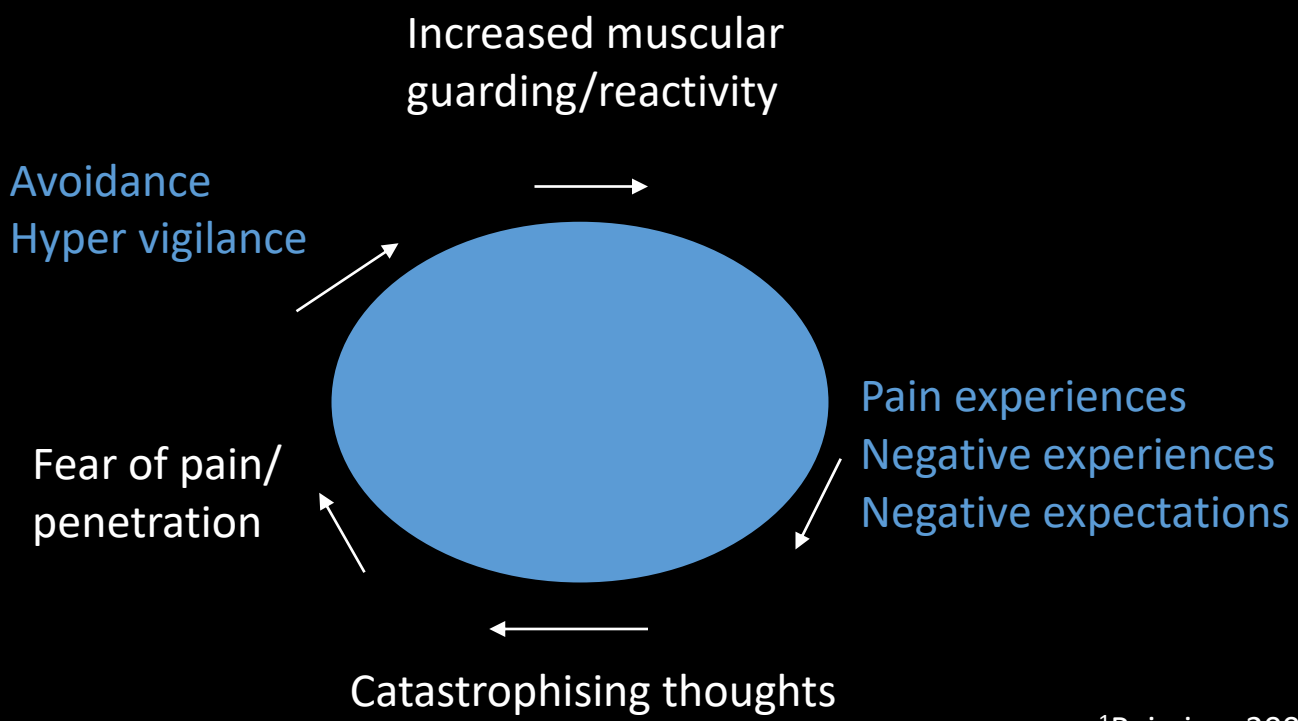
-> break the vicious cycle

Self Exploration with finger/vaginal trainers

-> desensitise any pain / fear

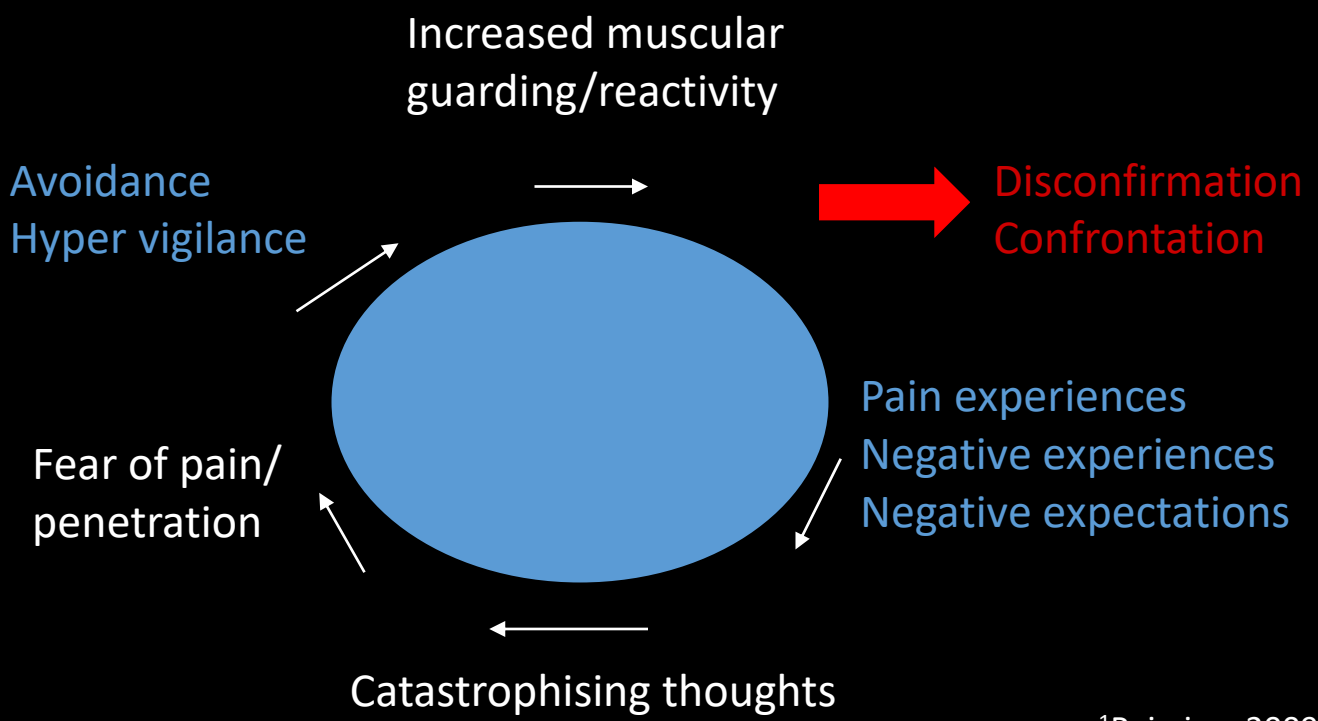
Pelvic Floor assessment / physiotherapy

The vicious cycle of vaginismus[1]



[1]Reissing, 2009

The vicious cycle of vaginismus[1]



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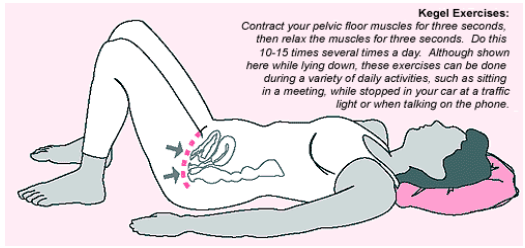
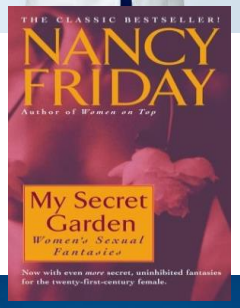
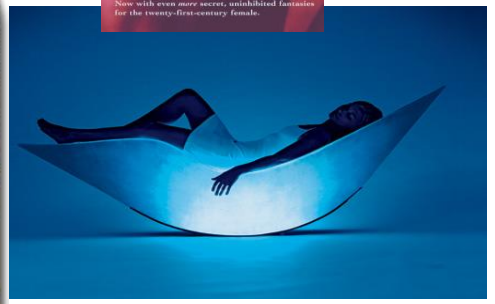
Over to Sarah…


Kegel Exercises:
Contract your pelvic floor muscles for three seconds, then relax the muscles for three seconds. Do this 10-15 times several times a day. Although shown here while lying down, these exercises can be done during a variety of daily activities, such as sitting in a meeting, while stopped in your car at a traffic light or when talking on the phone.


THE CLASSIC BESTSELLER!
NANCY FRIDAY
Author of Women on Top
My Secret Garden
Women's Sexual Fantasies
Now with even more secret, uninhibited fantasies for the twenty-first-century female.



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Any Questions?