SEX

Inclusive Encounters

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UROLOGY, WOMEN'S HEALTH, SEXUAL MEDICINE

SKIN, BONES, HEARTS, AND PRIVATE PARTS 2024

Objectives

- Identify the history of sexual shame and stigma
- Build inclusive conversations around taking a sexual history
- List two biopsychosocial influences on the sexual response cycle
- Discuss two FDA approved treatments for female HSDD

Let’s talk it out…

What is sex?

Where did you learn about sex?

When did you know sex was stigmatized?

Taking a Sexual History

- Sex vs Gender vs Anatomy
- Designated sex assigned at birth
- Types of sex you are engaging in?
- Partners? Is pregnancy a concern?
- Sexually transmitted infections?
- Pleasure with sexual activities?
- Coercion? Consent?
- Intimate Partner Violence

A Guide to Taking a Sexual History, CDC, https://www.cdc.gov/std/treatment/sexualhistory.pdf

5 P's in Sexual History

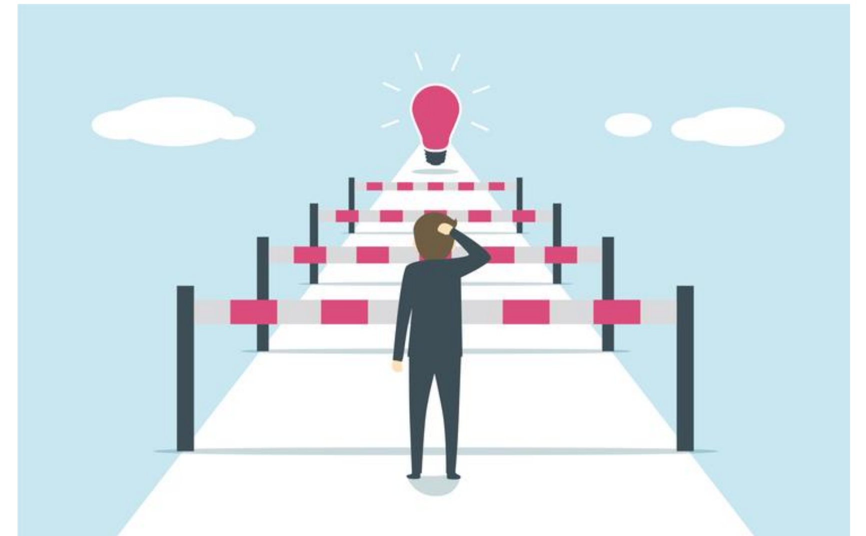
- Partners
- Practices
- Prevention of Pregnancy
- Protection of STIs
- Past History

PLEASURE

A Guide to Taking a Sexual History, CDC, https://www.cdc.gov/std/treatment/sexualhistory.pdf

Barriers to Taking a Sexual History

- Embarrassment with sexual language
- Fear of limited knowledge of sexual practices
- Recognized lack of training or skill
- Fear of offending the patient
- Perception of non-relevance
- Lack of time
- Lack of support staff



Leonidas Palaiodimos, Heather S. Herman, Erika Wood, Dimitrios Karamanis, Cesar Martinez-Rodriguez, Alejandra Sanchez-Lopez, Emma Ruderman, Maximus Jang, Daniel Fischer, Hao Huang, Uttara Gadde, Jason Leider. Practices and Barriers in Sexual History Taking: A Cross-Sectional Study in a Public Adult Primary Care Clinic. The Journal of Sexual Medicine, Volume 17, Issue 8, 2020: Pages 1509-1519. https://doi.org/10.1016/j.jsxm.2020.05.004.

What criteria is needed?

- Making sexual health decision…
  - Honest
  - Free of Disease
  - Communication
  - Consensual
  - Connection
  - Pleasure

CHOICES
FOR SEXUAL HEALTH

Petticrew M, Knai C, Thomas J, *et al.* Implications of a complexity perspective for systematic reviews and guideline development in health decision making. *BMJ Global Health* 2019;**4:**e000899.

Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the questions on this card to start the conversation and to begin taking a thorough sexual history. For more questions to assess risk, see Table 1 of **"Sexual Health and Your Patients: A Provider's Guide."**

Ask at Least Annually

Have you been sexually active in the last year?

- NO → **Have you ever been sexually active?**
  - YES → see questions below
  - NO → **Continue with medical history.**
- YES →
  - What types of sex do you have (oral, vaginal, anal)?
  - With men, women, or both?
  - How many sexual partners have you had?

Ask Older Adults: Has sex changed for you? If so, how?

Conversational Tips:

- Ensure confidentiality & emphasize this is routine for all patients
- Also, ask open-ended questions, e.g., any sexual concerns or questions you'd like to discuss?
- Be non-judgmental (verbal and non-verbal)

Ask at least once, and update as needed. Gender identity and sexual orientation can be fluid.

1. What do you consider yourself to be?
   - A. Lesbian, gay, or homosexual
   - B. Straight or heterosexual
   - C. Bisexual
   - D. Another (please specify)
   - E. Don't know
2. What is your current gender identity?
   - A. Male
   - B. Female
   - C. Transgender man
   - D. Transgender woman
   - E. Neither exclusively male nor female (e.g. non-binary or nonconforming)
   - F. Another (please specify)
   - G. Decline to answer
3. What sex were you assigned at birth?
   - A. Male
   - B. Female
   - C. Decline to answer

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Recommended Preventive Sexual Health Services for Adults

Service	Females			Males			Transgender Individuals
	18-64	65+	Pregnant	18-64	65+	MSM	
STI Counseling	✓[a]	✓[a]	✓[a]	✓[a]	✓[a]	✓[a]	✓[a]
Contraceptive Counseling	✓		✓	✓	✓		✓
Cervical Cancer Screening	✓[b]	✓[b]	✓[b]				✓[c]
Chlamydia Screening	✓[d]	✓[d]	✓[d]	✓[e]		✓[f]	✓[a]
Gonorrhea Screening	✓[d]	✓[d]	✓[d]			✓[g]	✓[a]
HIV Testing	✓	✓[a]	✓	✓	✓[a]	✓	✓
Syphilis Screening	✓[h]	✓[h]	✓	✓[h]	✓[h]	✓	✓[h]
Hepatitis B Screening	✓[i]	✓[i]	✓	✓[i]	✓[i]	✓	✓[i]
Hepatitis C Screening	✓[jk]	✓[jk]	✓[j]	✓[jk]	✓[jk]	✓[jk]	✓[jk]
Hepatitis A Vaccine	✓[l]	✓[l]	✓[l]	✓[l]	✓[l]	✓	✓[l]
Hepatitis B Vaccine	✓[m]	✓[m]	✓[m]	✓[m]	✓[m]	✓	✓[m]
HPV Vaccine	✓[n]			✓[n]		✓[n]	✓[n]
PrEP	✓[*]	✓[*]	✓[*]	✓[*]	✓[*]	✓[*]	✓[*]

***** = HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent bacterial STI, high number of sex partners, commercial sex worker, lives in high-prevalence area or network)

a = At increased risk: inconsistent condom use, multiple partners, partner with concurrent partners, current STI, or history of STI within a year

b = Aged 21 to 65 or when adequate screening history has been established

c = FTM transgender patients who still have a cervix according to guidelines for non-transgender women

d = Sexually-active women aged <25; women aged ≥ 25 at increased risk

e = Young adult males in high-prevalence communities or settings

f = Screen for urethral infection if insertive anal sex in preceding year; rectal infection if receptive anal sex in preceding year

g= Screen for urethral infection if insertive anal sex in preceding year; rectal infection if receptive anal sex in preceding year; pharyngeal infection if receptive oral sex in preceding year

h = HIV-positive; at increased risk: exchange sex for drugs or money; in high prevalence communities

i = At risk: HIV-positive, unprotected sex, share needles, family member or sexual partner infected with HBV; born in a HBV-endemic country; born to parents from a HBV-endemic country

j = HIV-positive, history of injection or intranasal drug use or incarnation; blood transfusion prior to 1992

k = Born between 1945 and 1965 (at least once)

l = Use illicit drugs; have chronic liver disease; receive clotting factors; travel to HAV-endemic countries; wish to be vaccinated

m = At risk: multiple partners, share needles, family member or sexual partner infected with HBV

n = Women and men aged ≤ 45

For more information, visit: **nationalcoalitionforsexualhealth.org**

Essential Sexual Health Questions to Ask Adolescents

Ask all your adolescent patients the sexual health questions on this card. This will help you assess your patient's level of sexual risk and determine which additional questions to ask and which preventive services are needed (other side of card).

Ask at Least Annually

1. What questions do you have about your body and/or sex?
2. Your body changes a lot during adolescence, and although this is normal, it can also be confusing. Some of my patients feel as though they're more of a boy or a girl, or even something else, while their body changes in another way. How has this been for you?
3. Some patients your age are exploring new relationships. Who do you find yourself attracted to? (Or, you could ask, "How would you describe your sexual orientation?")
4. Have you ever had sex with someone? By "sex," I mean vaginal, oral, or anal sex. (If sexual activity has already been established, ask about sex in the past year.)

If the Adolescent Has Had Sex, Ask About

- ✓ Number of lifetime partners
- ✓ Number of partners in the past year
- ✓ The gender of those partners
- ✓ The types of sex (vaginal, oral, anal)
- ✓ Use of protection (condoms and contraception)
- ✓ Coercion, rape, statutory rape, and incest

Prepare for the Sexual History Interview

- ✓ Explain to a parent or caregiver that you spend a portion of each visit alone with the adolescent.
- ✓ Put your patient at ease. Ensure confidentiality except if the adolescent intends to inflict harm or reports being abused. Know your state's laws that affect minor consent and patient confidentiality.
- ✓ Incorporate the four essential sexual health questions into a broader psychosocial history.
- ✓ Start with less threatening topics, such as school or activities, before progressing to more sensitive topics, such as drugs and sexuality.
- ✓ Use open-ended questions, rather than closed-ended, to better facilitate conversation.
- ✓ Listen for strengths and positive behaviors and for opportunities to give praise where praise is due.

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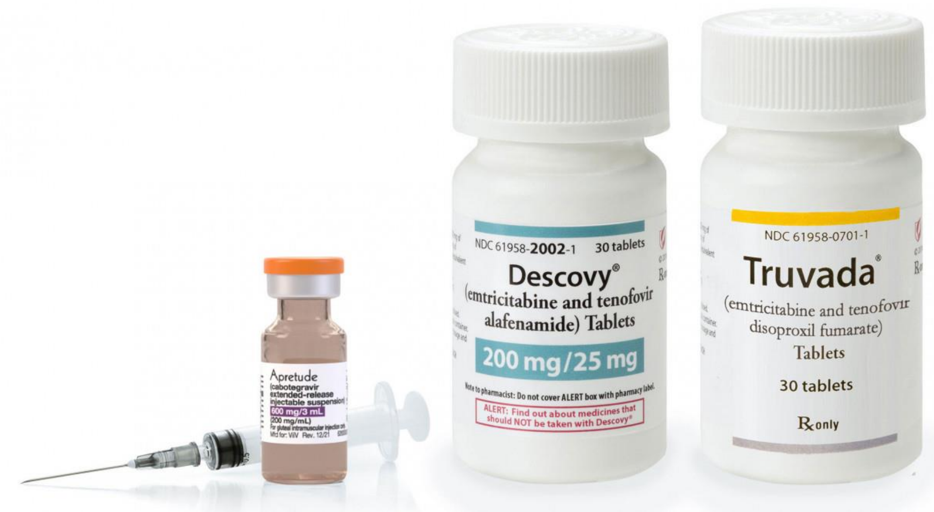
PrEP Counseling

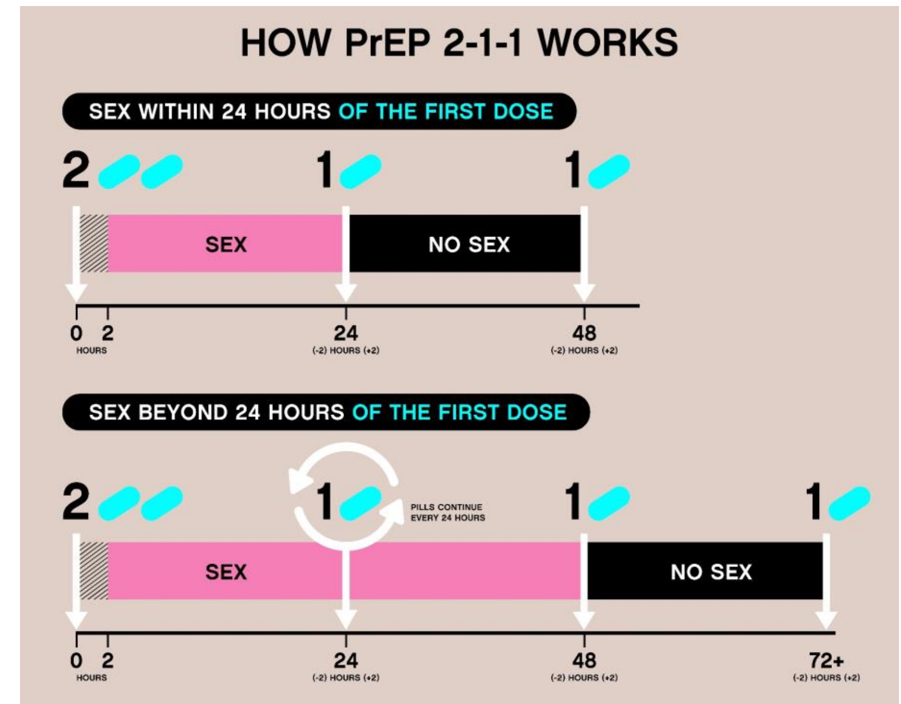
- What is PrEP?
- Who should be offered PrEP?
- When do I bring up the topic of PrEP?
- Establish rapport with the patient
- Explore patient's ideas, concerns, and expectations



Sales JM, Cwiak C, Haddad LB, Phillips A, Powell L, Tamler I, Sheth AN. Brief Report: Impact of PrEP Training for Family Planning Providers on HIV Prevention Counseling and Patient Interest in PrEP in Atlanta, Georgia. J Acquir Immune Defic Syndr. 2019 Aug 1;81(4):414-418. doi: 10.1097/QAI.0000000000002057. PMID: 30985558; PMCID: PMC6936265.

PrEP Counseling

- Explanation
  - What PrEP is
  - Explain effectiveness
  - How to take – daily vs event-based
  - Explain side effects
  - Explain monitoring
    - Every three months
    - Labs → HIV, STIs, Hepatitis B, Renal Function, LFTs
- Summarize with the patient



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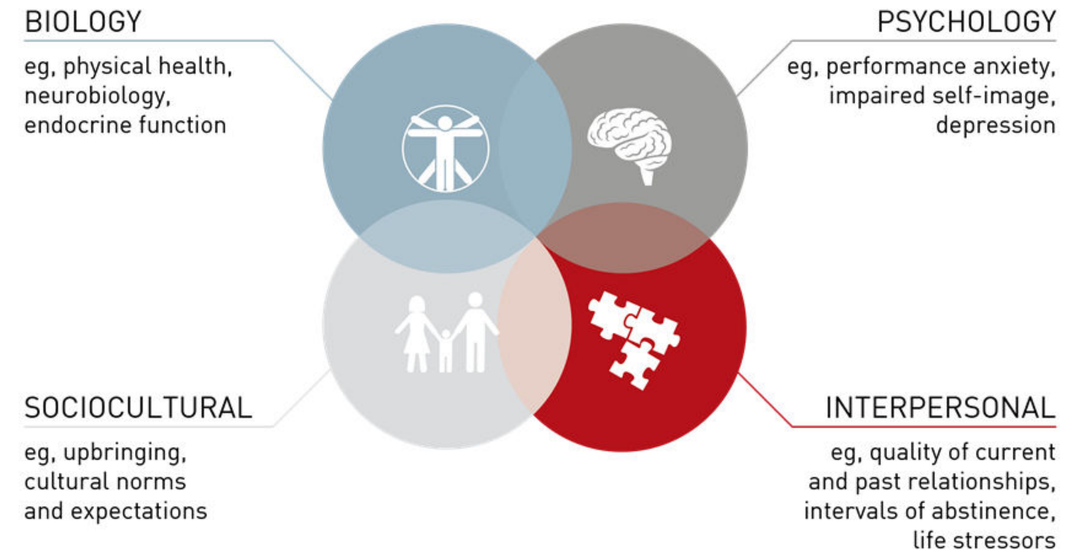
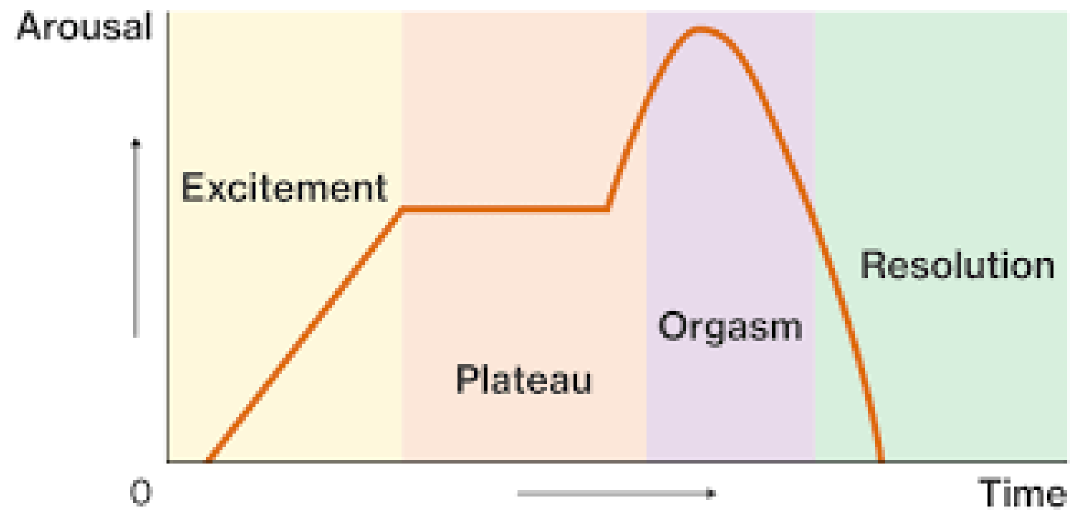
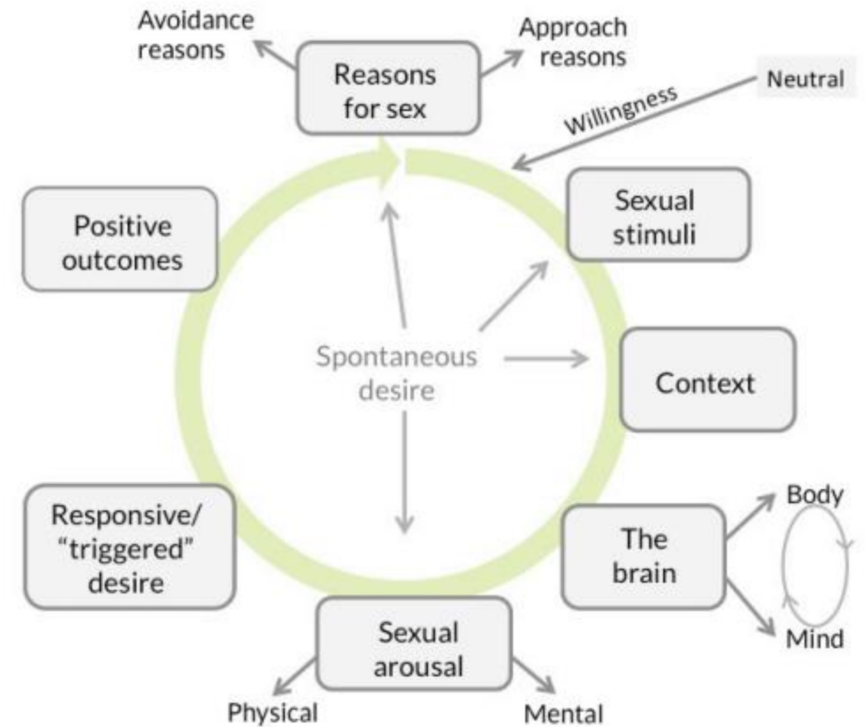
Biopsychosocial Model

- Sexuality and sexual behavior are products of biological, psychological, and social forces
- Takes a holistic approach to the study of sex
  - Considers the whole person
  - Mind and body are interconnected
- Sexual health is more than just the absence of disease and dysfunction



Sexual Response Cycle





Chelom E. Leavitt, Nathan D. Leonhardt & Dean M. Busby (2019) Different Ways to Get There: Evidence of a Variable Female Sexual Response Cycle, The Journal of Sex Research, 56:7, 899-912, DOI: 10.1080/00224499.2019.1616278

Medications

Medication	Desire	Arousal	Orgasms
Hypertension Meds	X (all)	Few	Half
Tranquilizer/Sleep Aids	X (all)	Few	Few
Antipsychotics	Most	Few	Half
Mood Stabilizers	Most	Few	Most
Sedatives	Half	Rare	Most
Oral contraceptives	Most	Most	
Alcohol	X		X
Narcotics	X	X	X

Table 15.1: Medical conditions and drugs that may affect sexual desire, arousal, and orgasm. Sex Matters for Women: A Complete Guide to Taking Care of Your Sexual Self.

Comorbid Conditions

Medical Condition	Desire	Arousal	Orgasms
Depression	X		
Diabetes		X	X
Hypertension		X	X
Menopause	X	X	
Parkinson's Disease	X		
Pelvic Surgery/Radiation		X	X
Vulvodynia	X	X	

Table 15.1: Medical conditions and drugs that may affect sexual desire, arousal, and orgasm. Sex Matters for Women: A Complete Guide to Taking Care of Your Sexual Self.

Sexual Health Work-Up

- Are there any organic cause? Psychological cause? Both?
- Labs
  - Testosterone/Estradiol/Progesterone
  - Sex hormone binding globulin (SHBG)
  - Prolactin/FSH/LH
  - TSH/Thyroid Panel, CBC, CMP, PSA
- Co-morbidities
- Medications
- Surgeries
- Pelvic injuries/traumas
- Thorough history and physical examinations

InnovAiT, 0(0), 1–8

The sexual health assessment

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Primary care plays an important role in sexual healthcare, not least because of rising rates of sexually transmitted infections and a wide variation in local funding for sexual and reproductive healthcare. Sexual health assessment brings some unique challenges. Embarrassment and stigma can hinder assessment. In this article, we provide the basic structure of the sexual history, while reinforcing the skills needed for a sensitive, yet effective, consultation.

The RCGP curriculum and sexual health

The role of the GP in sexual health clinical topic guide includes:

- Providing contraceptive services, sexual health screening, testing and treatment of sexually transmitted infections (STIs); supporting partner contact tracing
- Taking a concise sexual history for STI risk assessment, often in patients who may not consider themselves at risk of STI
- Offering opportunistic sexual health promotion, risk reduction advice and care which is non-judgmental and holistic recognising the physical, psychological and social impact of good sexual health
- Being aware of the key legal precedents, guidelines, and ethical issues that influence sexual healthcare provision especially regarding patients under 16 years of age in relation to consent and confidentiality; and at all ages in relation to confidentiality, abortion, sexual assault, coercion and female genital mutilation
- Recognising that gender, gender identity, gender dysphoria and sexual orientation are all different facets of a person's health and that issues relating to these may present in childhood, adolescence or adulthood and have a wide influence on wellbeing
- Providing care and support for women with unwanted pregnancy and for women requesting or having undergone termination of pregnancy

The following are a few of the areas from the curriculum to be considered in the context of primary care that we will cover in the article:

- Typical and atypical presentations of STIs
- Risk factors, including lifestyle, socio-economic and cultural factors
- Screening for STIs
- Symptoms and signs of STIs
- Examination and procedures in sexual health

Del Pup L, Villa P, Amar ID, *et al.* Approach to sexual dysfunction in women with cancer. *International Journal of Gynecologic Cancer* 2019;**29**:630-634.
Davies, Elin & Mulla, Ebrahim. (2020). The sexual health assessment. InnovAiT: Education and inspiration for general practice. 13. 175573801990036. 10.1177/1755738019900369.

Decreased Sexual Desire

- Hypoactive sexual desire disorder (HSDD) is a subset of female sexual dysfunction (FSD) that focuses on desire, and was first defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1987.
- In 2013, the DSM-V1,2 was released and has combined HSDD with Female Sexual Arousal Disorder and named it Female Sexual Interest and Arousal Disorder (FSIAD)
- It is presently defined by the DSM-V as the absence of or significant reduction in sexual interest/arousal for at least 6 months. Three of the following symptoms must also be present:
  - Absent/reduced interest in sexual activity
  - Absent/reduced sexual/erotic thoughts/fantasies
  - No/reduced initiation of sexual activity; unresponsive to partner's attempt to initiate
  - Absent/reduced sexual excitement/pleasure during sexual activity in at least 75% of encounters
  - Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues (eg, written, verbal, visual)
  - Absent/reduced genital or nongenital sensations during sexual activity in at least 75% of sexual encounters

Sheryl A. Kingsberg and James A. Simon.Female Hypoactive Sexual Desire Disorder: A Practical Guide to Causes, Clinical Diagnosis, and Treatment.Journal of Women's Health.Aug 2020.1101-1112.http://doi.org/10.1089/jwh.2019.7865

Desire Treatment

- Medications
  - Testosterone (hypogonadism) – lifestyle, transdermal (gel/cream/patch), oral, SQ, IM, implants/pellets, subinguinal/buccal
    - Off label use in women – 1/10 of the dose of men
  - FDA Approved
    - Addyi (flibanserin) – 2015
    - Vyleesi (bremelanotide) – 2019
- Management of co-morbid conditions
- Anti-depressant/Anti-anxiety
    - Switch to different one – bupropion, mirtazapine, nefazodone
    - Add bupropion, buspirone
    - Use weekend holidays or breaks

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Edinoff AN, Sanders NM, Lewis KB, Apgar TL, Cornett EM, Kaye AM, Kaye AD. Bremelanotide for Treatment of Female Hypoactive Sexual Desire. *Neurology International*. 2022; 14(1):75-88. https://doi.org/10.3390/neurolint14010006
James A. Simon, Anita H. Clayton, Irwin Goldstein, Sheryl A. Kingsberg, Marla Shapiro, Sejal Patel, Noel N. Kim. Effects of Flibanserin on Subdomain Scores of the Female Sexual Function Index in Women With Hypoactive Sexual Desire Disorder. Sexual Medicine. Volume 10, Issue 6, 2022, 100570. https://doi.org/10.1016/j.esxm.2022.100570.

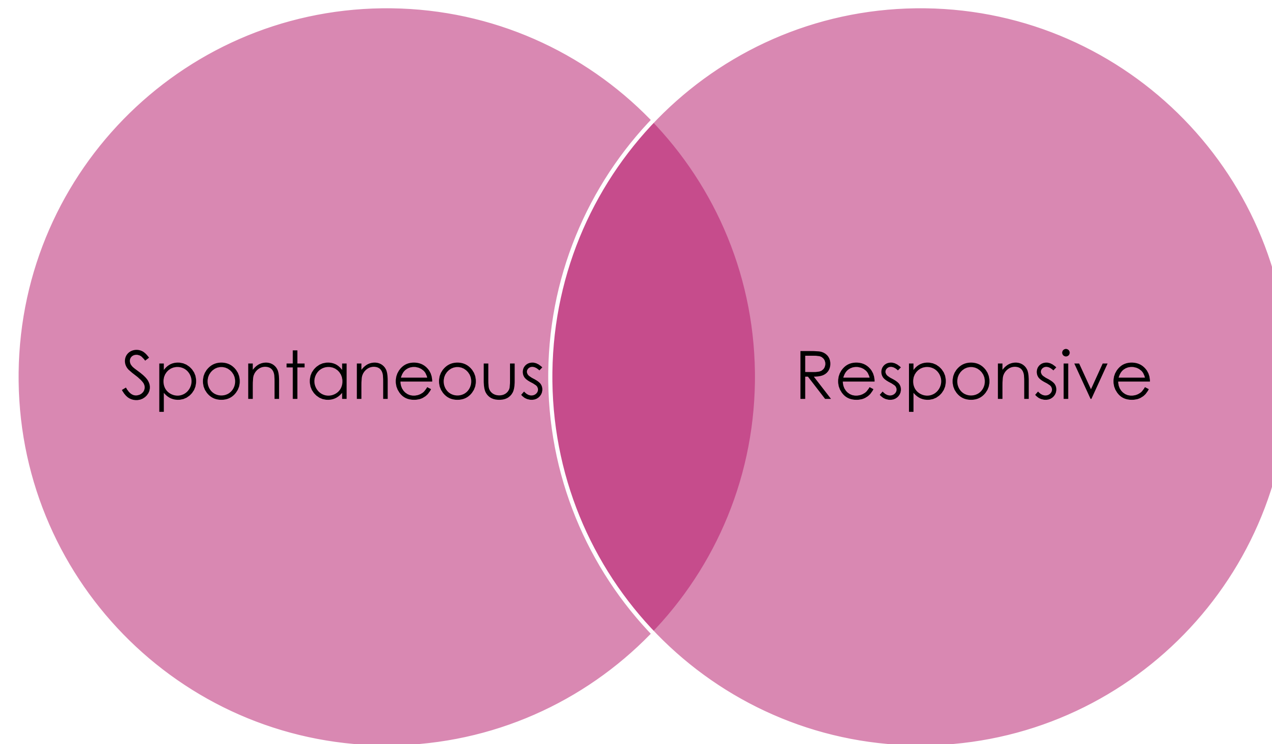
Desire Treatment

- Psychotherapy
  - Individual/couples counseling/therapy
  - Communication exercises
  - Scheduling intimacy
  - Sexual fantasy exercises
  - Sensate focus training
  - Management of relationship stress
- Social and Cultural
  - Self-care activities
  - Explore religious influences
  - EMDR/Hypnosis therapy
  - Reprocessing
  - DBT/CBT/IFS/EFT

EDUCATION IS KEY!!!

Sheryl A. Kingsberg and James A. Simon.Female Hypoactive Sexual Desire Disorder: A Practical Guide to Causes, Clinical Diagnosis, and Treatment.Journal of Women's Health.Aug 2020.1101-1112.http://doi.org/10.1089/jwh.2019.7865

A word on desire…



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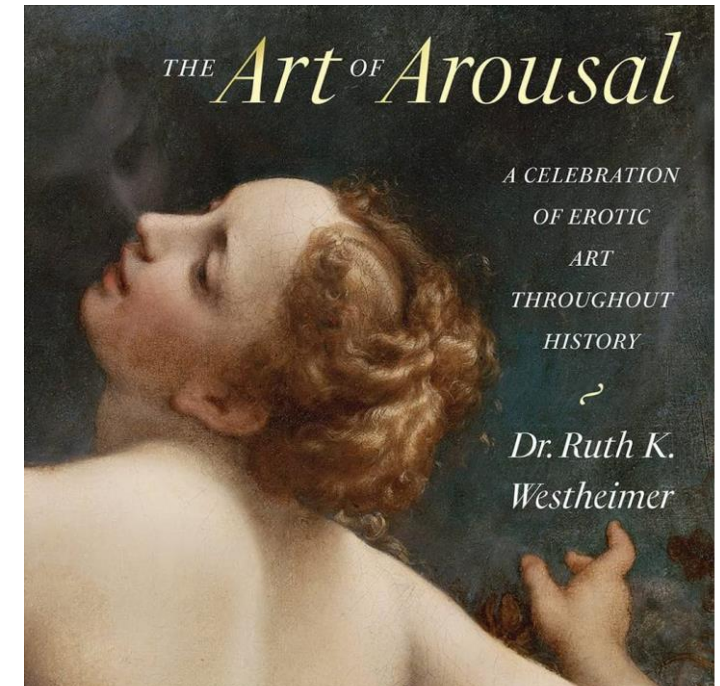
Julia Velten, Samantha J. Dawson, Kelly Suschinsky, Lori A. Brotto & Meredith L. Chivers (2020) Development and Validation of a Measure of Responsive Sexual Desire, Journal of Sex & Marital Therapy, 46:2, 122-140, DOI: 10.1080/0092623X.2019.1654580

Arousal Concerns (FSIAD)

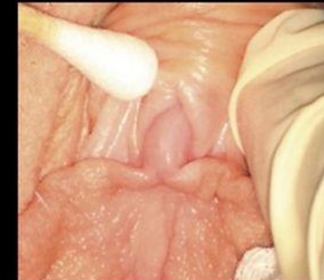
- Gender differences
- Overlap of desire and arousal
- Emotional intimacy and satisfaction → are her needs being met?
- Two principles (Metz, Epstein, McCarthy)
  - Establish emotional and sexual conditions for openness, receptivity, and responsiveness
  - Encourage a sexual voice
    - Take responsibility for sexual desire → give permission
    - Empower
- Myth debunking
  - The need for spontaneity
  - Great sex every time
  - Simultaneous orgasms
  - Nonverbal erotic scenes

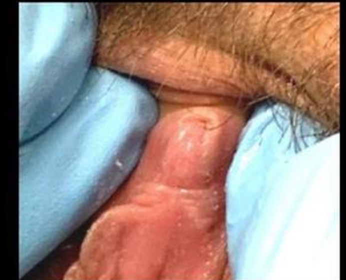


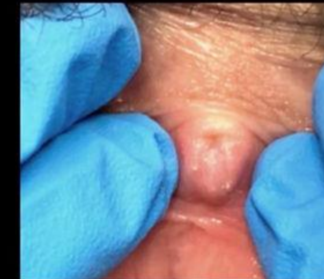
Natalie O. Rosen, Justin P. Dubé, Serena Corsini-Munt, Amy Muise. Partners Experience Consequences, Too: A Comparison of the Sexual, Relational, and Psychological Adjustment of Women with Sexual Interest/Arousal Disorder and Their Partners to Control Couples. The Journal of Sexual Medicine, Volume 16, Issue 1, 2019: Pages 83-95. https://doi.org/10.1016/j.jsxm.2018.10.018.

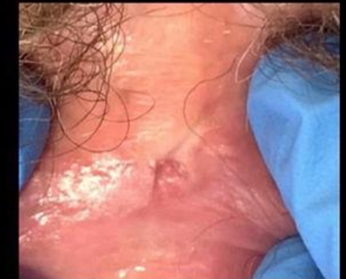
Arousal Concerns (FSIAD)

- Physiological aspect of genital arousal – "Lubrication-swelling response"
  - Genital vasocongestion, lubrication, tingling, sensation
  - Clinical setting – arousal = excitement or pleasure or turned on
  - Genital non-concordance
- 18.4% to 38.2% of women (increased with age)
- Causes of FSAD
  - Aging, HLD, DM, HTN, Smoking, Neurological conditions, medications, hormone imbalance, bicycling riding, kidney failure/dialysis, cirrhosis, HIV/AIDS, psychological
- Work-Up
  - Thorough history and physical
  - Labs: FBG, A1c, Lipid panel, CBC, CMP, total testosterone/SHBG, PSA, TSH
  - Specialized diagnostic tests
    - Clitoral US Doppler
    - Vulvoscopy and Q-tip test
    - Pelvic exam – clitoral phimosis









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Arousal Concerns (FSIAD)

- Psychological history
  - Any distracting thoughts during sexual play?
  - Any life stressors?
  - Daily mood and fatigue?
  - How would you rate your relationship satisfaction?
  - How is your communication?
  - How is partner's sexual function?
  - What level of attraction do you have to your partner?
  - How do you cope with a problem together?
  - Do you have any pain with sexual play?
  - What were the messages you received about sex growing up?

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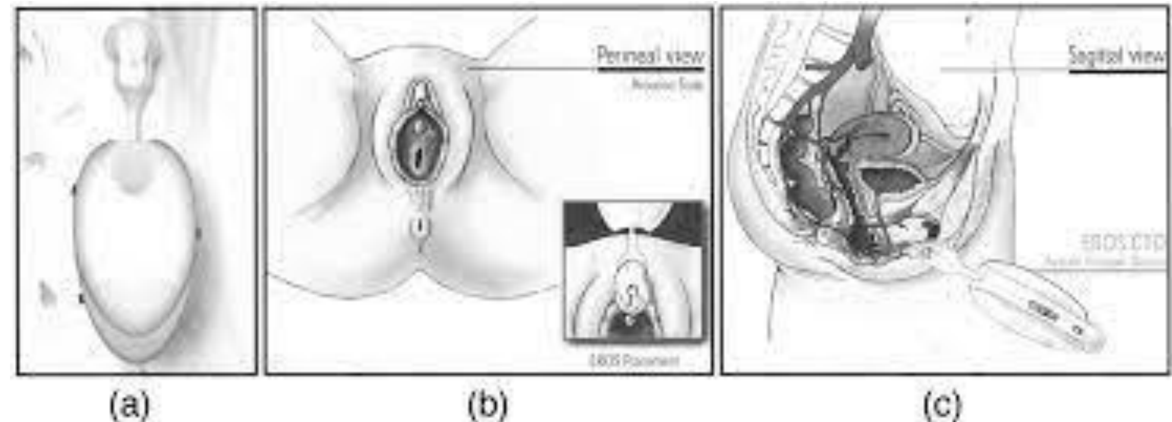
Female – Sexual Arousal Disorders Tx

- Medications
  - Hormone – local and systemic
    - Estradiol, testosterone (off label), DHEA
  - Non-hormone options
    - Oral PDE-5 inhibitors – off label
    - Topical – PDE-5 inhibitors, alprostadil, levodopa, L-arginine – off label
    - Personal lubricants
- External vibratory device
- EROS device and Fiera
- Vaginal dilators
- Pelvic floor physical therapy
- Low intensity shockwave therapy



James M. Weinberger, BS, Justin Houman, MD, Ashley T. Caron, BS, Jennifer Anger, MD, MPH, Female Sexual Dysfunction: A Systematic Review of Outcomes Across Various Treatment Modalities, *Sexual Medicine Reviews*, Volume 7, Issue 2, April 2019, Pages 223–250, https://doi.org/10.1016/j.sxmr.2017.12.004

Female – Sexual Arousal Disorders Tx

- Psychological and Intrapersonal
  - Individual/couples counseling/therapy
  - Communication exercises
  - Scheduling intimacy
  - Good enough sex
  - Intimacy without intercourse
  - Sensate focus training
  - Management of relationship stress
  - Sexual self-esteem: performance, pleasing, play
  - Mindfulness
  - Erotic literature and visual stimulation
  - Education on sexual response cycle
- Social and Cultural
  - EMDR/Hypnosis therapy
  - Reprocessing, restructure, reframing
  - Setting realistic expectations
  - Psychoeducation

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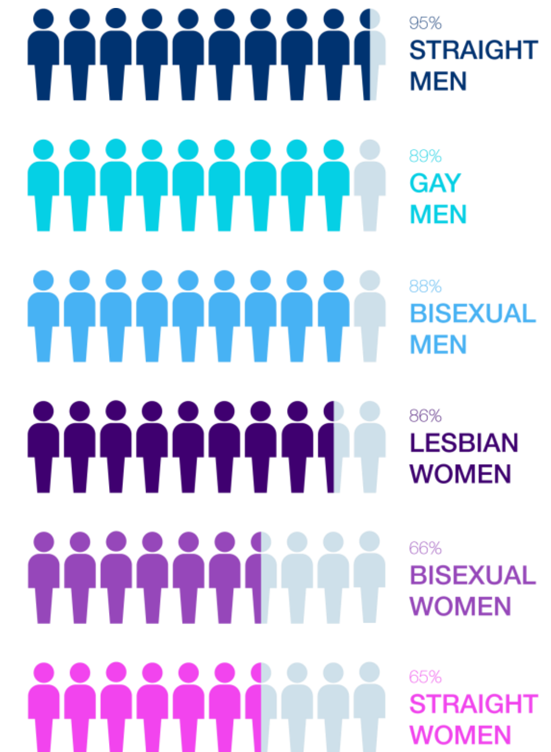
Female – Anorgasmia

- Persistent or recurrent delay in or absence or orgasm following a normal sexual excitement/arousal phase
- Why do women experience orgasm?
  - Reward pleasure
  - End coitus
  - Resolving vaginal tenting
  - Uterine contractions pull in semen
  - Oxytocin release for bonding
- One in ten women have never had an orgasm
- 20% of women struggle with orgasm
- 65% of women have had an orgasm at last sexual encounter vs 95% men → ORGASM GAP (Laurie Mintz, PhD)



International Journal of Advanced Studies in Sexology © Sexology Institute of Romania Vol. 2(1), 2020, pp. 49-53 https://www.sexology.ro/jurnal ISSN 2668-7194 (print), ISSN 2668-9987 (online) DOI:10.46388/10.46388/ijass.2020.13.18
Frederick DA, John HKS, Garcia JR, et al. Differences in Orgasm Frequency Among Gay, Lesbian, Bisexual, and Heterosexual Men and Women in a US National Sample. Arch Sex Behav 47, 273-288 (2018).

Female – Anorgasmia

Biological	Context/Psychological
Cardiovascular disease	Poor body image/low self esteem
Kidney disease	Negative emotions with sex
Depression	Anxiety, detachment, distress
Pelvic conditions (hyper/hypo)	Perfectionism
Neurologic diseases	Poor communication
Alcohol, Drug/Substance Use	Sexual assault/trauma/abuse
Hormonal changes	Personality
Menopause	Age, education, SES
Hypothyroidism	Culture, Religion, Family
Medications	Genetic

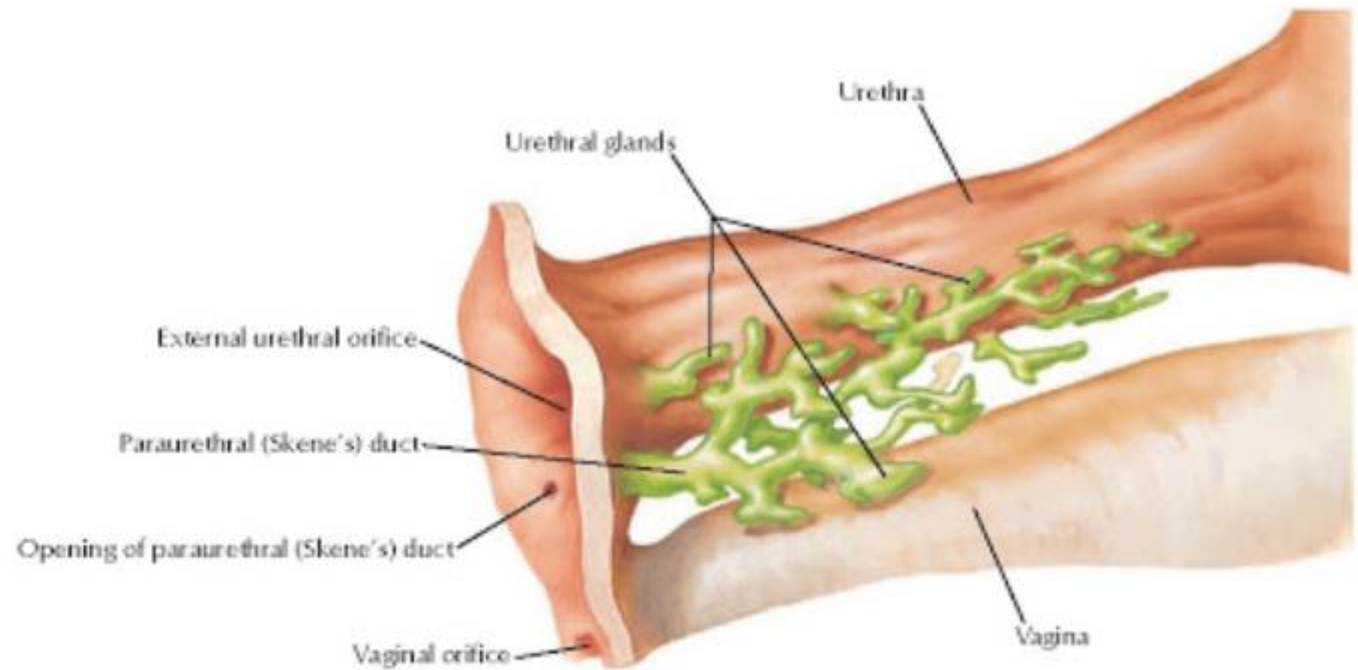
Female – Anorgasmia

- Psychological assessment
  - Are you content with your sex life without orgasm?
  - Does not being able to achieve an orgasm cause sexual distress?
  - Are you able to self stimulate to orgasm?
  - When did you begin self stimulation? What age? What was the encounter?
  - Any loss of sensation in the genitals?
  - Any pain or discomfort in the vulvovaginal tissues?
  - Do you experience urinary incontinence with orgasm?

Female – Anorgasmia Treatment

- Biology (Biopsychosocial)
  - Medications
    - Hormone therapy
    - Bupropion
    - Oxytocin and Dopamine (off-label)
    - Addyi (off label)
  - Vibration therapy
  - Ensure adequate arousal
  - Pelvic floor physical therapy
  - Acupuncture
- Psychological and Intrapersonal (Biopsychosocial)
  - Education is key
  - Sensate focus exercises
  - Body sensation and arousal awareness
  - Mindfulness and Tantric practices
  - Communication exercises
- Social and Cultural (Biopsychosocial)
  - EMDR/hypnosis therapy/CBT/trauma-informed therapist
  - Reprocessing, reframing, and restructuring

Quick note about…female ejaculation



Zlatko Pastor, Roman Chmel, Female ejaculation and squirting as similar but completely different phenomena: A narrative review of current research, Clinical Anatomy, 10.1002/ca.23879, **35**, 5, (616-625), (2022).

Female – Painful Orgasm

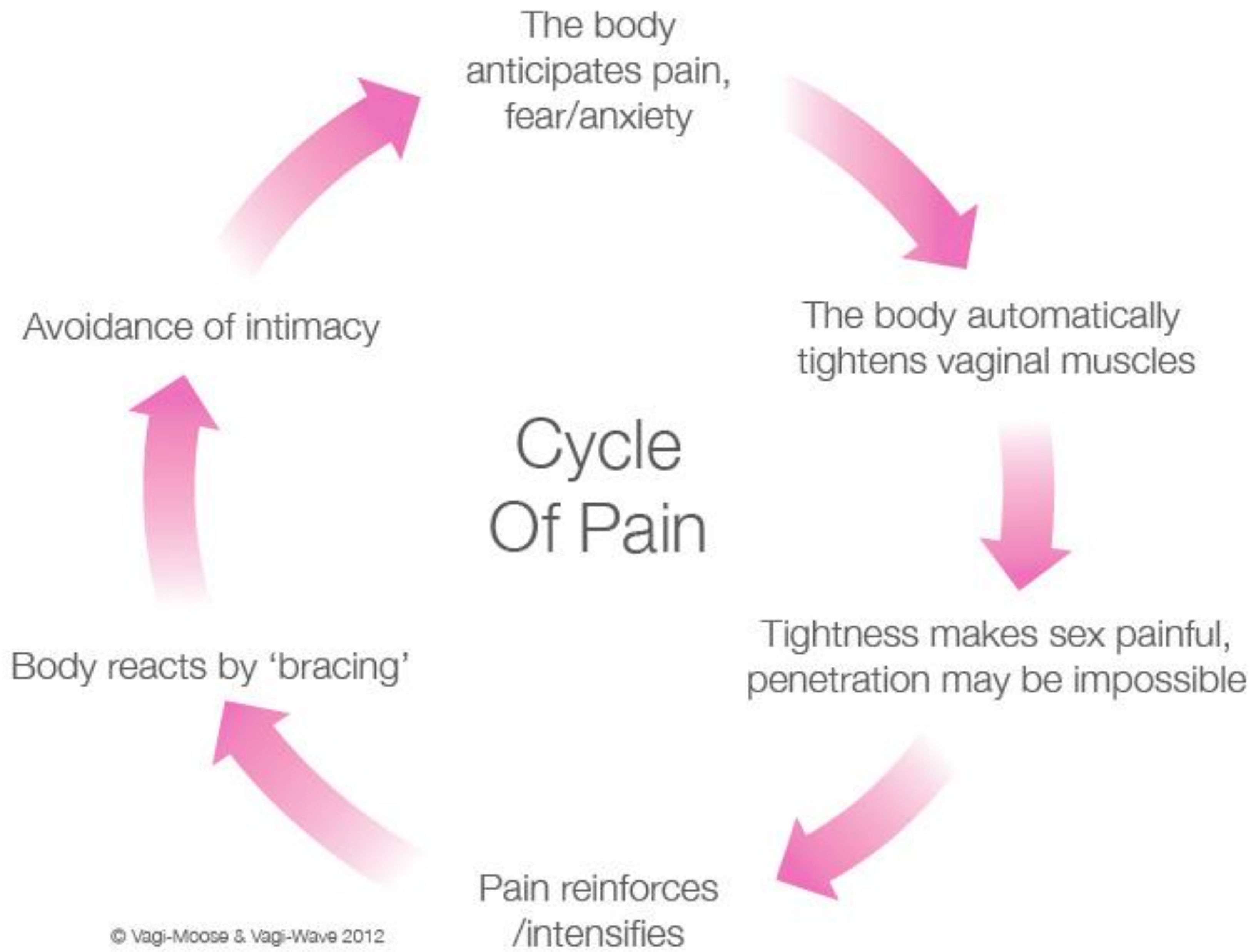
- Causes
  - Pregnancy
  - Pelvic floor disorders
  - IUD contraception
  - Neurological conditions
  - Muscle tension (head/neck/pelvis)
  - Hypertension/cardiovascular dx
- Work-up
  - Labs
  - Imaging – pelvic US and MRI
- Treatment
  - Pelvic floor physical therapy
  - Vaginal valium/baclofen
  - Nerve block
  - Vulvar massage and vibration therapy
  - NSAIDS
  - Acupuncture
  - Mindfulness

Oaklander AL, Sharma S, Kessler K, Price BH. Persistent genital arousal disorder: a special sense neuropathy. Pain Rep. 2020 Jan 7;5(1):e801. doi: 10.1097/PR9.0000000000000801. PMID: 32072096; PMCID: PMC7004503.

Female – Dyspareunia

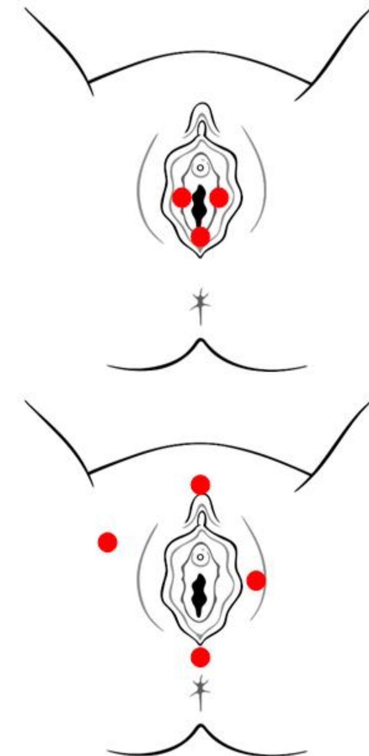
- Definition
  - Genital pain associated with sexual arousal or intercourse/activity
- Considered a pain disorder with independent psychological and biological contributors
- Differential diagnosis
  - Introital dyspareunia (vaginismus, vaginal atrophy, anxiety)
  - Vulvovaginal atrophy
  - Inadequate lubrication (meds, illness, postpartum, lactation)
  - Vulvodynia (burning, stinging, sharp, generalized vs. provoked)
  - Pudendal nerve entrapment, Persistent genital arousal disorder
  - Endometriosis
  - Interstitial Cystitis/Painful Bladder Syndrome
  - Pelvic inflammatory disease
  - Vulvar disorders (lichen sclerosis, lichen planus, lesions)
  - Consider concurrent psychologic or behavioral contributions via sexual health history

Tayyeb M, Gupta V. Dyspareunia. [Updated 2022 Jun 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK562159/


The body anticipates pain, fear/anxiety
The body automatically tightens vaginal muscles
Tightness makes sex painful, penetration may be impossible
Pain reinforces /intensifies
Body reacts by 'bracing'
Avoidance of intimacy
Cycle Of Pain
© Vagi-Moose & Vagi-Wave 2012

Female – Vulvodynia

- Symptoms
  - Most common = BURNING
  - Pain can be irritating, sharp, prickly, pruritic, stinging, rawness
  - Vestibule Pain
    - Think → tampon insertion, gynecological exam
  - Generalized
    - Think → Activities that apply pressure to the vulva
  - Factors that lessen the pain
  - Potential causes and risk factors
    - Injury to nerves
    - Abnormal cell response
    - Genetic factors
    - Localized hypersensitivity to candida
    - Pelvic floor muscles
    - Hormonal deficiency



www.nva.org

Goldstein, A. T., Pukall, C. F., & Goldstein, I. (Eds.). (2020). *Female sexual pain disorders: Evaluation and management*. John Wiley & Sons.

Female – Vulvodynia Treatment

- Start with self help strategies and prevention
  - Clothing and laundry
    - 100% cotton underwear with no underwear at night
    - Avoid tight fitted clothing
    - No dryer sheets or fabric softeners
    - Extra rinse during wash cycle
  - Hygiene
    - Discontinue all OTC skin irritants – no benzocaine products
    - No douching
    - Use mild soaps for bathing and water ONLY to clean the vulva
    - No vaginal wipes, deodorants or bubble bath
    - No pads or tampons with fragrance
    - White cotton gloves at night

- Sexual intercourse
  - Personal lubricant (water vs silicone vs combo)
  - Rinse well afterward, cool water
  - Topical anesthetic (lidocaine gel)
  - Frozen gel pack or coconut oil ball
- Physical activities
  - Avoid exercises that has direct pressure to vulva – bicycling
- Everyday living
  - Foam rubber donut, frozen gel pack, sitz bath, no prolonged standing

Goldstein, A. T., Pukall, C. F., & Goldstein, I. (Eds.). (2020). *Female sexual pain disorders: Evaluation and management*. John Wiley & Sons.

Female – Vulvodynia Treatment

- Topical Medications
  - Topical estrogen – Estrace or 0.02% compound as directed if atrophy is suspected
  - Topical testosterone – 0.1% as directed (can do T/E2 combo)
  - Clobetasol propionate ointment 0.05% BID
  - Tacrolimus ointment 0.1% BID
  - Topical anesthetics – lidocaine (2% or 5% ointment) max dose 20g/24hr
    - Cotton ball test
  - Topical compounded formulations – antidepressant or anticonvulsant
    - Amitriptyline 2%/Baclofen 2% in WWB – 0.5mL TID to affected area PRN
    - Gabapentin 3% or 6% cream – 0.5mL TID to affected area PRN (can also mix with xylocaine)
  - Vaginal valium/baclofen suppository (10mg/20mg)

- Oral Medications that can block pain – can take up to 6 weeks to work
  - Antihistamines – Itchy vulvovaginal symptoms
    - Hydroxyzine (Vistaril) 25-50mg at bedtime
  - Tricyclic antidepressants (TCA's)
    - Amitriptyline (Elavil) – start at 10mg, increase 5-10mg/week until max dose (150mg)
    - Others: Nortriptyline, Desipramine
  - Serotonin-Norepinephrine Reuptake Inhibitors
    - Venlafaxine (Effexor) – 37.5mg daily with titrate to 75mg to 150mg daily
    - Duloxetine (Cymbalta) – start 20mg daily, increase to BID after 7 days. Max dose 120mg/day
  - Anticonvulsants
    - Good for patients with shooting, stabbing, or knife-like pain
    - Gabapentin – 300mg daily, increasing every 5 days by 300mg per day (TID) till max dose of 900 TID (2700mg/day)
    - Others: Pregabalin and Oxcarbazepine
  - Opioids
    - Use only short term or for flares as well as early in treatment
    - Examples: Oxycodone or Hydrocodone

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Female – Vulvodynia Treatment

- Pelvic Floor Muscle Therapy and Biofeedback
  - Aids with pelvic floor weakness or spasms
  - Education, exercises, manual therapies, other modalities in combination with biofeedback
  - Vaginal Dilators
    - Soul Source (silicone and medical grade plastic – www.soul-source-sd.myshopify.com)
    - Vaginismus (medical grade plastic – www.vaginismus.com)
- Nerve Blocks
  - Usually pudendal nerve block (vulvar or spinal)
  - Bupivacaine (0.25% large area or 0.5% small area) and 40mg/cc Kenalog (use 1cc in single dose)
  - Inject into specific area or use as a block – can repeat monthly
- Diet Modification
  - Elimination of acidic or high-sugar food
  - Food diary: eliminate one item or food group at a time
- Complimentary or Alternative Medicine
  - Acupuncture, massage therapy, relaxation techniques, and cognitive behavior therapy
- Surgery
  - Contraindicated for women with generalized vulvodynia
  - Vulvar Vestibulitis Syndrome or Provoked Vestibulodynia
  - Vestibulectomy with vaginal advancement or Modified Vestibulectomy
  - Not indicated for chronic pelvic pain unless cause is identified

Goldstein, A. T., Pukall, C. F., & Goldstein, I. (Eds.). (2020). *Female sexual pain disorders: Evaluation and management*. John Wiley & Sons.

Female – Vaginismus

- Genito-Pelvic Pain/Penetration Disorder (GPPPD)
- Condition where the muscles surrounding the entrance to the vagina involuntarily tighten, making penetration impossible or painfully uncomfortable.
- Causes
  - Pregnancy/Postpartum
  - Medical conditions/medications
  - Pelvic trauma or injury
  - Hormone changes
- Psychological
  - Fears
  - Anxiety
  - Stress
  - Partner issues
  - Traumatic events
  - Childhood experiences
  - unexplained

Goldstein, A. T., Pukall, C. F., & Goldstein, I. (Eds.). (2020). *Female sexual pain disorders: Evaluation and management*. John Wiley & Sons.

Vaginal dilators

- When do you use vaginal dilators?
  - Pelvic pain
  - Dyspareunia
  - Vaginismus
  - Vulvodynia
  - Vestibulodynia
  - Vaginal stenosis
  - Vaginal agenesis
  - Vulvovaginal adhesions
  - History of sexual trauma
  - Vaginoplasty/vulvoplasty

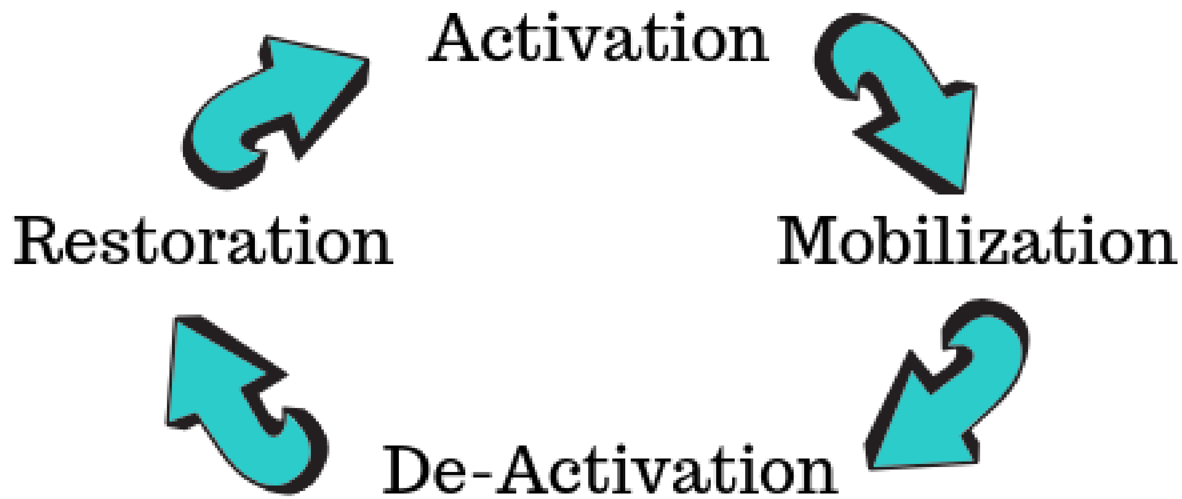
Goldstein, A. T., Pukall, C. F., & Goldstein, I. (Eds.). (2020). *Female sexual pain disorders: Evaluation and management*. John Wiley & Sons.

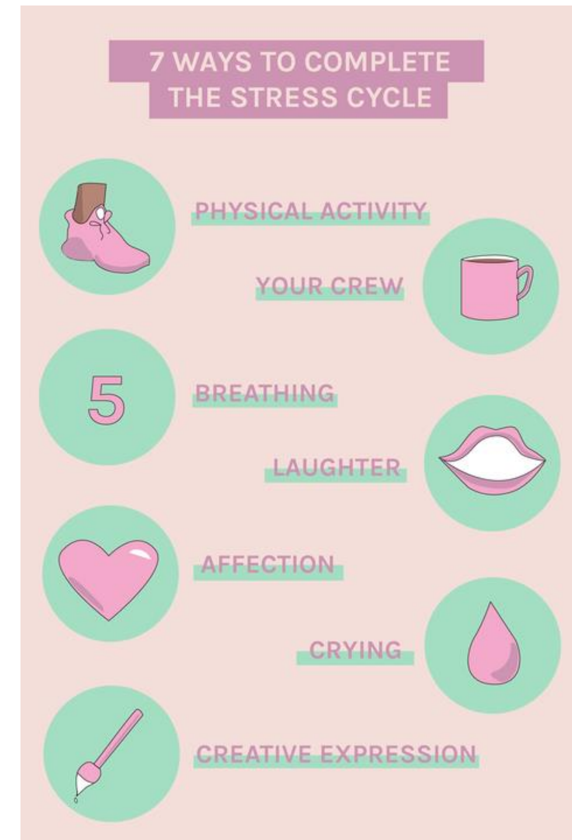
Female – Vulvodynia/Vaginismus Treatment

- Psychological and Intrapersonal (Biopsychosocial)
  - Education is key
  - Sensate focus exercises
  - Body sensation and pain awareness
  - Body mapping
  - Mindfulness and deep breathing
  - Communication exercises
  - Intimacy without intercourse
  - Exposure therapy
- Social and Cultural (Biopsychosocial)
  - EMDR therapy/CBT/trauma-informed therapist
  - Reprocessing and restructure
  - Workshops and support groups

Goldstein, A. T., Pukall, C. F., & Goldstein, I. (Eds.). (2020). *Female sexual pain disorders: Evaluation and management*. John Wiley & Sons.

Let's talk about stress…baby





Coping with Stress, CDC, https://www.cdc.gov/violenceprevention/about/copingwith-stresstips.html, Accessed February 2, 2023

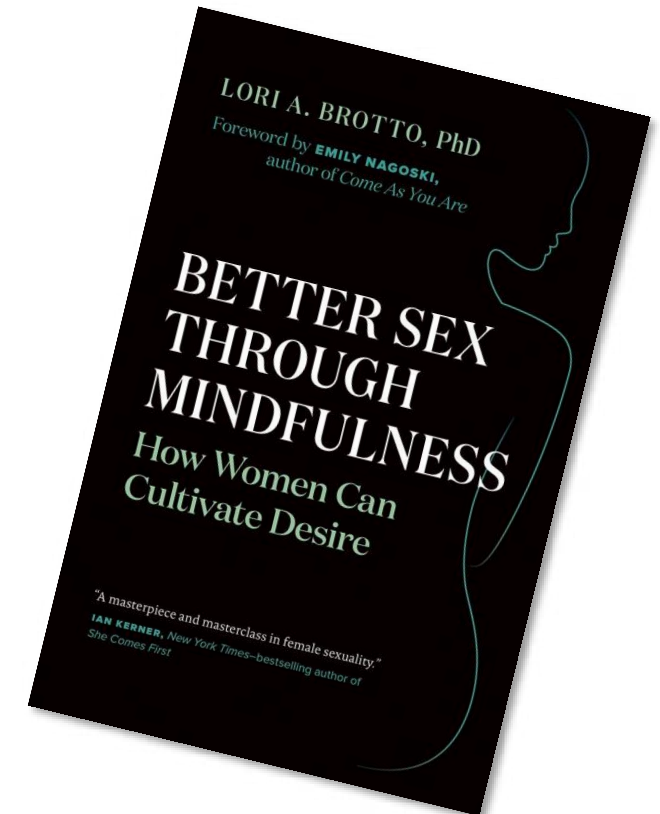
Coping with Stress

- Two major strategies
  - Emotion-focused coping
    - Reduce the emotional arousal response → reduce negative emotions
      - Mindfulness activities
        - Goal = shift from stressors to pleasant and relaxing sensory stimuli
      - Progressive muscle relaxation
      - Physical activity
      - Cognitive acceptance
  - Problem-focused coping
    - Direct strategies for eliminating life stressors
    - Problem solving skills – what are the steps?
      1. Define the problem
      2. Brainstorming solutions
      3. Compare and contrast
      4. Select a solution
      5. Observing if solution was successful

Coping with Stress, CDC, https://www.cdc.gov/violenceprevention/about/copingwith-stresstips.html, Accessed February 2, 2023

Mindfulness

- How does mindfulness work?
  - Reduce cognitive distractions and preoccupations
  - Particularly helpful for women
  - Be present in the moment and be aware of sexual feeling and body responses
- Daily intervention has been shown to be more effective.
  - Walk
  - Smelling flowers
  - Shower
- During sexual activity, perform a body scan



Chelom E. Leavitt, Eva S. Lefkowitz & Emily A. Waterman (2019) The role of sexual mindfulness in sexual wellbeing, Relational wellbeing, and self-esteem, Journal of Sex & Marital Therapy, 45:6, 497-509, DOI: 10.1080/0092623X.2019.1572680

Questions?

Thank you!

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