

## Sexual dysfunction classification

- Within DSM historically divided as:
  - Desire
  - Arousal
  - Orgasm
  - Pain

## Shortcomings of DSM

- Inequalities
- Social and economic conditions
- Violence
- Media-produced expectations of sex
- Lack of access to sexual information
- Poor health
- Relational issues

## DSM -5

- Gender specific dysfunctions: 3 F, 4 M
- Most require a minimum of 6 mon. and must occur 75-100% of the time
- Must cause significant distress
- Cannot be attributed to:
  - Nonsexual medical disorder
  - Severe relationship stress (violence) or other significant stressors

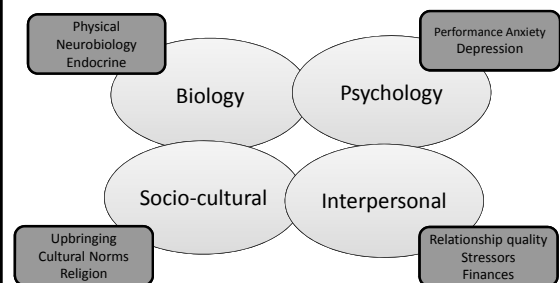
## DSM -5

- Classifies as mild, moderate or severe
- Associated features added:
  1. Partner factors
  2. Relationship factors
  3. Individual vulnerability factors
  4. Cultural or religious factors
  5. Medical factors

## DSM-5

1. Female sexual interest/arousal disorder
2. Genito-pelvic pain/penetration disorder
3. Female orgasmic disorder
4. Substance/medication-induced sexual dysfunction

## BBiopsychosocial model of female sexual response



## Prevalence

- Female sexual interest/arousal disorder = 30 -64%
- Genito-pelvic pain/penetration disorder = 26%
- Female orgasmic disorder = 35%

## Prevalence of female dysfunction

PRESIDE study (2008): prevalence of female sexual problems associated with distress and determinants of treatment seeking.

Sexual complaint	Sexual problem	Sexual problem plus distress
Desire	38.7%	10%
Arousal	26.1%	5.4%
Orgasm	20.5%	4.7%
ANY dysfunction	44.2%	12%

## Risk factors for FSD

- CV disease
- Other chronic diseases
- Sociocultural factors
- Sexual abuse
- Substance abuse can cause sexual dysfunction in >60% of women

## Factors associated with sexual desire, activity, and satisfaction

### Increased

- Mediterranean diet
- Exercise/walking
- Resilience
- Normal BMI
- Social supports
- Social activity

### Decreased

- Smoking
- Depression
- SSRI, SNRI, antipsychotics
- Obesity
- Metabolic syndrome
- DM
- Multiple co-morbidities
- Incontinence
- Sleep issues/VMS

## Sexual history

- LOTS of questions to ask
- Can be hard to ask
- We do not ask at all or very well

## Sexual history

- Patient comfort
- Underestimation of prevalence
- Provider comfort and confidence
- Limited time
- Few perceived treatments

## When to take a sexual history

- Chronic disease follow-up
- Prenatal/post-partum visit
- Infertility or menopause visit
- Pre-op for GYN or GU surgery
- New patient or annual visit

## Basic screening for sexual function

- Are you currently involved in a relationship?
- Is it sexual?
- Have your partners included men, women or both?
- Any sexual concerns or pain with sex?
- Any sexual concerns that have contributed to your lack of sexual behavior?

## Sexual history

- [www.fsfiquestionnaire.com](http://www.fsfiquestionnaire.com)
- <http://www.fsfiquestionnaire.com/FSFI%20questionnaire2000.pdf>

## Sexual history

- Decreased Sexual Desire Screener (DSDS): for generalized acquired HSDD
- Developed in 2009, 5 questions
- If no to Q 1-4, not generalized acquired HSDD
- If yes to Q 1-4 and NO to all of Q5, use judgment to confirm HSDD
- If yes to Q 1-4 and yes to any Q5, use judgment to confirm diagnosis

Clayton et al. J Sex Med 2009;6: 730-738

## DSDS

- |  |        |
|--|--------|
| 1. In the past was your level of sexual desire or interest good and satisfying to you? | Yes/No |
| 2. Has there been a decrease in your level of sexual desire or interest?               | Yes/No |
| 3. Are you bothered by your decreased level of sexual desire or interest?              | Yes/No |
| 4. Would you like your level of sexual desire or interest to increase?                 | Yes/No |

5. Please check all the factors that you feel may be contributing to your current decrease in sexual desire or interest:

- A: An operation, depression, injuries, or other medical condition  
B: Medication, drugs or alcohol you are currently taking  
C: Pregnancy, recent childbirth, menopausal symptoms  
D: Other sexual issues you may be having (pain, decreased arousal or orgasm)  
E: Your partner's sexual problems  
F: Dissatisfaction with your relationship or partner  
G: Stress or fatigue

## Evaluation

Thorough history is most essential component

## Physical exam

- Vitals - HTN
- Endocrine – thyroid, DM, prolactin, androgen excess
- Vulva - the lichens, pain
- Pelvic – STIs, pain, fibroids, scarring
- MSK – gait, hip function, back pain

## Laboratory studies

- Thyroid
- Evaluate for menopause
- Prolactin
- Androgen excess – PCOS, adrenal
- Vaginal pH
- NO routine testosterone

## Review medications

- HTN meds
- Psych meds
- Some BC methods
- Steroids
- Drugs of abuse
- ALCOHOL!!!

## Treatment

- Lubricants: water, silicone and oil- based products.
- Vaginal moisturizers
- Vibrators and arousers
- Sex therapy: [www.AASECT.org](http://www.AASECT.org)
- Pelvic floor PT:
  - <http://aptaapps.apta.org/>

## Durex: global sex survey

- 59-62% lubricants/moisturizers
- 53% pornography
- 43-52% use vibrators
- 13% penile rings
- 35% pleasure enhancing condoms
- 43% massage oils
- 26% erotic literature

## Treatment

- Estrogen therapy for atrophy
- Testosterone therapy
- Sex furniture

## Testosterone

- Testosterone therapy for low desire
- Topical compounded 1% T cream, use 0.5 cc daily
- Transdermal gels at 1/10<sup>th</sup> male dose
- Main side effects: hair growth and acne
- Free T calculator :need total T, SHBG and albumin
  - <http://www.issam.ch/freetesto.htm>
  - Aiming for 0.6 -0.8 ng/dl

## Treatment

- Managing SSRI side effects:
  - Reduce SSRI dose
  - Drug holiday
  - Try a different SSRI
  - Add bupropion ER 150 BID
  - Switch to bupropion
  - Add sildenafil 50-100 mg before sex

## The Little Pink Pill

- Flibanserin (Addyi)
- FDA approval August 2015
- Brought to FDA by privately owned Sprout pharmaceuticals, since sold to Valeant
- NOT female Viagra
- Need special training to prescribe due to side effects
- 26 drugs for male sexual dysfunction

## Future directions

- Female testosterone formulations
- Drugs looking at melanocortin
- Trazadone/bupropion combinations
- 26 drugs for male sexual dysfunction

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