Have No Fear! Help is Here!
Really... stay as calm as you can.

Addressing Sexual Health Issues in Primary Care
Birds do it. Bees Do it. Humans have lots of questions about doing it... Answers on the Way!
Wendy M. Macey, MPAS, PA-C

Where to Start?
Remember Maslow’s Hierarchy of Need?

- Self-actualization
- Love/belonging
- Safety
- Physiological
- Esteem

Simple, critical foundations.
What people think you have.

In reality.... It comes down to this.

**sexercise.**
Number 1 Question: Am I normal?

Yes.... You are.
“Hello…… Hormones. Been here long?”

- Male and Female brains are different!
- We are influenced by different levels of the same hormones. We are by nature unique & this has a profound effect in how we behave sexually.
- This starts at 8 wks of fetal development & goes on for a lifetime.

"Wanna go for a ride? Try one of these hormone machines!"

- **Estrogen**
  - The “Chick” – in women, controlling, consuming, driver of the female, trend to dopamine, serotonin, acetylcholine, and nor-epinephrine
  - **Max** – lower levels, still a friendly presence in right amounts

- **Testosterone**
  - The “Dude” – “Vitamin T” for males, controlling, consuming, forceful seducer, aggressive, protective, energy, drive, zeal, desire, life force
  - In Females: present in variable amounts, needed and wanted, in the right amounts

- **Progesterone**
  - “Sister of Estrogen” – Powerful, intermittent guest appearances, can reverse effects of estrogen, can be stormy but a pre-cancer to allopregnenolone (“internal chill pill”)
Could I interest you in one of these perhaps?

- **Oxytocin**: Powerful in male/female, but different in release & action somewhat, binding "the glue" possession, desire, nurture, more please...
- Increasing body of evidence supports high significance of oxytocin in males and females.
- Male Social Butterfly hormone, increases desire to connect in active, male way (as does oxytocin). Not to be underestimated!
- Related to testosterone & oxytocin.
- "Genesis" – precursor of testosterone & estrogen, high amounts in youth, dwindles in older ages.
- Resource of all hormones, omnipresent.

But wait! There’s more!

- You are stressing me out!
- + / -, needed, loved, hated, quite a bundle.
- Creates testosterone in the ovaries.
- Decreases at menopause, follows cessation of ovarian function.
- Calming, stress neutralizer, related to progesterone.
- Loss of this hormone related to PMS (days before menses).

So.... What does this have to do with Sex?

EVERYTHING!!!!

- Social attachment behavior is controlled by these neuro hormones made in the pituitary & hypothalamus.
- When experiencing love, lust, trust:
  - Males experience effects of vasopressin & oxytocin stimulated by testosterone and triggered by sexual orgasm.
  - Females experience release of dopamine & oxytocin, triggered by touch, talk, giving/receiving sexual pleasure, and orgasm.
Chemistry and Fashion

Sexual Coupling & Satisfaction

- Oxytocin released in female brain
- Vasopressin released in male brain
- Dopamine increase in both partners
- Ahhh Pleasure has arrived!
How do you define sexual satisfaction?

The Journal of Sex Research gathered the written responses of 449 women and 311 men in committed relationships. The results were varied, but they were split into two themes:

- Personal sexual well-being
- Dyadic processes (aka what happens between two people).

Conclusion:

- "The emotional experience of frequent mutual sexual pleasure."

- Of note what was missing: Size of penis, breasts, "wetness", erections, many partners

- Media version of sexual satisfaction bogus
“What happens if the check engine light comes on?”

Whoa! Yikes!

Whoa! - Textbook Answer

Yikes! - Unlikely Answer

How do hormones set up our brains and influence sexual behavior?
The Biggest Sex Organ Award

Ironically, in order to have "great sex", that very master of hormones needs to "shut off" (kinda).

Really?

Yes, Really.

This is why "vacation" sex works. Just need to get that mindset at "home."

Ironically, in order to have "great sex", that very master of hormones needs to "shut off" (kinda).
“Are you saying this is all in my head?”

Yes.... And ... No. Clear enough?

Mind | Body

Balance is Key in Sexual Health

Emotional Health

Physical Health
What Constitutes a Sexual Problem?

- Physiological dysfunction
- Altered experiences
- Own perceptions and beliefs
- Partner's perceptions and expectations
- Altered circumstances
- Past experiences

Sexual Health Check List

**Female**
- Stressors
- STI screening
- GYN Exam
- Labs, Hormones including testosterone

**Male**
- Stressors
- Lifestyle
- Underlying diseases
- STI screening, GU exam
Ladies first ...

Stress

Medical Issues

Lack of fitness

Med Side Effects

Partner with Issues

Lifestyle Bad Habits

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Female and Male

Negative Perceptions About Sex

Fear of not being perfect

--------------------------------------------------

Difficulty or inability to reach orgasm

- (10-15%) of sexually active women have never truly had an orgasm

- Body image issues, fear of rejection, past experiences, eating disorders - all make it hard to relax and have fun during sex

- Expectation that one is supposed to me like movies (mainstream, porn, books, magazines)

- Perception that sex is only to keep the partner, not themselves happy
Hypoactive Sexual Desire Disorder

Female

HSDD was defined as “the persistent or recurrent deficiency (or absence) of sexual fantasies/thoughts, and/or desire for or receptivity to sexual activity, which causes personal distress.”

Female Sexual Disorders: DSM IV

- Classification of Female Sexual Disorders
  - Sexual desire disorders
    - Hypoactive sexual desire disorder
    - Sexual aversion disorder
  - Female sexual arousal disorder
  - Orgasmic disorder
  - Sexual pain disorders
    - Dyspareunia
    - Vaginismus
    - Other sexual pain disorders

A consensus conference in 1999 defined four categories of female sexual dysfunction:

- Characterized by a disturbance in the processes of the normal sexual response cycle or by pain associated with sexual intercourse*.

- Most definitions of a sexual dysfunction require that the condition causes distress for the patient. Women who have a condition but do not suffer distress can be argued to not have a clinically significant malady.

*According to the APA (1994)
What Treatment Options/Suggestion can you provide your patients?

- **Hormone Therapy**
  - Estrogens/SNRI/ Testosterone
  - Where is the female Viagra? Ongoing active trials (NIH)
  - Complex sexual response; PD5s may be helpful for women on SSRI, Bupropion may also be helpful
  - Estrogen therapy
  - Testosterone therapy (not yet FDA approved, but used) side effects +/-

- **Sex Therapy**
  - Ongoing active trials (NIH)
  - Complex sexual response, PD5s may be helpful for women on SSRI, Bupropion may also be helpful
  - Estrogen therapy
  - Testosterone therapy (not yet FDA approved, but used) side effects +/-

- **Lifestyle Suggestion**
  - Ongoing active trials (NIH)
  - Complex sexual response, PD5s may be helpful for women on SSRI, Bupropion may also be helpful
  - Estrogen therapy
  - Testosterone therapy (not yet FDA approved, but used) side effects +/-

Hormone Therapy: Female

- Not FDA overseen
- Caution with use as no great EBM data
- Patient belief that “natural is better”
- Abundant “medical esque” inter net and late night adds (male and female)

“I want to but…….”

**Dyspareunia** Painful intercourse

- Female & Male
- Physical causes
- Psychogenic causes
- Not impossible!
Dyspareunia

- Physical Exam
- STI screening
- UA
- Imaging (US, MRI)
- Low threshold for referral to GYN, URO, PMR

Looking for Cause

- Congenital
- Acquired
- Vaginismus
- Vulvar Vestibulitis Syndrome (VVS)
- Atrophy
- Peyronie’s
- Prepuce tethering

Etiology of chronic pelvic pain

- Pelvic pathology
  - Deep endometriosis
  - Adhesions
  - Ovarian cysts...
  - Ovary: hydro-/cystocele, epo
  - Uterus: adenomyosis, myoma
  - Pelvic floor and retroversion
  - Pelvic congestion
  - Chronic PID
  - Chronic EUG
- Intestinal pathology
  - Colon, appendix, small bowel
  - Functional and organic
  - Interstitial cystitis
  - Referred pain from sacroiliac joint
  - Nerve entrapment in the wall
10/9/2013

75 min visit... and we are talking about what?
- Communication
- Communication
- Communication
- Readiness for sex
- Lubrication
- Positioning

"This is a very common problem. I am so happy you and I are going to talk about this today. I hope this may be the beginning of a lot of healing and new growth."

"Women have very complex sexual responses. I wish it could be as easy as a pill or patch, but in the end going on this journey will be a lifelong source of pleasure for you."

"Physically we will look at every way to help make this not only better, but the best is yet to come. You can do this!"
Now for the gentlemen ...

Multiple Issues at hand
- Male sexual dysfunction is a problem with 1 of the 4 main components of male sexual function (libido, erection, ejaculation, orgasm) that interferes with interest in or ability to engage in sexual intercourse.

What are the treatment options in Men?
- Hormone Therapy
- Medication Therapy
- Lifestyle Therapy

Testosterone Therapy: Potential Benefits / Potential risks
- Improve muscle mass and strength
- Increase bone mineral density
- Thicken body hair and skin
- Improve sexual desire
- Boost energy
- Decrease irritability and depression
- Improve cognitive function
- Cause skin reactions
- Cause fluid retention
- Cause baldness
- Cause or aggravate sleep apnea
- Stimulate noncancerous growth of the prostate and cause or worsen urinary symptoms
- Stimulate growth of prostate cancer that's already present
- Enlarge breasts
- Stimulate growth of breast cancer that's already present
- Cause testicle shrinkage
- Limit sperm production
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Erectile Dysfunction

- Treatments for erectile Dysfunction
  - Simple measures - education, advice, self help books
  - Psychological - therapy for couples or for single men individually or in groups
  - Oral drugs – PDE5’s
  - Topical vasodilators
  - Intra-cavernosal drugs - prostaglandin E1
  - Vacuum devices
  - Prosthetic implants
  - Surgery for venous leak

“I saw it on TV... I tried a friend’s.”

<table>
<thead>
<tr>
<th></th>
<th>Viagra</th>
<th>Levitra</th>
<th>Cialis</th>
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</thead>
<tbody>
<tr>
<td>How to take</td>
<td>Without food, no more than once a day</td>
<td>Without food, no more than once a day</td>
<td>Without food, no more than once a day</td>
</tr>
<tr>
<td>When to take</td>
<td>30 to 60 minutes before sex</td>
<td>30 to 60 minutes before sex</td>
<td>30 minutes before sex</td>
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<tr>
<td>Time an erection is possible</td>
<td>Up to four hours</td>
<td>Up to four hours</td>
<td>Up to 36 hours</td>
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“Conversation Points”

“You are not alone. This is a very common issue and we have several ways to approach this. Let’s talk a bit more about your individual situation.”

“This is an important health issue. I am so glad that we are talking about this right now. There are many things that can be tried and good news – pills are not the only way to go!”

“I appreciated your honesty. I know it is not easy for you to bring it up with me today. I applaud you for wanting to take this part of your life healthy. By asking on this, you will likely find you seek after health in every way. What could be better than that!”
Premature Ejaculation: when a man has an orgasm sooner during intercourse than he or his partner wishes.

Practice and relaxation should help you deal with the problem. Some men try to distract themselves by thinking non-sexual thoughts (such as naming baseball players and records) to avoid getting excited too fast.

There are several helpful techniques you can try.

The "stop and start" method

The "squeeze" method:

Anticholinergics (diphenhydramine) Antidepressants such as Prozac and other selective serotonin reuptake inhibitors (SSRIs) may be helpful because one of their side effects is to prolong the time it takes to reach ejaculation.

You can apply a local anesthetic cream to the penis to reduce stimulation. Decreased feeling in the penis may delay ejaculation. Condom use may also have this effect for some men.

The PLISSIT Model, Anon 1974

- **Permission (P)**
  - The practitioner creates a climate of comfort and gives permission to clients to discuss sexual concerns, often introducing the topic of sexuality, thereby validating sexuality as a legitimate health issue.

- **Limited Information (LI)**
  - The practitioner addresses specific sexual concerns and attempts to correct myths and misinformation. This is reserved for relatively straightforward, noncomplex problems.

- **Specific Suggestions (SS)**
  - The suggestions from the therapist may be very specific, such as activities to incorporate or to avoid in the bedroom that may lead to desensitization of the problem.

- **Intensive Therapy (IT)**
  - Treatment of depression, anxiety disorders, obsessive-compulsive disorder, personality disorders, or substance abuse, or by interpersonal or intrapersonal conflicts.

Focus in on underlying, maybe even buried, reasons for sexual anxiety/dysfunction

- Helps couples recognize both people have individual roles needs and needs as a couple, and both needs must be met.

- Can help couples with weekly homework and strategies for resuming, improving, or ending their sexual relationships.

- Helps individuals/couples recognize the role of sexual desire and the cycle of desire. How time, age, affairs may change the place in the cycle they may be
The 5 “T’s”

“A Tired Woman’s Guide to Passionate Sex”
Laurie Mintz, PhD

- Thoughts
- Talk
- Time
- Touch
- Trysts

Lifestyle / Activity

- Healthy active lifestyle will do wonders for keeping sexual desire, performance and stamina to maximum levels at all ages.
- Healthy diet will help with sperm quality, sexual stamina and endurance and even the taste of sperm.
- Staying active and engaged in hobbies and playing with your partner increases release of oxytocin in men (comparable to the release during sex for women).
- Cardiovascular benefits go along with sexual benefits: You are working on two issues at once!

Healthy Life Style :-) Better Sex

- Physical Activity, not being “busy”
- Exercise/fitness routine
- Healthy diet, no junk food
- Avoid excess alcohol, tobacco, and IDU
- Making time for sex/intimacy
- Positive relationships
Special Circumstances

- Back Pain
- Arthritis
- Spinal Cord injuries
- Neurologic disorders
- Mentally Challenged
In summary:
- Sex is a vital and intrinsic part of the human experience.
- Opportunity to educate and advocate on many levels.
- Sex is something people have as a common source of concern, anxiety, and hopefully great pleasure.
- Talking with our patients about their needs, fears, and concerns is key. Helping them to understand we are on their side in working through sexual issues is critical.

Ahhh…… Done

Where to go on the internet
- www.cdc.gov – excellent, all your need is here, all your links, all your STATS!
- www.goaskalice.org – excellent, Columbia University site, simple Q and A
- www.babeland.com – excellent for lesbians, homosexual males, heterosexual, liberal site
- www.iwannaknow.org – good for teens, college age
- ACOG, Planned Parenthood, all great sites
- Ian Kerner, PHD – ianKerner.com
- Laura Berman, PHD – LauraBerman.com
other sources...

- "A Tired Woman’s Guide To Passionate Sex" Laurie Mintz, PhD.
- Moregasm! Babeland Press
- "The Female Brain” and “The Male Brain” Louann Brisendine, MD
- Several Clip art pieces from Anne Taintor