Part 2 Sexual dysfunctions and their treatment

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Associate Specialist

• Derbyshire Integrated Sexual Health Service
• Sheffield Sexual & Relationship Therapy Service
Male Sexual Dysfunctions

• Hypoactive sexual desire disorder
  – Reduced/absent sexual thoughts, fantasies, desire for sexual activity

• Erectile disorder
  – Difficulty attaining/ maintaining/ marked decreased rigidity
Male Sexual Dysfunctions ctd

- Premature (early) ejaculation
  - Ejaculation within 1 minute of penetration and before the individual wishes it

- Delayed ejaculation
  - Marked delay/anejaculation
  - No consensus on time

- Genito pelvic pain/penetration disorder
Female Sexual Dysfunctions

• Sexual interest/arousal disorder - 3 of:
  – Absent reduced interest in sex
  – Absent/reduced erotic thoughts / fantasies
  – No/reduced initiation or unreceptive to partners attempts to initiate
  – Absent/reduced sexual interest/arousal in response to written/verbal/visual erotic cues
  – Absent/reduced sexual excitement / pleasure during sex
  – Absent /reduced genital/non-genital sensations during sex

• Orgasmic disorder
  – Marked delay, infrequency/absence
  – Marked reduced intensity of sensation
Female Sexual Dysfunctions ctd

- Genito-pelvic pain penetration disorder
  - Difficulty with penetration during intercourse
  - Marked vulvovaginal/pelvic pain during intercourse or penetration attempts
  - Marked fear or anxiety of pain in anticipation of, during, or as a result of vaginal penetration
  - Marked tensing or tightening of the pelvic floor muscles during attempted penetration
DSM 5

- Patient distressed by the problem
- Symptoms present 75-100% occasions
- Min 6 months duration
- Specify whether
  - Lifelong/acquired
  - Generalised/situational
- Specify severity
  - Mild, moderate, severe
Sexual difficulties lasting over 3 months

NATSAL 3
# Experienced sexual difficulties for three or more months in the last year, by age and sex

*Aged 16-74, with at least one sexual partner in last year*, 2010-2012

<table>
<thead>
<tr>
<th>Experienced sexual difficulties</th>
<th>Age at interview</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>Total aged 16-44</th>
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<tbody>
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<td>Men</td>
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<td>Lacked interest in having sex</td>
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<td>Physical pain as a result of sex</td>
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<td>No excitement or arousal during sex</td>
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<tr>
<td>No orgasm or took a long time to reach orgasm, despite arousal</td>
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<td>9</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>10</td>
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<tr>
<td>Reached orgasm more quickly than would have liked</td>
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<td>19</td>
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<td>10</td>
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<tr>
<td>Trouble in achieving or maintaining erections$^b$</td>
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<td>Women</td>
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<td>Lacked enjoyment in having sex</td>
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<td>Anxiety during sex</td>
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<td>No excitement or arousal during sex</td>
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<td>9</td>
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<tr>
<td>No orgasm or took a long time to reach orgasm, despite arousal</td>
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<td>15</td>
<td>16</td>
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<td>16</td>
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<td>Reached orgasm more quickly than would have liked</td>
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<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Uncomfortably dry vagina$^b$</td>
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<td>8</td>
<td>14</td>
<td>27</td>
<td>20</td>
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<tr>
<td>Two or more of these problems</td>
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<td>23</td>
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<td>19</td>
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<td>28</td>
<td>18</td>
<td>22</td>
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</tr>
</tbody>
</table>
Causes of sexual problems

• Often a result of a complex interaction of contributing factors
  – Biological
  – Psychological
    • Underlying vulnerabilities (predisposing)
    • Triggering events or experiences (precipitating)
    • Maintaining factors
Biological factors - Desire

- **Hormones**
  - androgen deficiency
    - oophorectomy, adrenal insufficiency, medication, other medical conditions
  - Hyperprolactinaemia
  - Hypothyroidism
  - Estrogen deficiency in women
    - post menopause, breast feeding

- **Psychiatric conditions**
  - Anxiety depression substance misuse

- **Chronic medical conditions:**
  - Diabetes
  - Anaemia
  - Obesity
  - Cardiac failure
  - Renal failure
  - Chronic pain
Biological factors - Arousal

- Age
- Vascular disease
  - Hypertension, coronary heart disease
- Neurological
  - Multiple sclerosis, spinal cord injuries
- Hormones
  - Androgen deficiency
    - Oophorectomy, adrenal insufficiency, medication, other medical conditions
  - Hyperprolactinaemia
  - Estrogen deficiency in women
    - Post menopause, breast feeding
- Diabetes
- Psychiatric conditions
  - Anxiety depression substance misuse
- Pelvic conditions:
  - Surgical / radiation damage, eg post prostatectomy in men
  - Genital tract cancer
## Artery size and Atherothrombosis

<table>
<thead>
<tr>
<th>Artery</th>
<th>Size (mm)</th>
<th>Clinical Event</th>
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</thead>
<tbody>
<tr>
<td>Penile</td>
<td>1-2</td>
<td>ED</td>
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<tr>
<td>Coronary</td>
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<td>CAD</td>
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<tr>
<td>Carotid</td>
<td>5-7</td>
<td>TIA/CVA</td>
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<tr>
<td>Femoral</td>
<td>6-8</td>
<td>Claudication</td>
</tr>
</tbody>
</table>
Biological factors - Orgasm/Ejaculation

• Premature
  – Genetic susceptibility
  – Anxiety
  – Hyperthyroidism

• Delayed
  – As for desire and arousal
  – Pelvic floor weakness/damage
  – Peripheral neuropathy
Biological factors – Genitopelvic Pain

• Infection
• Skin dermatosis
• Neuropathy
  – Diabetes, Pudendal Canal syndrome
• Trauma, surgical adhesions
• In Men
  – Peyronies
  – Ejaculatory duct stones
  – Urethral strictures, epididymal cyst, varicocoele
• In women
  – Vestibulodynia (provoked /unprovoked)
  – Vaginismus (reflex contraction of vaginal muscles)
  – Insufficient lubrication (see arousal disorders)
  – Endometriosis
  – Pelvic tumour
  – Pelvic congestion
  – IBS, constipation
Substance/Medication induced dysfunction

<table>
<thead>
<tr>
<th>Substance/Medication</th>
<th>Desire</th>
<th>Arousal</th>
<th>Orgasm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychotropics</strong></td>
<td></td>
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</tr>
<tr>
<td>Antipsychotics</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Barbiturates</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Benzodiazepines</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Lithium</td>
<td>+</td>
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<tr>
<td>SSRIs / Tricyclics</td>
<td>+</td>
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<tr>
<td>MAOIs</td>
<td></td>
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<td>+</td>
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<tr>
<td>Trazodone</td>
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<tr>
<td>Venlafaxine</td>
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<tr>
<td><strong>CVS and antihypertensives</strong></td>
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<tr>
<td>Anti-lipids</td>
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<tr>
<td>Betablockers</td>
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<tr>
<td>Clonidine</td>
<td>+</td>
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<tr>
<td>Spironolactone, Methyl Dopaa</td>
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<tr>
<td><strong>Hormonal preparations</strong></td>
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<tr>
<td>Danazol</td>
<td></td>
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<tr>
<td>GnRh agonists</td>
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<tr>
<td>GnRn analogues</td>
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<tr>
<td>Hormonal contraceptives</td>
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<tr>
<td>Antiandrogens</td>
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<tr>
<td>Tamoxifen</td>
<td>+</td>
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<tr>
<td><strong>Other</strong></td>
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<tr>
<td>H2 receptor blockers</td>
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<tr>
<td>Phenytoin</td>
<td>+</td>
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<tr>
<td>Aromatase inhibitors</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Chemotherapeutics</td>
<td>+</td>
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<tr>
<td>Anticholinergics</td>
<td>+</td>
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<tr>
<td>Narcotics, amphetamines, anorexics</td>
<td>+</td>
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</table>

*Note: + indicates an effect on the respective function.*
Underlying vulnerabilities (Predisposing factors)

- Family attitudes to sexuality and relationships
- Family relationships
- Inadequate information about sexuality
- Traumatic early sexual experiences
- Early insecurity in psychosexual development
When problems may arise (Precipitating factors)

- Pregnancy/childbirth/miscarriage/stillbirth/termination
- Infertility / loss of fertility
- Discord in couple relationship
- Infidelity
- Change of body image – colostomy, hysterectomy, mastectomy
- Dysfunction in partner
- Depression and Anxiety
- Psychosexual effect of ageing
- Random failure
- Traumatic sexual experience
Maintaining factors

• Performance Anxiety
• Anticipation of failure
• Poor communication between partners
• Discord in general relationship
• Impaired self image
• Inadequate information about sexuality
• Restricted foreplay
Relationship Problems

• Everyone has positive and negative feelings toward partner
• People in happier relationships keep the dynamic between these feelings positive
• 70% disagreements are rooted in fundamental differences of lifestyle, personality or values and can’t be resolved by conflict but by acceptance, honour and respect
• These behaviours can be nurtured
Where we might meet a sexual problem

- General practice
- Sexual Health Clinic
- Gynaecology and cancer units
- Termination of pregnancy services
- Ante or post natal settings
- Urology clinic
- Diabetic clinic
- Cardiology clinic
Why is this so difficult for health care professionals?
Why is this so difficult for health care professionals?

- Lack of training in sexual problems and how to talk about sex
- Fear of recognising/exposing your own feelings about sexual matters
- Lack of time in clinics
- Discomfort with not being able to ‘fix’ a problem (medical model)
Ability to talk to partner about sex

<table>
<thead>
<tr>
<th>Always finds it easy to talk to partner(s) about sex</th>
<th>Age at interview</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
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<td>30</td>
<td>26</td>
<td>25</td>
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</tbody>
</table>
First Steps we can all do to help

- Recognise and acknowledge problem with patient
- Stay with it & consider examination to reveal what patient feels about their body
- Listen – this may be the first time patient has found a non-judgmental source of help
- Share distress and acknowledge you do not have all the answers
- Invite back – you may have started the healing process
History Taking - General

- **Context**
  - Time available
  - Privacy
  - Position of chairs
  - Interpreter

- **Comfort talking about sexual issues**
  - Experience
  - Diagrams
  - Eye contact, active listening, empathy, non-judgmental response,
  - Clarifying meanings of terms used – clarifying and using correct anatomical terms can help patients become more confident and ease embarrassment
  - Standard question list ‘we know that sexual problems are sometimes experienced by people with this sort of condition’
History Taking - Questions

• Listen to patients description of problem
• How often patient feels sexual interest, desire
• How easy or difficult is it to fantasize
• How much and what types of stimulation are needed to become aroused
• Confidence and frequency of achieving orgasm
• For men, any concerns about ejaculation
• Any pain on sex? - when, where, type, frequency, duration
• Whether difficulties are only with partner sex or also with masturbation
• When did the problem start, anything else going on in life at the time?
• Any factors that make the problem better or worse?
Specific questions for erectile dysfunction

• What percentage of erection is achieved compared to before?
• Any problems maintaining erection?
• Any difference in erections in different circumstances?
  – Early morning
  – Foreplay, intercourse
  – Masturbation vs with partner
History taking continued

- Sexual orientation
- Any history of sexual abuse/unwanted sexual activity
- How long been in current relationship
- How getting on in terms of commitment, communication, managing conflict.
- Medical, mental health, surgical, family history
- O&G history for women
- Medications, non-prescribed drugs, alcohol, smoking
Examination/Investigations

• Medics can examine patient
  – Education / reassurance
  – Can assess perceptions / beliefs / attitudes
    • ‘I couldn’t do your job—how awful to have to look at private parts all day’
    • ‘I can’t be examined today—I haven’t showered’
    • Giggling/embarrassment
    • Detachment
    • ‘I’m too small for that speculum’
  – Assess loss of genital sensitivity / tenderness / pelvic muscle tone
  – Normal examination can be very informative

• Blood tests - Guided by history, symptoms
ED - Specialist Investigations

Nocturnal rigiscan
ED - Specialist Investigations

Penile Doppler Ultrasound

Normal

Veno-occlusive disorder
Modifiable Risk factors for ED

- Sedentary lifestyle
- Obesity
- Smoking and alcohol
- Diabetes
- Hypertension
- Hyperlipidaemia
- Drugs
- LUTS
Possible physical treatment - men

- Low desire
  - Testosterone gel / IM (oral) if deficiency
  - Dopaminergic antidepressants (unlicensed)

- Erectile Dysfunction
  - PDE5 inhibitors
    - Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra), Avanafil (Spedra)
  - Intracavernosal alprostadil (Caverject, Viridal duo)
  - Intraurethral Alprostadil (MUSE, Vitaros)
  - Vacuum pumps and constriction rings
  - Surgical Penile Implants

- Premature Ejaculation
  - SSRIs (on demand or daily)
  - Local anaesthetic sprays cream, condoms
Possible physical treatment women

- Desire / Arousal problems
  - Sensual lubricants
  - Dopaminergic antidepressants (unlicensed)
  - PDE5 inhibitors (unlicensed)
    - MS/ diabetes / SSRI induced
  - HRT if postmenopausal
    - Local / systemic oestrogen
    - Plus testosterone gel (unlicensed)
    - Tibolone
  - Vaginal moisturisers

- Orgasm problems
  - Sensual lubricants
  - Devices – vibrators etc

- Pain/penetration disorder
  - Lubricants,
  - local anesthetic gel
  - vaginal dilators
  - Neuropathic pain modifying drugs – amitryptilline, pregabalin
PLISSIT Model

- Permission giving
- Limited Information
- Specific Suggestions
- Intensive Treatment
Psychosexual Therapy

• Psychodynamic (depth) psychotherapy
  – Focuses on unconscious and past experiences to establish why someone behaves the way they do now.
  – Difficult childhood memories involving relationships with parents and significant others can be suppressed or denied and sit in the unconscious mind. Addressing painful memories and feelings can enable them to let go in order to move on and form more constructive relationships with others.
Cognitive Behavioural Therapy

- Aims to help a person manage problems by analysing thoughts, feelings and behaviours in the here and now and how they are interconnected. CBT techniques are then used to help patients challenge negative thoughts and beliefs about themselves, others or the world. Patients are often given specific homework tasks e.g. a thought diary to practice their skills.
Behavioural Techniques

• Relaxation exercises
  – Help patients think more clearly and focus more easily

• Pelvic floor relaxation exercises

• Sensate focus
  – Progress basic intimacy from spending time together, holding hands, non genital touching.
  – Therapist sets boundaries for each stage
  – Gradually programme becomes more intimate progressing to foreplay and full penetration

• Stop start technique for PE
  – Masturbatory programme using an arousal scale 1-10 encourages awareness of stages of arousal and ‘point of no return’
Mindfulness

• Being present in the moment we are in, rather than thinking about what we have just done or are going to do or what might happen in the future

• Encourages focus on body sensations and practicing tuning out negative or distracting thoughts
Systemic therapy

- Derived from family therapy
- Approaches problems in a practical rather than analytical way
- Looks at patterns of behaviour between people in order to address negative and stagnant patterns and introduce more positive interactions
Integrated / MIST Therapy

- Multi Intervention Sexual Therapy Integrates
  - Relationship counselling
  - Sexual therapy
  - Medical treatments
  - Physical treatments
  - CBT, psychodynamic couple therapy

- More effective than individual interventions
  - Holistic approach for individuals or couples
Summary

- Awareness of physician
- Develop confidence to discuss sexual matters with a patient based approach and without judgment and embarrassment
- History taking to elicit physical, psychological and relationship perspectives
- PLISSIT
Reading list

• ABC Sexual Health
  – 3rd edition, 2015, John Wiley & Sons Ltd

• 7 Principles for Making Marriage Work
  – Gottman and Silver
Contact Details

• IPM (Institute of Psychosexual Medicine)
  Building 3, Chiswick Park, 566 Chiswick High Road, London, W4 5YA. 020 7580 0631
  www.ipm.org.uk

• CoSRT (College of Sexual and Relationship Therapists)
  PO Box 13686, London, SW20 9ZH. 020 8543 2707
  www.cosrt.org.uk
Contact Details ctd

- RELATE  www.relate.org.uk  0300 100 1234

- Sexual Advice Association
  www.sexualadviceassociation.co.uk
  0207 486 7262

- British Society for Sexual Medicine (BSSM)
  www.bssm.org.uk

- VULVAL PAIN SOCIETY
  www.vulvalpainsociety.org