

# Why We Need To Talk About Sex

Anne Koplin, MD

Pelvic Health Collaborative CME  
March 9th, 2016

# Why We Need To Talk About Sex

- Anne Koplin, MS, MD
  - Medical Director Dean Foundation
  - Tel Aviv University

- Ayla Green, MD
  - University of Queensland, Australia

- Authors have no financial disclosures
- 

# About Me

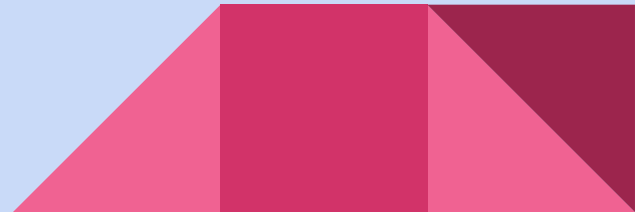


- Training
- Dean trials
- [Loveandmedicine.com](http://Loveandmedicine.com)

# Objectives

Upon Completion of this lecture participants will:

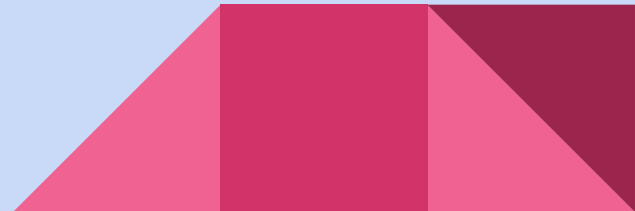
- Understand the importance of sexual health to overall physical and psychological well being.
- Feel more comfortable talking about identifying and discussing sexual health concerns with patients.





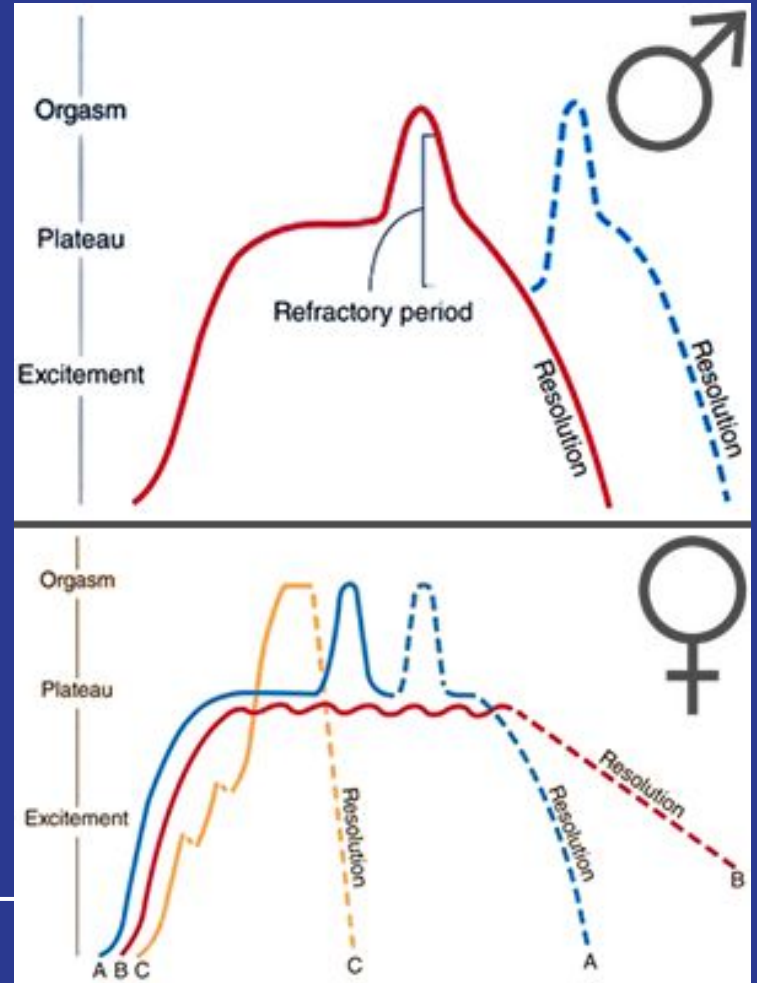
# Definition

Sexual Health- “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (*WHO, 2006a*)

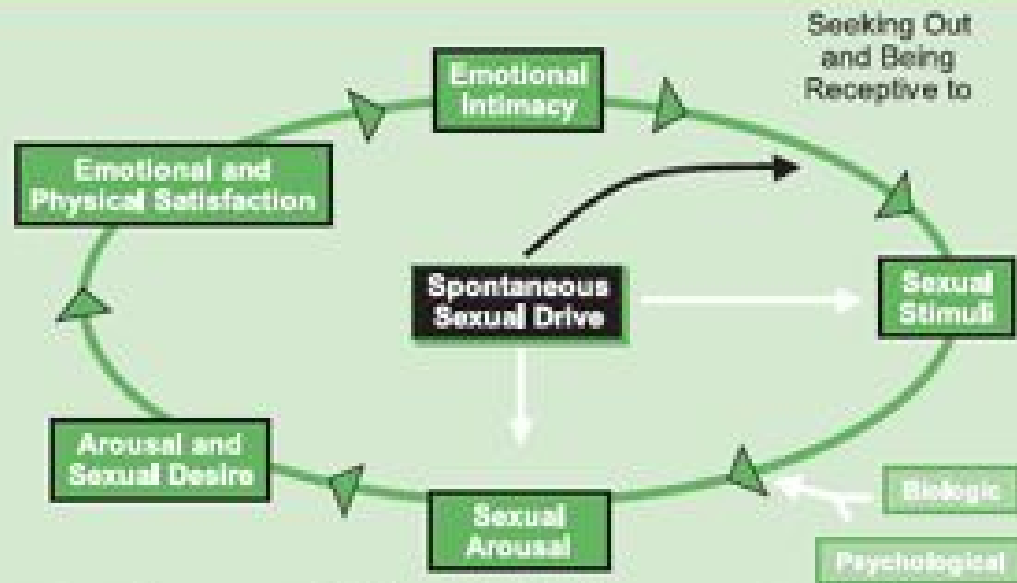


# Sexual Response Cycles

Males and Females



**FIGURE 3. Non-linear Model of Female Sexual Response**  
Developed by Basson<sup>6</sup>

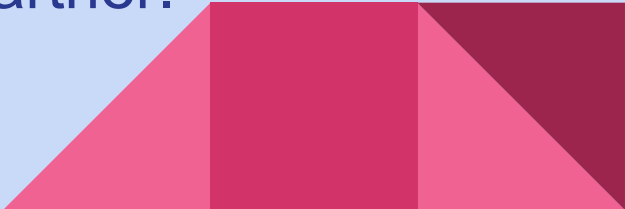


Basson's non-linear model acknowledges how emotional intimacy, sexual stimuli, and relationship satisfaction affect female sexual response.



# Sexual Desire

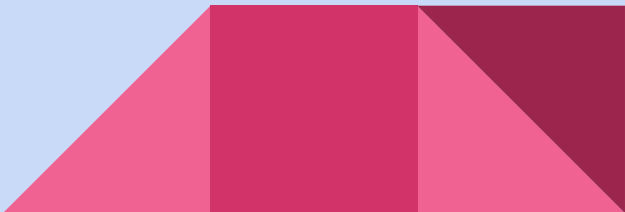
Sexual desire is a fascinating interplay of biological, psychological and cultural factors. A healthy sex life in a loving relationship is a key component to happiness, general health, and well-being. While we know one's libido ebbs and flows, a prolonged lack of sexual desire should not be ignored. HSDD patients are missing out on the important benefits of sex: for pleasure, exercise, stress relief, pain reduction, and special intimacy with their partner.



# Benefits of Sex (the short list)

- Improvement in body image and mood- feeling desired
- Improved intimacy with partner
- Form of exercise- 4 calories/min for men, 3 for women
- Pain relief- back, leg, menstrual cramps, migraines
- Boosts libido- 'kindling' effect, lubrication increases


# Benefits of Sex Continued

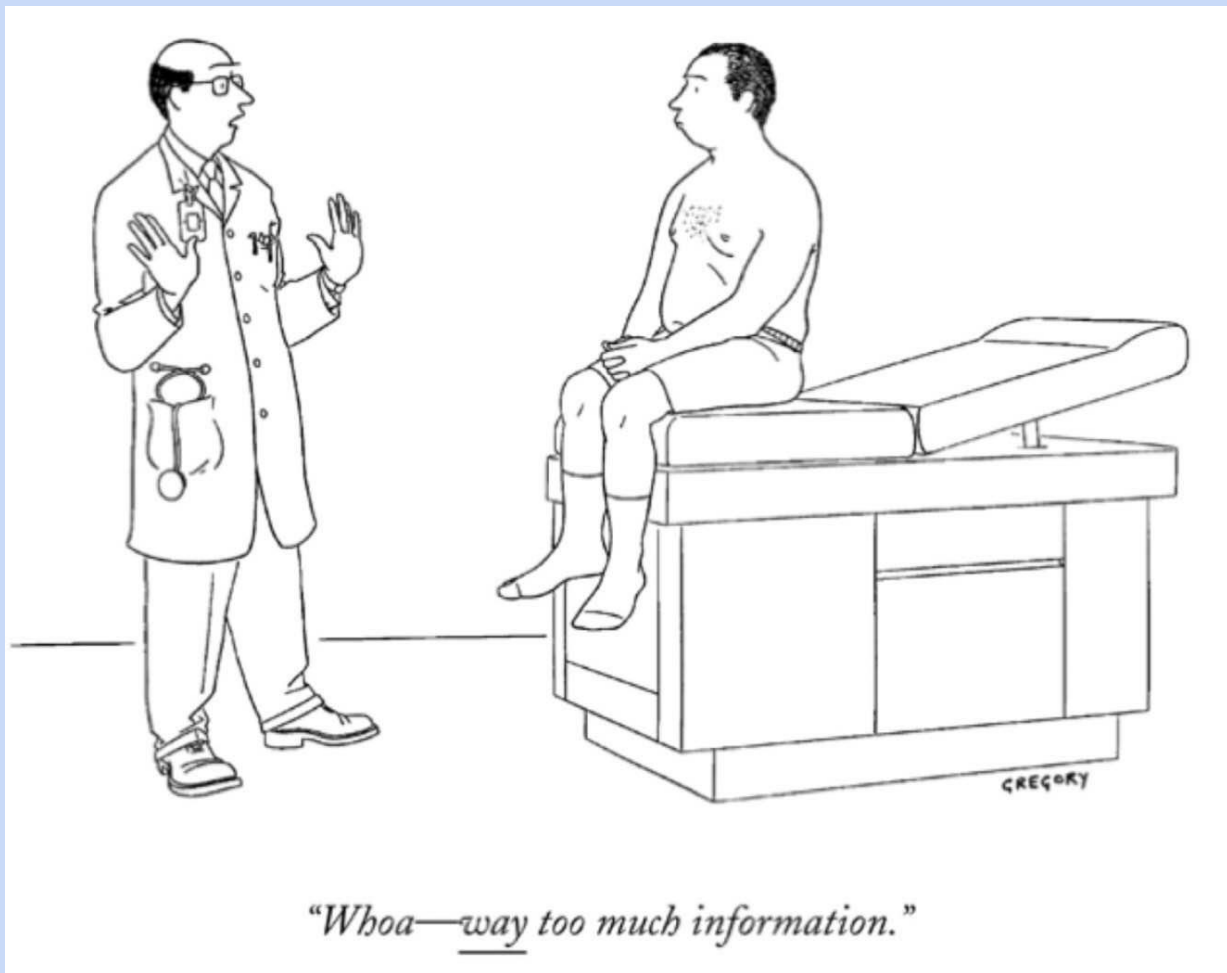
- Improved immunity- inc IgA with sex 1-2x week
  - Improves sleep- prolactin and oxytocin release
  - Heart health
  - Decreases age related atrophy- by increasing lubrication and blood flow
  - Improved bladder control- strengthens pelvic floor muscles, doing Kegels during sex
  - May reduce prostate cancer risk
- 

# American Journal of Sexuality Education

## 3/2014

Study of 500 adults

- 85% would talk to their doctor about a sex problem
  - **71% felt their physician would dismiss their concerns**
  - 68% felt their physician would be uncomfortable talking about sex
  - 9% were asked about their sexual health during routine visits
- 



# What we don't talk about when we don't talk about sex

Comprehensive National Survey of U.S. Ob/Gyns

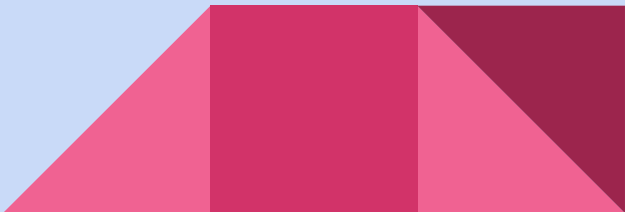
- $\frac{2}{3}$  ask about sexual activity
- Only 40% assess for sexual problems or dysfunction
- 29% ask about level of sexual satisfaction
- 28% confirm sexual orientation

# What we don't talk about when we don't talk about sex

- Female Ob/Gyn more willing than males
- Gynecology appointments more than prenatal
- Younger docs more than over 60 year old docs



# What we don't talk about when we don't talk about sex

- HIGH prevalence of sexual function concerns
  - $\frac{1}{3}$  of young and middle-age women and  $\frac{1}{2}$  of older women experience some type of sexual problem such as low desire, pain during intercourse or lack of pleasure
- 



**Average length of time for conversations between physicians and adolescents about sex = 36 seconds**



# Why Sex Questions are Not Asked

1. Not sure what to do with the answers...Pandora's Box
2. Fear of offending the patient
3. Generational obstacles
4. Fear of sexual misconduct
5. Considered another doctor's problem
6. Unfamiliar with certain sexual practices
7. Not considered a priority

# How to Broach the Subject

- A reflection of your relationship with your patient in general. Assurances of confidentiality and trust.
- Think of it as part of the review of systems. It has to be seen as a medical question. Include the question as a quality of life measure. ‘How is your current sexual relationship?’
- Be specific, not vague. “Are you having sexual concerns?” will give you nothing. What are your fears about sexual activity (after heart attack, after procedure)? Open-ended questions!

# How to Broach the Subject

- NORMALIZE- 'many women/men, after this procedure experience lack of interest, fear of not having an erection, fear of leakage during sex...' etc.



Growing older is a lot  
like playing basketball...



A little dribbling...  
A little traveling...  
And every now and then, you score.

# Case Study

*77 year old married male, enrolled in an Alzheimer's genetic marker study for healthy seniors. Both were widowed and met later in life on Facebook. Married 12 years, each have their own set of children. Meeting with partner, no complaints. No changes in cognition in the past 6 months. Meeting with subject, his only complaint is the lack of intimacy with his wife. She was diagnosed with breast cancer 2 years ago. Underwent mastectomy, radiation and is currently on Tamoxifen. No sexual interest since the cancer.*

# Case Study

**What is going on here?**  
**How can we help?**

# Case Study

- ❖ Body image issues
- ❖ Depression
- ❖ Anxiety
- ❖ Hormonal side effects of treatment
- ❖ HSDD
- ❖ Normal effects of aging

Treatable?



# Possible Treatments

- Alternatives to intercourse (cunnilingus revisited), sensate focus
- Promote communication
- Education and insight into causes
- Referral



# Disincentives to Sex in Married Women

- Fatigue
- Boring Sex
- Negative Body Image
- Familiarity breeds discontent



# HSDD (Hypoactive Sexual Desire Disorder)

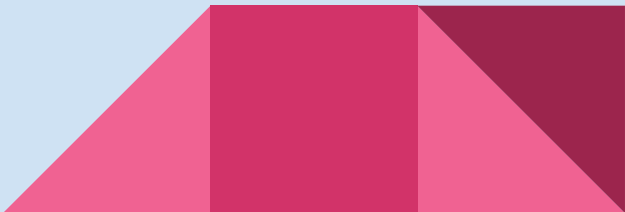
## Definition

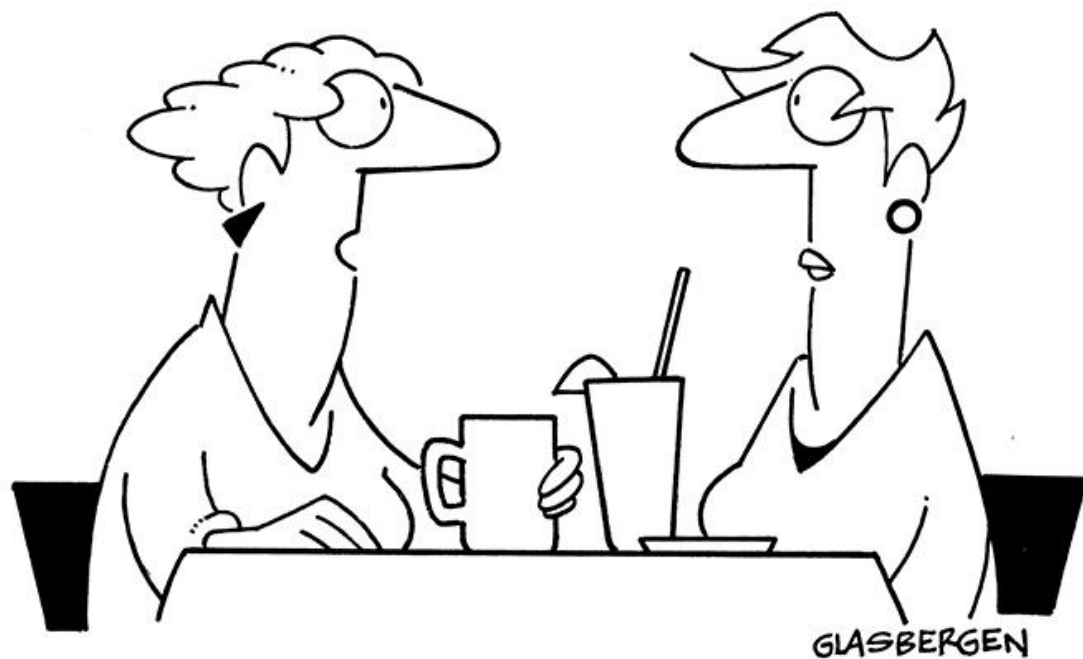
- The persistent or recurrent deficiency or absence of sexual fantasies, sexual thoughts or desire for sexual activity
- Causes marked distress or interpersonal difficulty
- Cannot be explained by other factors such as psychiatric or medical illness or medications
- May be lifelong or acquired
- May be generalized or limited

# HSDD

- The most common sexual disorder for both men and women
- One medication approved - flibanserin (nyl)
  - Bremelanotide in testing
- >20 treatments for male sexual dysfunctions
- Ramifications
  - Relationship
  - Vulvovaginal atrophy

# In summary...

- Sexual health is an often overlooked component of general well-being
  - Identify sexual dysfunction by normalizing concerns and including screening questions as part of a routine history
  - Multiple factors to sexual dysfunction - tailor treatment to the cause
  - More research is needed on the topic
- 



**“My husband and I make love 6 times a week.  
We outsourced our sex life to a young couple overseas.”**

## References

1. WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization.
2. Marwick C. Survey Says Patients Expect Little Physician Help on Sex. JAMA. 1999;281(23):2173-2174.
3. Sobecki JN, Curlin FA, Rasinski KA, Lindau ST. What We Don't Talk about When We Don't Talk about Sex: Results of a National Survey of U.S. Obstetrician/Gynecologists. J Sex Med. 2012;9(5):1743-6109. DOI: 10.1111/j
4. Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muircheartaigh CA, Waite LJ. A Study of Sexuality and Health among Older Adults in the United States. N Engl J Med 2007; 357:762-774. DOI: 10.1056/NEJMoa067423. DOI: 10.1056/NEJMoa067423.
5. Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muircheartaigh CA, Waite LJ. A study of sexuality and health among older adults in the United States. N Engl J Med. 2007;357(8):762-774.
6. Montalto NJ. Implementing the Guidelines for Adolescent Preventive Services. Am Fam Physician. 1998 May 1;57(9):2181-2188.
7. Nelson R. How to Talk to Your Patients About Sex. Medscape. Oct 15, 2015.
8. Sims KE, Meana M. Why Did Passion Wane? A Qualitative Study of Married Women's Attributions for Declines in Sexual Desire. J of Sex and Marital Therapy. 2010; 36(4)360-380. DOI: 10.1080/0092623X.2010.498727.
9. Warnock JJ. Female hypoactive sexual desire disorder: epidemiology, diagnosis and treatment. CNS Drugs. 2002;16(11):745-53
10. Leiblum S, Bachmann G, Kemmann E, Colburn D, Swartzman L. Vaginal Atrophy in the Postmenopausal Woman-The Importance of Sexual Activity and Hormones. JAMA. 1983;249(16):2195-2198. doi:10.1001/jama.1983.03330400041022.
11. Davis SR, Braunstein GD. Efficacy and safety of testosterone in the management of hypoactive sexual desire disorder in postmenopausal women. J Sex Med 2012; 12;9:1134–1148.

# Questions

