



School of Continuous
Professional Development

19TH ANNUAL
**WOMEN'S
HEALTH
UPDATE 2023**

March 23-25, 2023



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School of Continuous
Professional Development

**LET'S TALK ABOUT
SEX, BABY**

AN EVIDENCE-BASED APPROACH TO
WOMEN'S SEXUAL HEALTH

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Division of Women's Health Internal Medicine



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DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIP(S) WITH INELIGIBLE COMPANIES

- Nothing to disclose

REFERENCES TO OFF-LABEL USAGE(S) OF PHARMACEUTICALS OR INSTRUMENTS

- I will be discussing off-label pharmacologic treatments for hypoactive sexual desire disorder, female sexual arousal disorder and orgasmic disorder.

All relevant financial relationships have been mitigated.

- In this talk, the terms “woman”, “female”, and use of “she/her” pronouns refer to cisgender women

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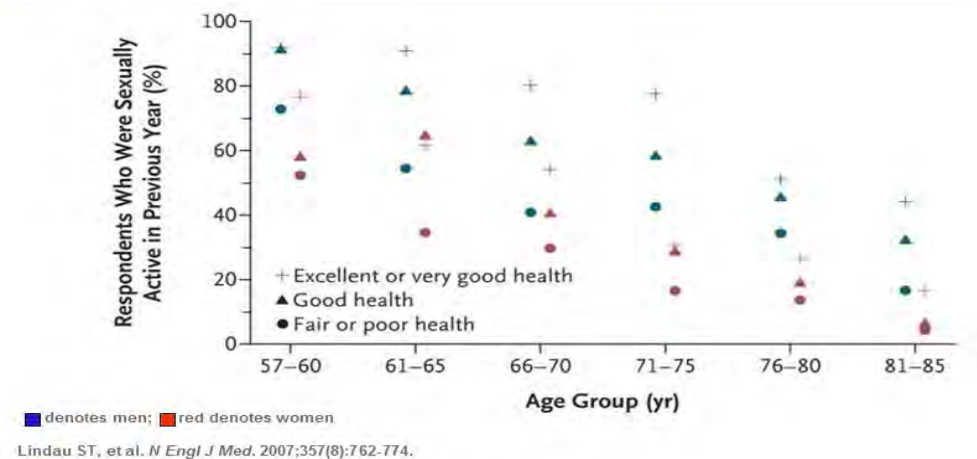
LEARNING OBJECTIVES

- Discuss an overview of female sexual function
- Develop differential diagnoses based on female sexual dysfunction categories
 - Desire
 - Arousal
 - Orgasm
 - Pain
- Demonstrate vulvovaginal exam techniques
- Describe a biopsychosocial approach to treatment including when and where to refer patients

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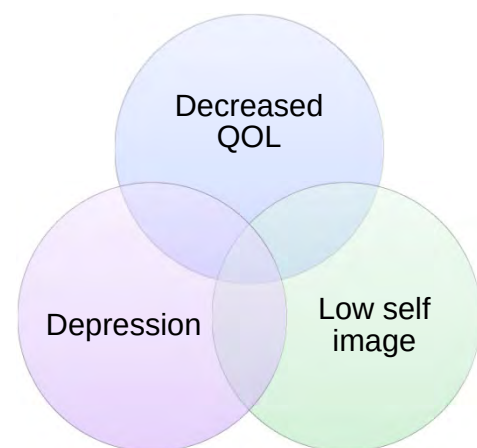
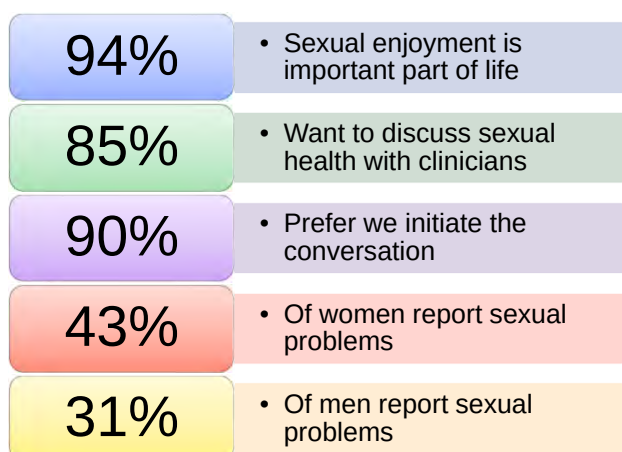
WHY SHOULD WE CARE?



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WHY SHOULD WE CARE?

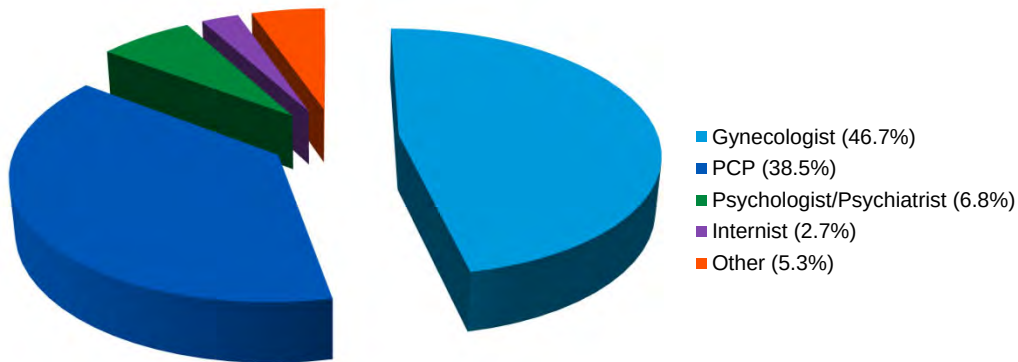


Laumann, Paik, & Rosen, 1999; Marwick, 1999
Kingsberg SA. JWH. 2014
Biddle AK, et al. Value Health. 2009.
Sadovsky R, Nusbaum M. J Sex Med. 2006.
The Women's Sexual Health Foundation. www.twshf.org/survey.html

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WHERE DO PATIENTS SEEK SEXUAL HEALTH TREATMENT?



Shifren JL, et al. J Womens Health. 2009;18(4):461-468.

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PATIENTS THINK THEIR DOCTORS DON'T CARE



Berman L, et al. Fertil Steril. 2003;79(3):572-576.

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PROVIDERS HAVE THEIR OWN WORRIES

I'm not sure if I'll know how to treat their issue

I never learned about this in medical school

We must first discuss their hypertension, immunizations, knee pain, mammogram, etc... (in 20 minutes!)

What if it embarrasses my patient to ask?



I'm not familiar with any treatments

Korenman, SG, 1998, Brokeman, CPM et al, 1994, Eid JF et al, 2001, Baum, N et al. 1998.

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JUST ASK

- Normalize it
- Use simple, direct language
- Be non-judgmental
- Be compassionate
- Ensure confidentiality



"What sexual health concerns do you have today? I ask all my patient this because its an important aspect of health. Anything you tell me is confidential."

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TYPES OF DESIRE

SPONTANEOUS

- Urge to seek sex without external cues or stimuli

RESPONSIVE

- Desire occurs in response to sexual stimuli

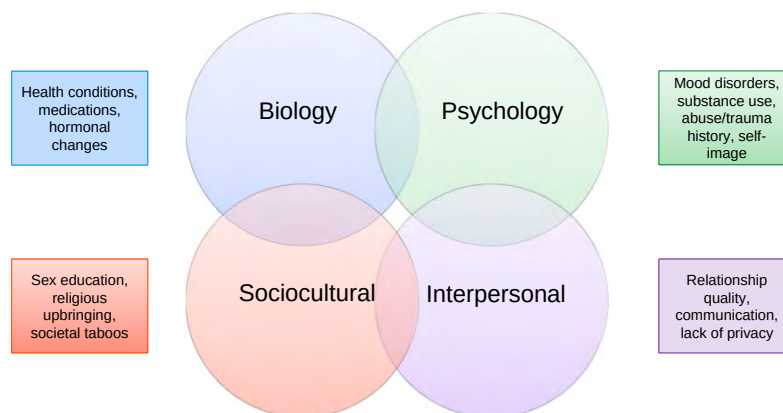


Basson R. Human sex-response cycles. *J Sex Marital Ther.* 2001;27(1):33-43.
doi:10.1080/00926230152035831

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BIOPSYCHOSOCIAL MODEL



Rosen RC. *Obstet Gynecol Clin North Am.*

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HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD)

- At least **6 months** of:
 - Lack of motivation for sexual activity
 - Loss of desire to initiate or participate in sexual activity
 - Not better explained by another cause
 - **Distressing** to patient
- Screening tools
 - Decreased Sexual Desire Screener
 - Sexual history

Goldstein I, Kim NN, Clayton AH, et al. Hypoactive Sexual Desire Disorder: International Society for the Study of Women's Sexual Health (ISSWSH) Expert Consensus Panel Review. *Mayo Clin Proc.* 2017;92(1):114-128. doi:10.1016/j.mayocp.2016.09.018

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HSDD: MODIFIABLE FACTORS

- Discontinue or lower culprit medications
 - SSRI
 - Testosterone lowering medicines:
 - OCPs
 - Spironolactone
 - Tamoxifen
 - Steroids
 - GnRH analogs
- Treat underlying mood disorders
- Sex therapy
- Pharmacotherapy



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PHARMACOTHERAPY FOR HSDD



Premenopause

- Flibanserin*
- Bremelanotide*
- Bupropion

*= FDA-approved for generalized, acquired HSDD in premenopausal women

Postmenopause

- Testosterone
- Flibanserin
- Bremelanotide
- Bupropion

Goldstein I, Kim NN, Clayton AH, et al. Hypoactive Sexual Desire Disorder: International Society for the Study of Women's Sexual Health (ISSWSH) Expert Consensus Panel Review. *Mayo Clin Proc.* 2017;92(1):114-128. doi:10.1016/j.mayocp.2016.09.018

Parish SJ, Simon JA, Davis SR, et al. International Society for the Study of Women's Sexual Health Clinical Practice Guideline for the Use of Systemic Testosterone for Hypoactive Sexual Desire Disorder in Women. *J Sex Med.* 2021;18(5):849-867. doi:10.1016/j.jsxm.2020.10.009

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DOSING FOR HSDD

Flibanserin	100 mg by mouth nightly (\$\$\$)
Bremelanotide	1.75 mg subcutaneous PRN (\$\$\$)
Bupropion	150-400 mg SR by mouth daily (\$)
Testosterone	1/10 standard male dose 1% TD (~300 mcg/day) (\$-\$\$)

Dx Association
Edit Multiple
Options

Standard

After Visit

Testosterone Compounded Medications
testosterone 10mg/gm (1%) - vanicream (MDD)
Apply 1 click nightly at bedtime to back of calf, upper outer thigh or buttocks.
Disp-30 g, R-0, Normal
MDD = metered dose dispenser

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FEMALE SEXUAL AROUSAL DISORDER (FSAD)

- **Subtypes**

- Female cognitive arousal disorder
- Female genital arousal disorder

- **Causes**

- Medications
- Chronic health conditions
- Menopause
- Relationship problems

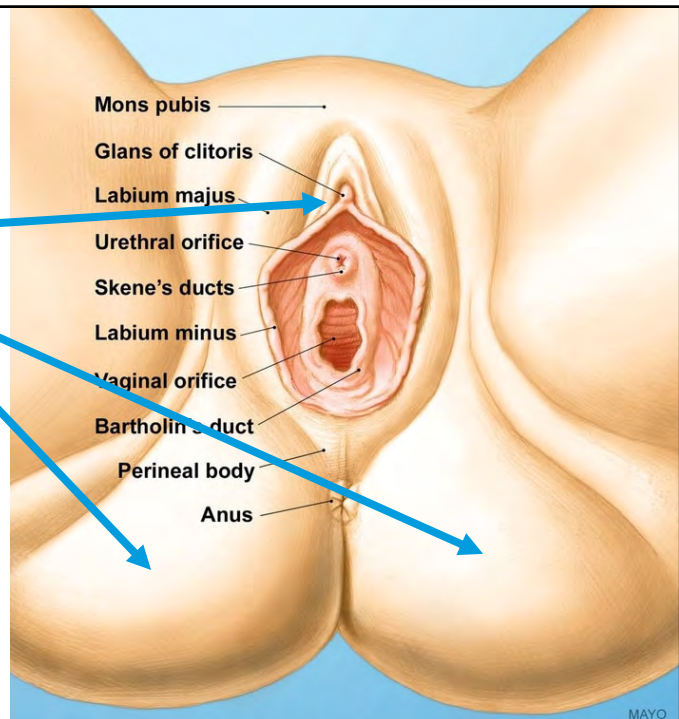


Parish SJ, Meston CM, Althof SE, et al. Toward a More Evidence-Based Nosology and Nomenclature for Female Sexual Dysfunctions-Part III. *J Sex Med.* 2019;16(3):452-462. doi:10.1016/j.jsxm.2019.01.010 ©2023 Mayo Foundation for Medical Education and Research | WF2065045-21

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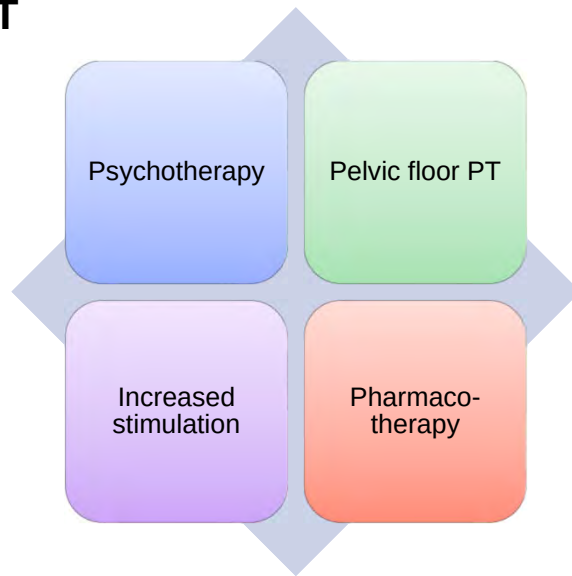
EXAM

- Clitoral adhesions
- Pudendal nerve disorder
- Lumbar-sacral spinal pathology



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TREATMENT



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FEMALE ORGASMIC DISORDER (FOD)

- 20-40% of women
- Change in:
 - Frequency
 - Intensity
 - Timing
 - Pleasure
- Distressing to patient



Parish SJ, Goldstein AT, Goldstein SW, et al. Toward a More Evidence-Based Nosology and Nomenclature for Female Sexual Dysfunctions-Part II. *J Sex Med.* 2016;13(12):1888-1906. doi:10.1016/j.jsxm.2016.09.020

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HISTORY

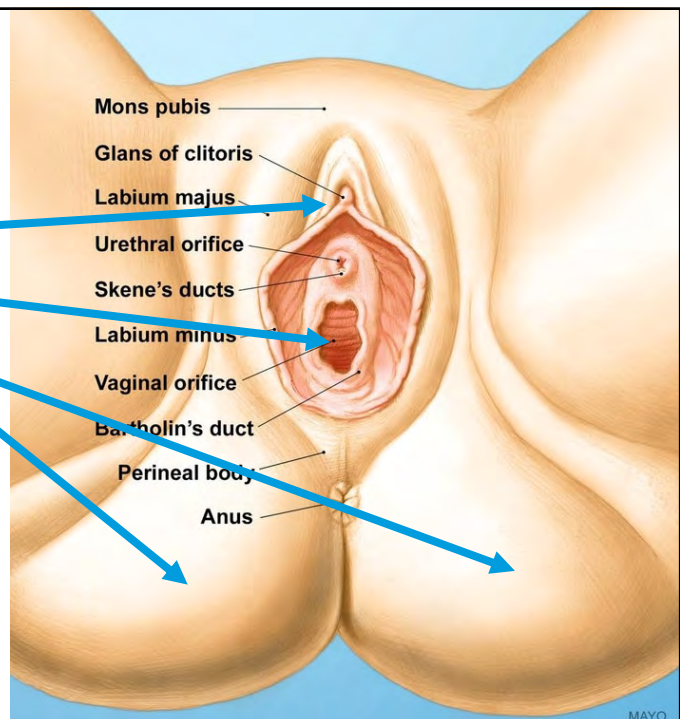
- Sexual history is critical
 - Prior orgasms
 - Masturbation vs. partnered
 - Penetrative vs. clitoral
- Psychological comorbidities
- Medications

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EXAM

- Clitoral adhesions
- Pelvic floor dysfunction
- Pudendal nerve disorder
- Lumbar-sacral spinal pathology



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TREATMENT

- Education
- Masturbation training
- Pelvic floor PT
- Sensate focus touch
- Pharmacotherapy



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HISTORY

- Timeline of pain
- Tampon use
- Onset: acute vs gradual
- Pain descriptors
- Bleeding
- Urinary, bowel symptoms
- Back pain



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VESTIBULODYNIA: Q-TIP EXAM

Posterior vestibule (4-8 o'clock)



Pelvic floor dysfunction

Entire vestibule



Hormonally mediated vestibulodynia

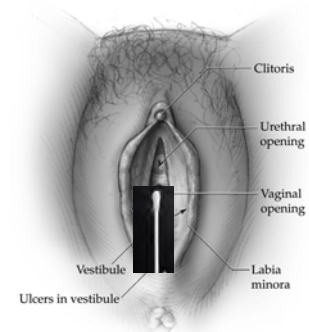


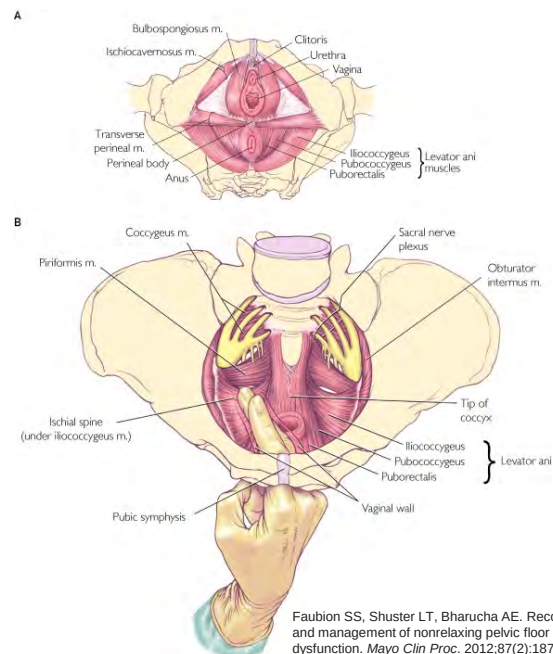
Figure 1. Vaginal anatomy
Image obtained from Mayo Library

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VESTIBULODYNIA: PELVIC FLOOR EXAM

- Insert lubricated finger into the vagina
- Palpate anterior, posterior, and lateral walls
- Ask: Pain vs. pressure
- Squeeze and relax to assess for tone



Faubion SS, Shuster LT, Bharucha AE. Recognition and management of nonrelaxing pelvic floor dysfunction. *Mayo Clin Proc.* 2012;87(2):187-193. doi:10.1016/j.mayocp.2011.09.004

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TREATMENT

Pelvic floor dysfunction

- Pelvic floor physical therapy
- Dilators
- Diazepam suppositories
- Botox

Hormonally mediated vestibulodynia

- Stop offending medication
 - OCP
 - Spironolactone
- Topical estrogen/testosterone

Dx Association Edit Multiple Research Assoc Options

Standard

After Visit

Estradiol Combination Creams and Lotion

estradiol 0.03 %, testosterone 0.01 % in versabase lotion

Apply 1 g topically daily. Apply to opening of vagina/vestibule

Disp-60 g, R-5, Normal

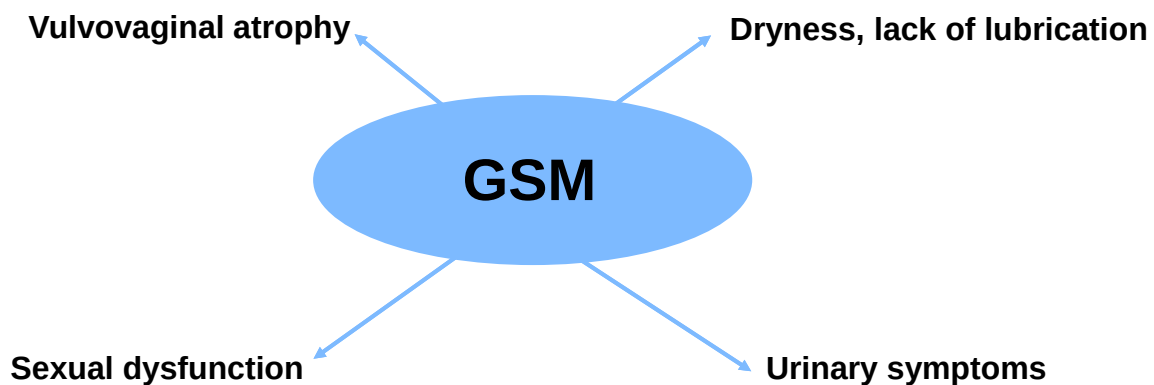
0.5 g=1/8 tsp, 1 g=1/4 tsp. Estradiol base 1 mg is equal to estradiol hemihydrate 1.033 mg

Dispensed in quantities of 30 g and 60 g

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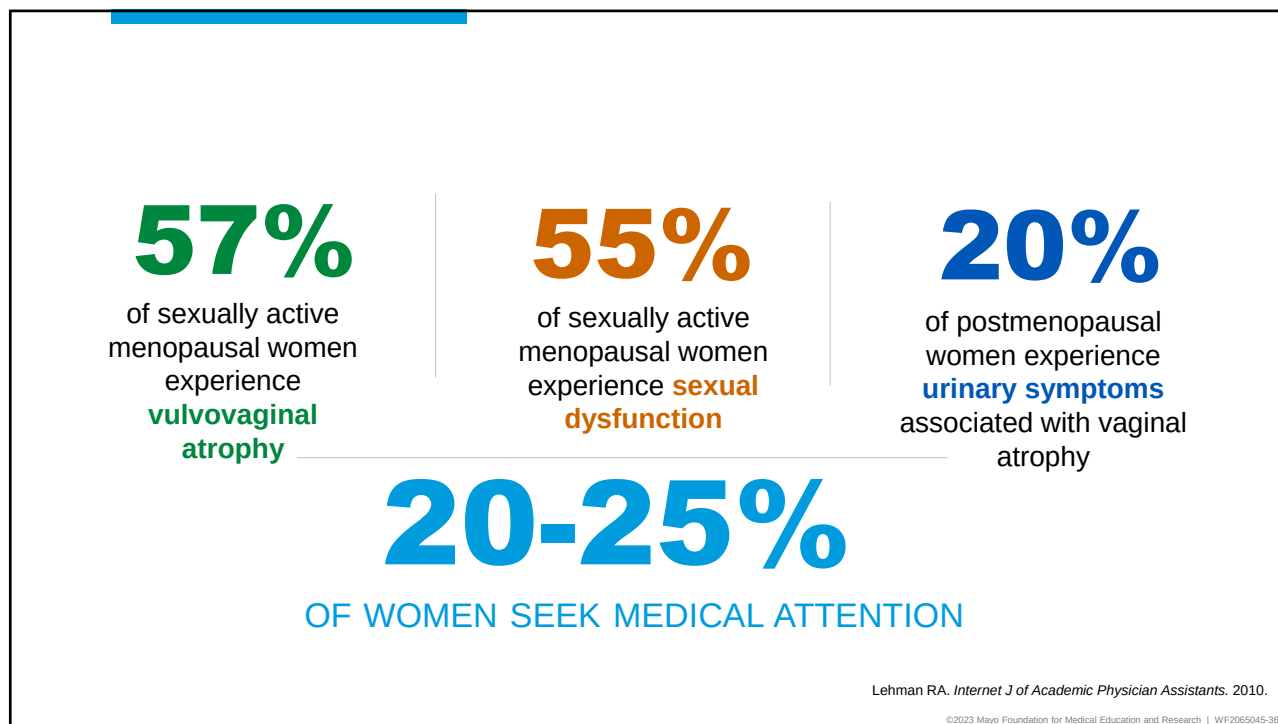
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GENITOURINARY SYNDROME OF MENOPAUSE

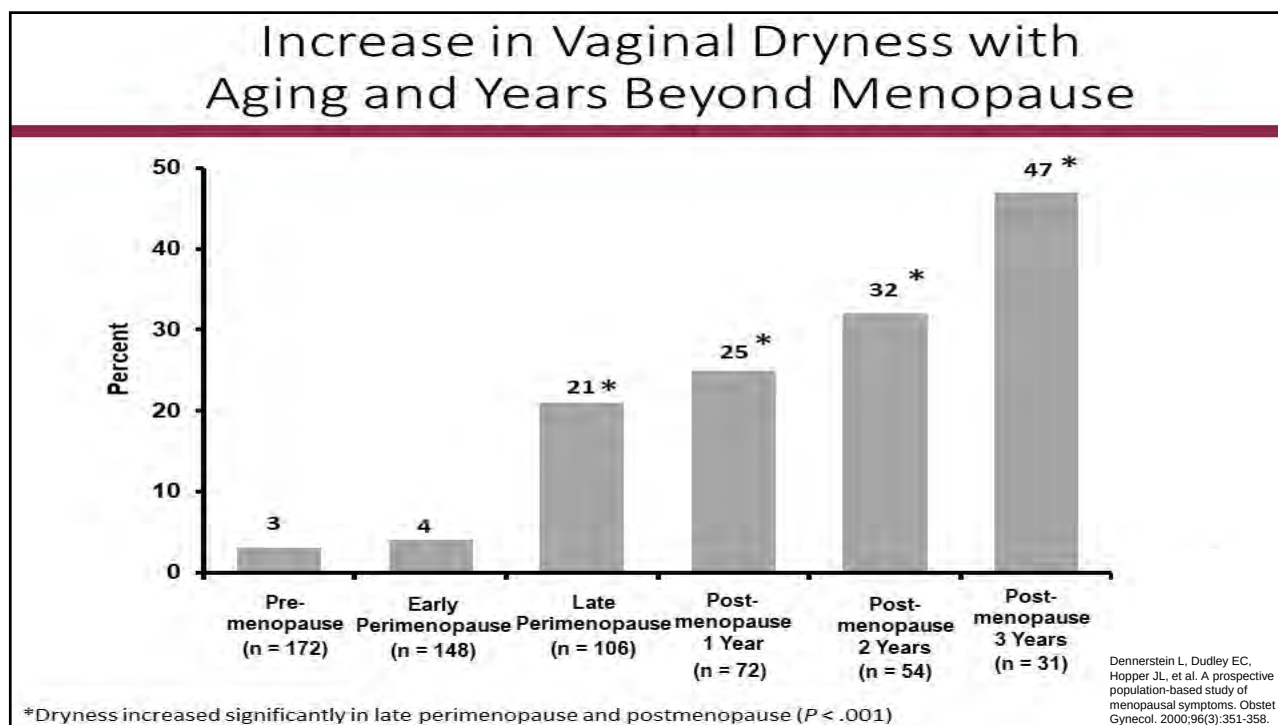


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TREATMENTS

Hormonal

- Vaginal estrogens
- DHEA



Non-hormonal

- Moisturizers/lubricants
- Hyaluronic acid
- Ospemifene
- Laser therapy

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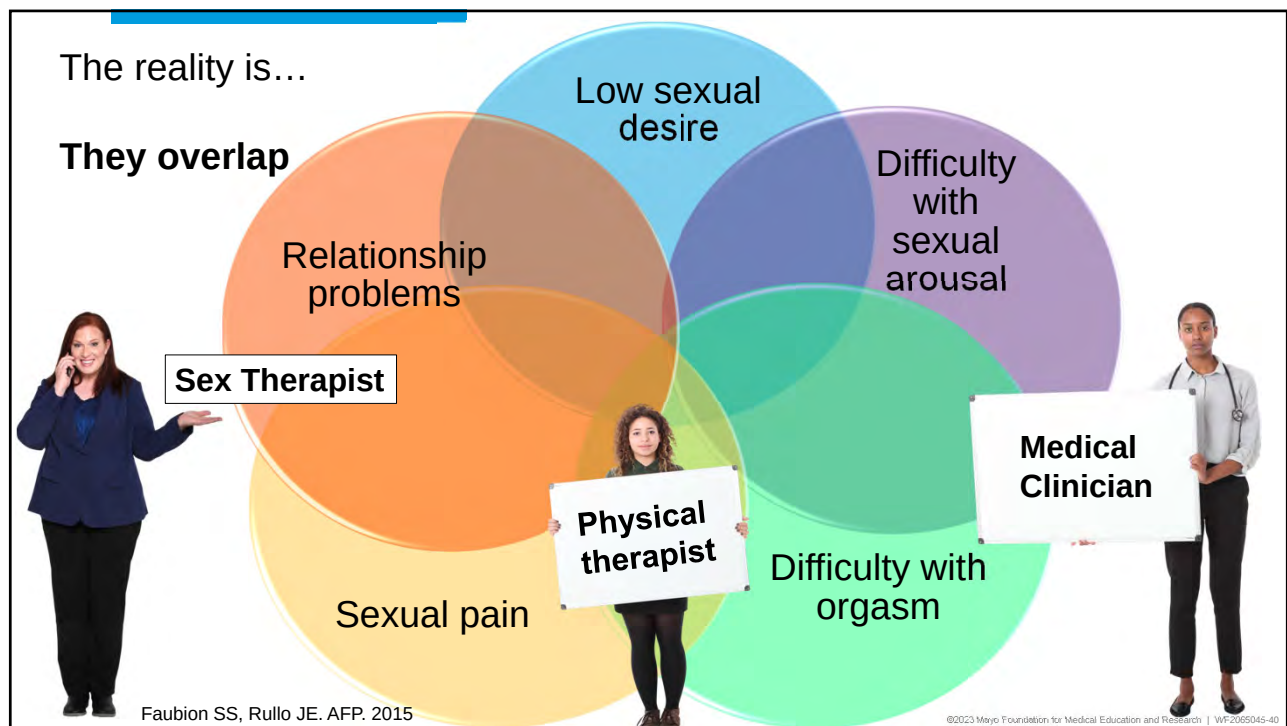
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DOSING FOR GSM

Medication	Route	Dose	Frequency
Estradiol (intravaginal)	Cream (\$)	1-2 g	Nightly x2 weeks, then twice weekly
	Tablet (\$)	10 µg	
	Insert (\$\$)	4 µg/10 µg	
	Ring (\$\$)	2 mg	Every 90 days
CEE	Cream (\$)	0.5-2 g	Daily x 21 days, stop x 7 days, repeat
Prasterone	Insert (\$\$)	6.5 mg	Daily
Ospemifene	Pill (\$\$)	60 mg	Daily

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WHO CAN HELP?

- Mayo Clinic Women's Health Internal Medicine:
sobel.talia@mayo.edu
- ISSWSH trained doctors:
www.isswsh.org "Find a provider"
- Certified Menopause Practitioner:
www.nams.org "Find a NAMS Certified Menopause Practitioner"

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QUESTIONS & DISCUSSION

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THANK YOU FOR JOINING US IN THIS COURSE



Rochester, Minnesota



Phoenix, Arizona



Jacksonville, Florida

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