



Women's Sexual Health

Jessica Yih, MD
Assistant Professor
Department of Urology
The Ohio State University Wexner Medical Center

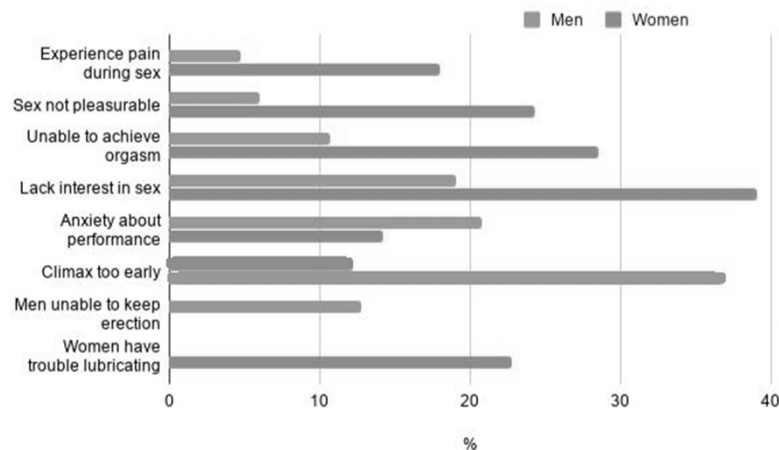
MedNet21
Center for Continuing Medical Education

 **THE OHIO STATE UNIVERSITY**
WEXNER MEDICAL CENTER

Objectives

- Gain fundamental knowledge of female genital anatomy and pathology
- Describe the sexual response model and contributing factors to sexual response
- Become familiar with assessment and treatment of vulvodynia and HSDD

Why?



Laumann EO, et al. Sexual Dysfunction in the United States: Prevalence and Predictors. JAMA. 1999.

International Society for the Study of Women's Sexual Health (ISSWSH)

- Multidisciplinary, academic, and scientific organization founded in 2000 whose purposes are:
- To provide opportunities for communication among scholars, researchers, and practitioners about women's sexual health and sexual experience
- To support the highest standards of ethics and professionalism in research, education, and clinical practice of women's sexuality
- To provide the public with accurate information about women's sexuality and sexual health

Female sexual health

- Multifaceted and complex
- Biopsychosocial factors
- ICD – 11
 - Hypoactive sexual desire dysfunctions
 - Sexual arousal dysfunctions
 - Orgasmic dysfunction
 - Ejaculatory dysfunctions
 - Sexual dysfunctions associated with pelvic organ prolapse
 - Sexual anhedonia

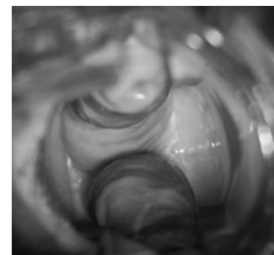
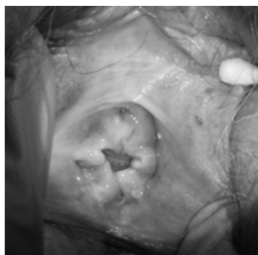
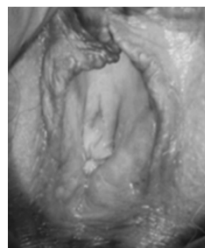
Sexual Response Cycle

- | | |
|----------------|--------------------------------------|
| • Linear model | • Non linear model |
| • Desire | • Emotional intimacy |
| • Arousal | • Sexual stimulus |
| • Orgasm | • Satisfaction with the relationship |
| • Resolution | |

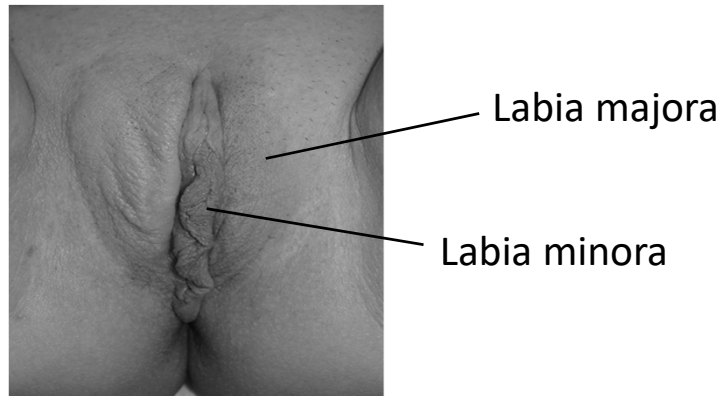
History

- Screen all women using:
 - “Just ask”
 - Ubiquity statement screen
 - Asking in the context of patient’s relationships
 - Basic assessment of sexual functioning
- Four-step model
 - Elicit the patient’s story
 - Name/reframe attention to sexual problem or concern
 - Empathic witnessing
 - Referral or assessment and treatment

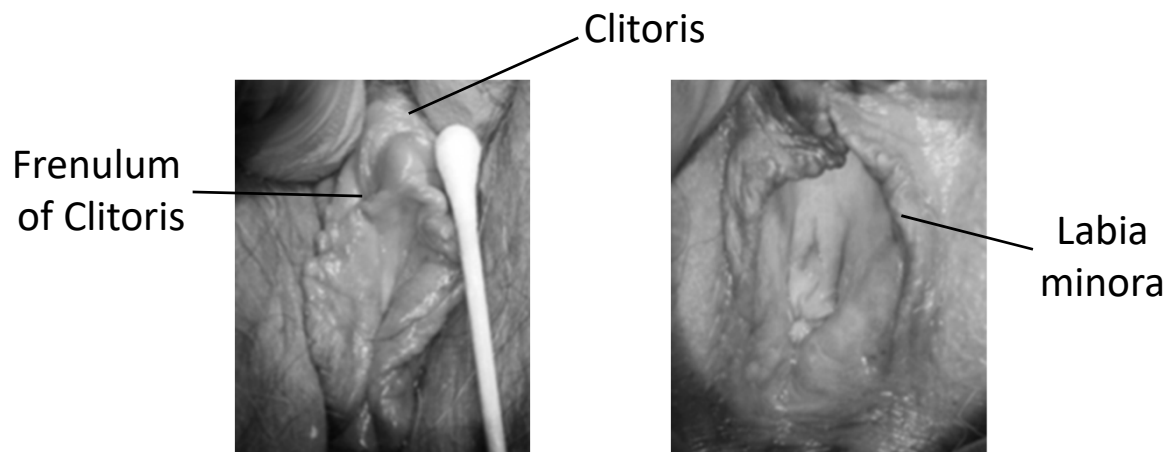
Vulvoscopy



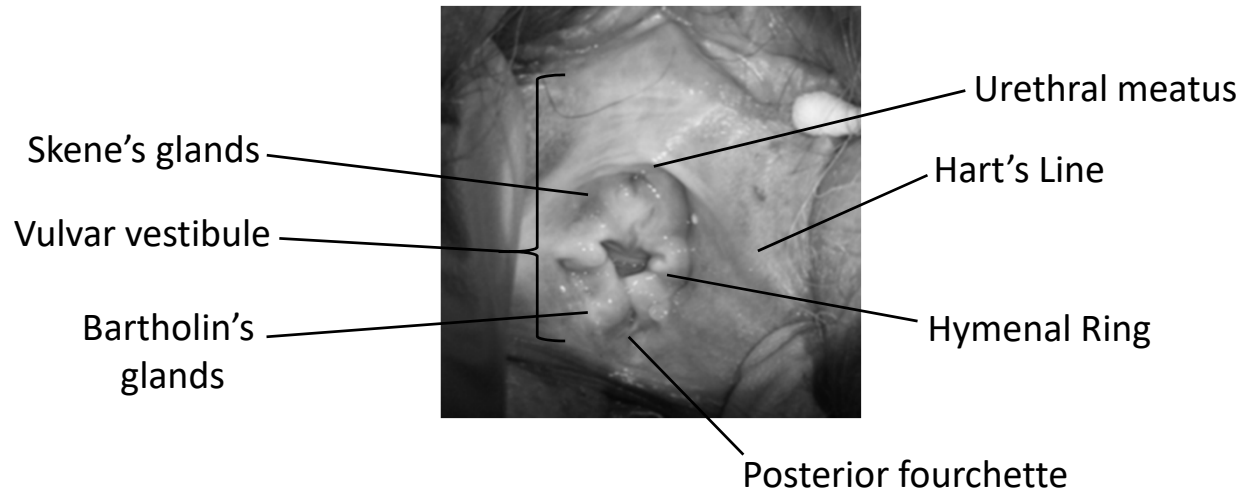
Vulvoscopy



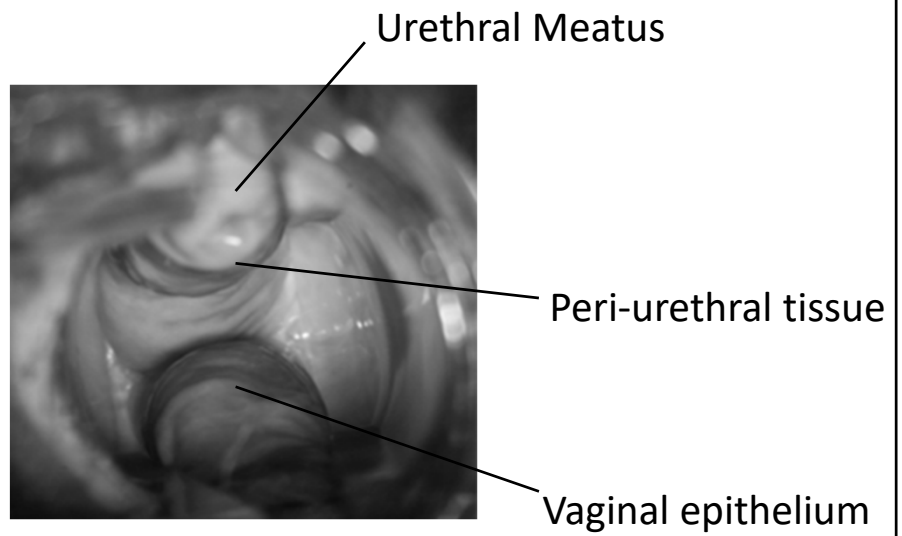
Vulvoscopy



Vulvoscopy



Vulvoscopy



Vulvodynia

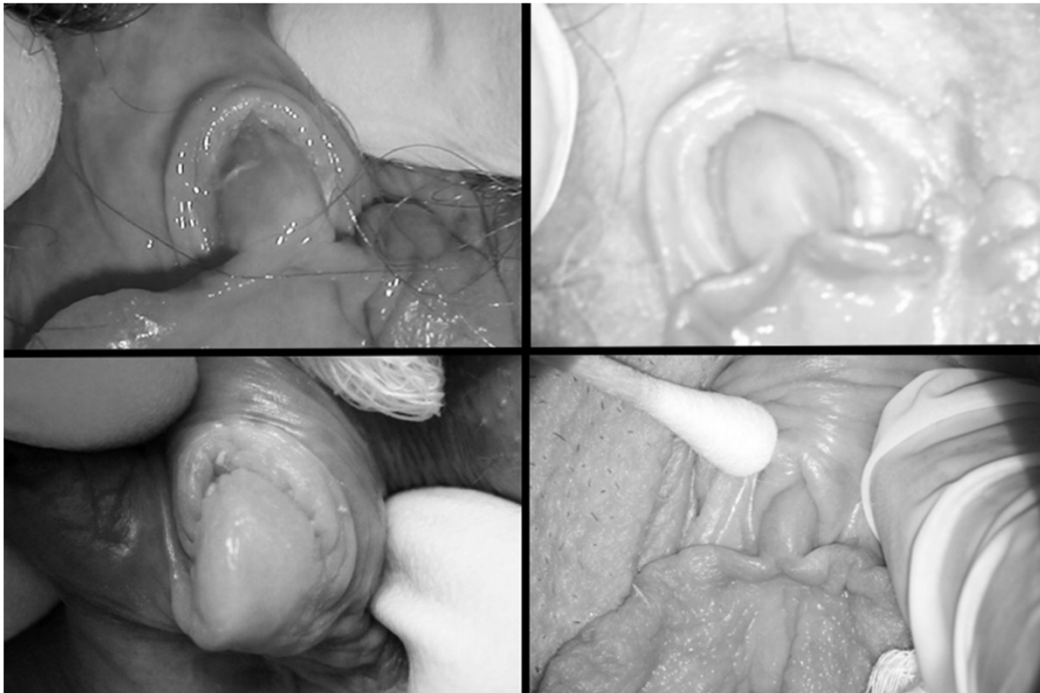
- Vaginismus, vulvar vestibulitis, dyspareunia, vestibulodynia
- Chronic pelvic pain, Interstitial cystitis

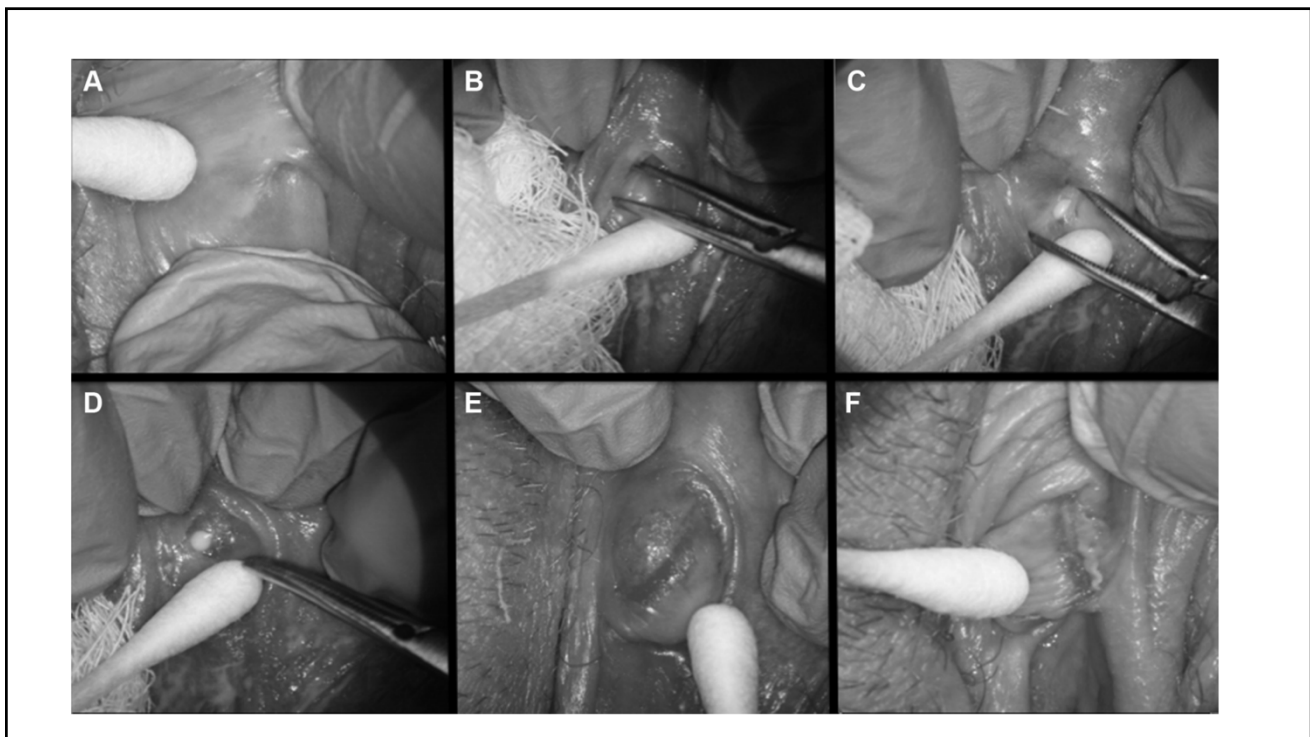
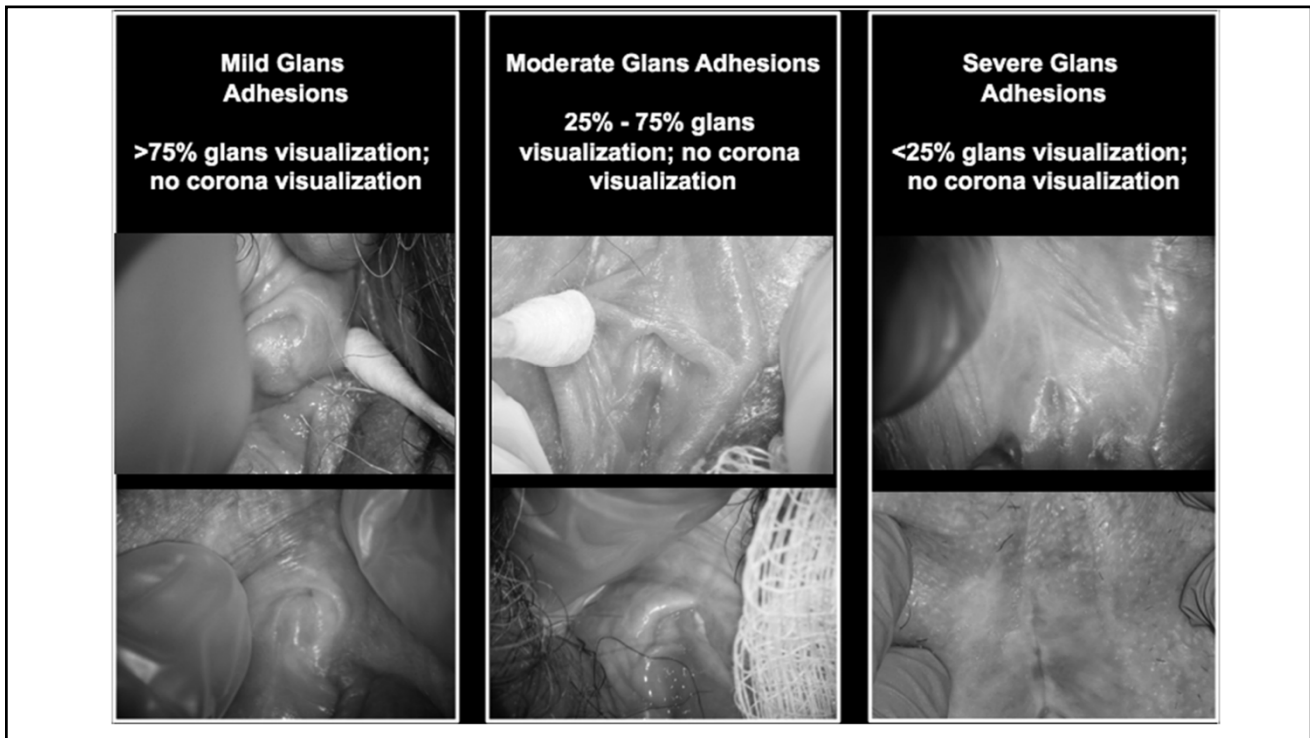
Differential Diagnosis

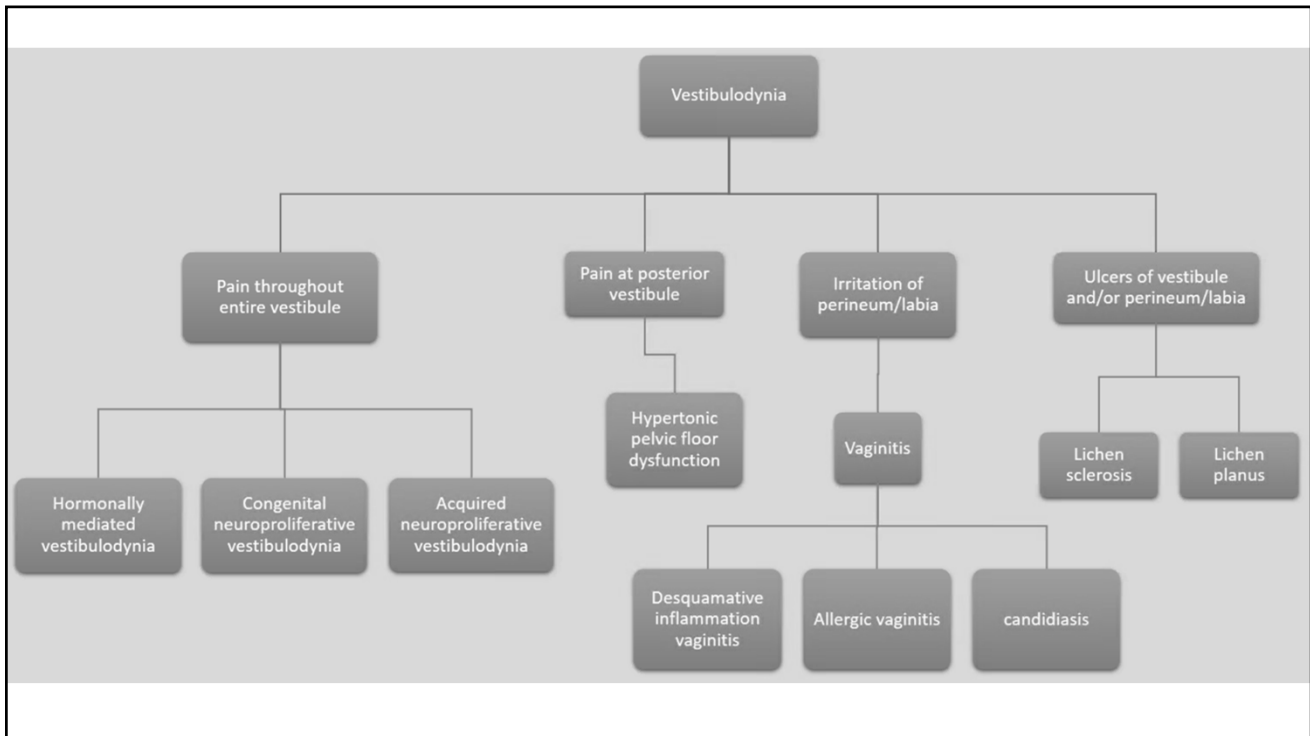
- | | |
|------------------------|----------------|
| • Clitoris | • Infectious |
| • Vestibule | • Inflammatory |
| • Vagina | • Neoplastic |
| • Pelvic floor muscles | • Neurologic |
| | • Trauma |
| | • Iatrogenic |
| | • Endocrine |

Differential Diagnosis

- Clitorodynia
- Hormonally mediated vestibulodynia
- Neuroproliferative vestibulodynia
- Pelvic floor muscle dysfunction







Case Presentation #1

- 28 year old female
- Low libido and sexual pain for 3 years
- First sexual active without pain at age 14
- Started oral contraception usage at 17

Physical Exam



Labs

- Estradiol
- DHT
- Testosterone, total and free
- SHBG
- Hematocrit
- FSH
- LH
- TSH
- Vit D
- Prolactin

Labs

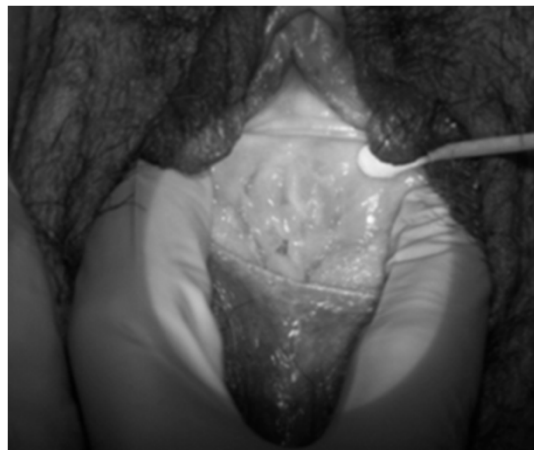
- Estradiol
- DHT ↓
- Testosterone, total and free ↓
- SHBG ↑
- Hematocrit
- FSH
- LH
- TSH
- Vit D ↓
- Prolactin

Treatment

- Stop hormonal contraceptives, finasteride, accutane, spironolactone
- Systemic testosterone
- Local to vestibule
 - Estradiol 0.03%/testosterone 0.1% cream
 - DHEA vaginal insert

Treatment

- Monitor levels
 - Ideal calculated free testosterone 0.8 ng/dl
- Expect no improvement for 6 weeks
 - 30-40% by 12 weeks



Case Presentation #2a

- 28 year old female
- Pain and difficulty with first tampon insertion
- Unable to have penetrative sexual intercourse due to pain
- Partial vestibulectomy

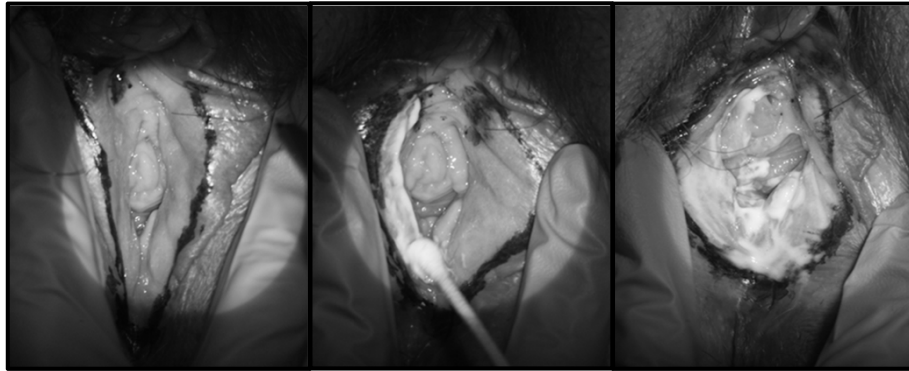
- Congenital
- Primary neural hypersensitivity
- May be present in other tissues derived from the urogenital sinus

Case Presentation #2b

- 28 year old female
- Unable to have penetrative sexual intercourse due to pain
- Onset of symptoms after severe or recurrent candidiasis or allergic reaction

- Acquired
- Increased mast cells in mucosa
- Persistent inflammation can lead to a proliferation of C-afferent nociceptor

Vestibular Anesthesia Test



Conservative Management

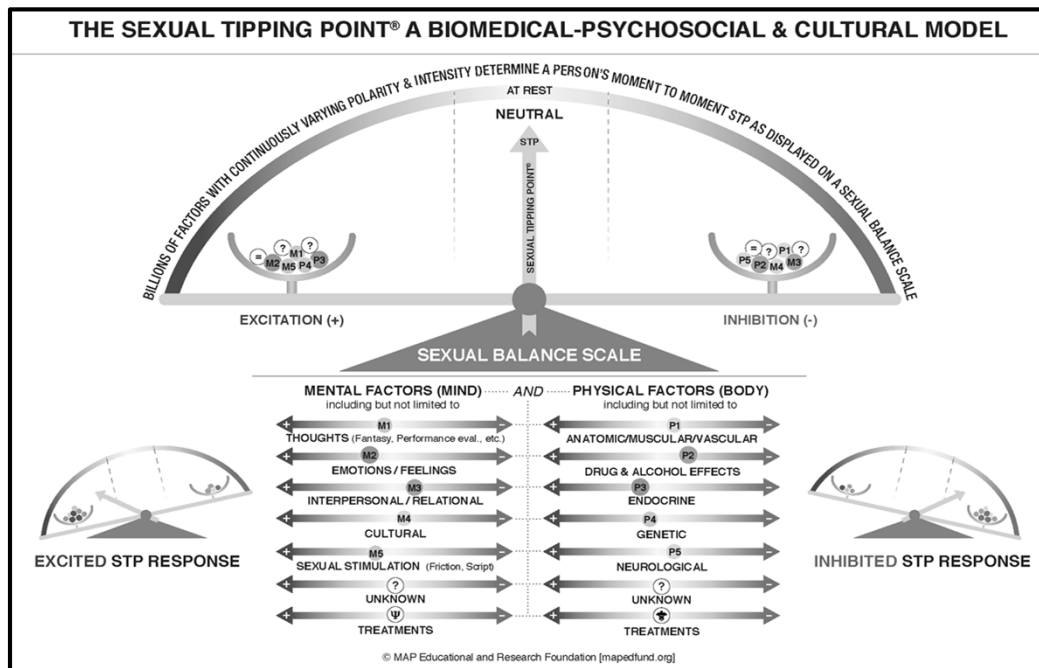
- Topical lidocaine
- Topical capsaicin
- Desipramine
- Gabapentin
- CO2 Fractional laser therapy
- Low intensity shockwave therapy
- Biofeedback
- Physical therapy

Surgical Management

- Sacral neuromodulation
- Partial vs complete vestibulectomy

HSDD

- Hypoactive Sexual Desire Disorder






"This image is based on the Sexual Tipping Point Model® and is used with the permission of the MAP Education & Research Foundation (mapedfund.org)."

Case Presentation #3

- 43 year old female
- 2 kids, ages 5 and 8
- Low libido for 3-4 years
- Concerned that it is starting to affect her marriage

Treatments

 Bremelanotide Non-hormonal non-selective melanocortin agonist	 Flibanserin Nonhormonal Multifunctional serotonin agonist and antagonist (MSAA)	 Testosterone Hormonal
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Flibanserin

- Multifunctional serotonin agonist and antagonist (MSAA)
- Decreases serotonin in the prefrontal cortex
- Increase dopamine and norepinephrine

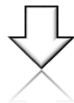
Flibanserin



Number of sexually satisfying events



FSFI – desire score



Distress associated with low desire

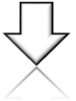
Bremelanotide

- Non-selective agonist of the melanocortin receptors
- Activity at MC4 receptor is linked with sexual response

Bremelanotide



FSFI – desire score



Distress associated with low desire