



## Women's Sexual Health

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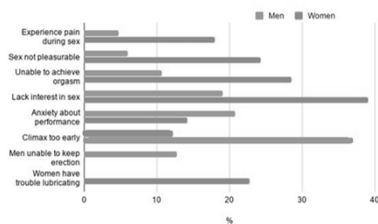
MedNet21  
 Center for Continuing Medical Education

THE OHIO STATE UNIVERSITY  
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## 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

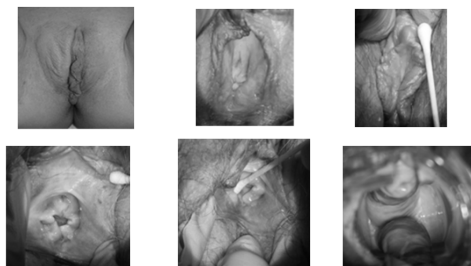
## Sexual Response Cycle

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

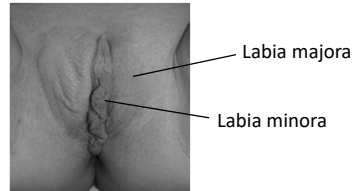
## History

- 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

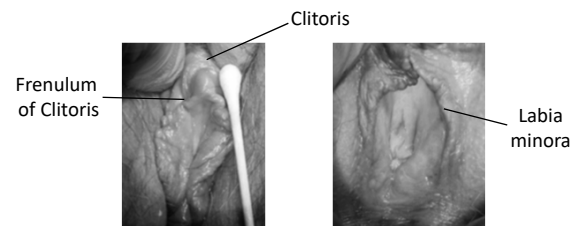
## Vulvoscopy



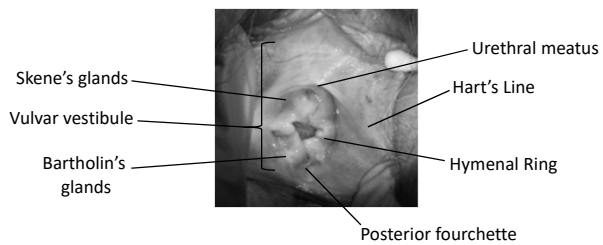
## Vulvoscopy



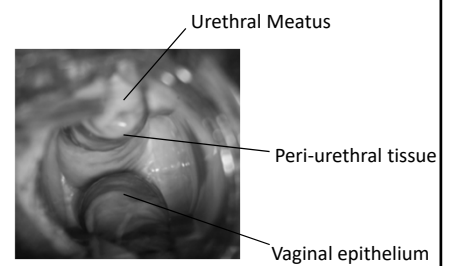
## Vulvoscopy



## Vulvoscopy



## Vulvoscopy



## Vulvodynia

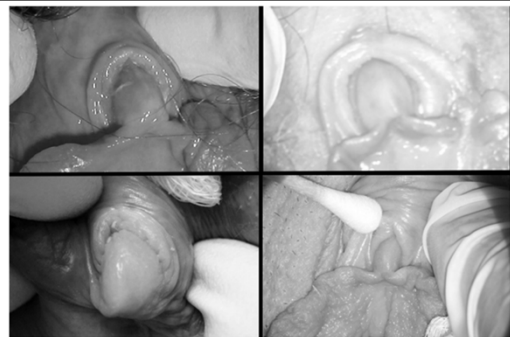
- Vaginismus, vulvar vestibulitis, dyspareunia, vestibulodynia
- Chronic pelvic pain, Interstitial cystitis

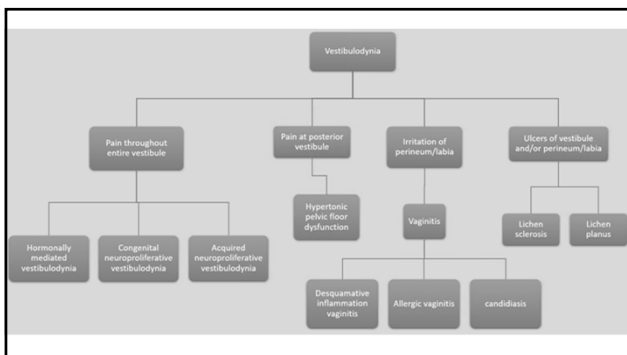
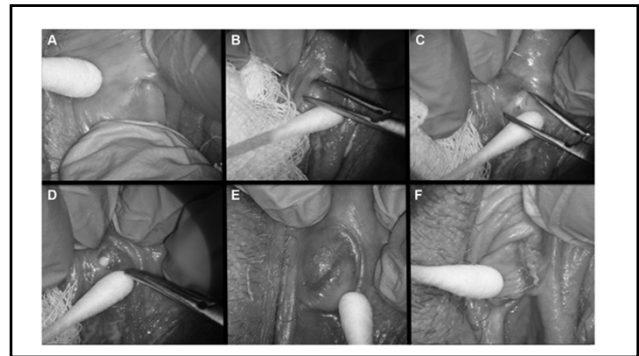
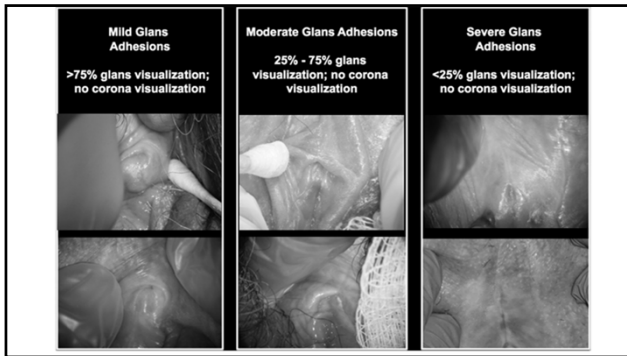
## Differential Diagnosis

- |                        |                |
|------------------------|----------------|
| • 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

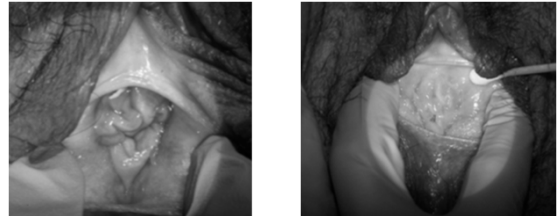
- Estradiol
- DHT ↓
- Testosterone, total and free ↓
- SHBG ↑
- Hematocrit
- FSH
- LH
- TSH
- Vit D ↓
- Prolactin

## 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

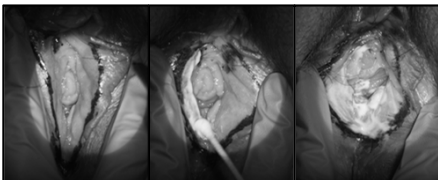
- Congenital
- Primary neural hypersensitivity
- May be present in other tissues derived from the urogenital sinus

## 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

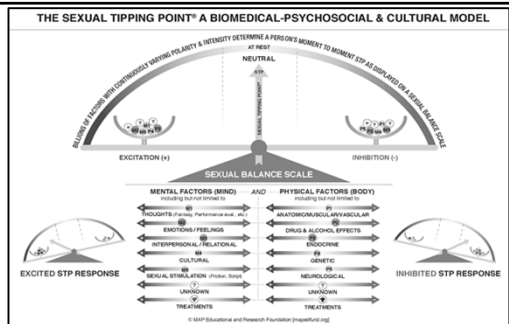


## Surgical Management

- 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

 <p><b>Bremelanotide</b> Non-hormonal non-selective melanocortin agonist</p>	 <p><b>Flibanserin</b> Nonhormonal Multifunctional serotonin agonist and antagonist (MSAA)</p>	 <p><b>Testosterone</b> Hormonal</p>
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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