Sexual Function and Dysfunction

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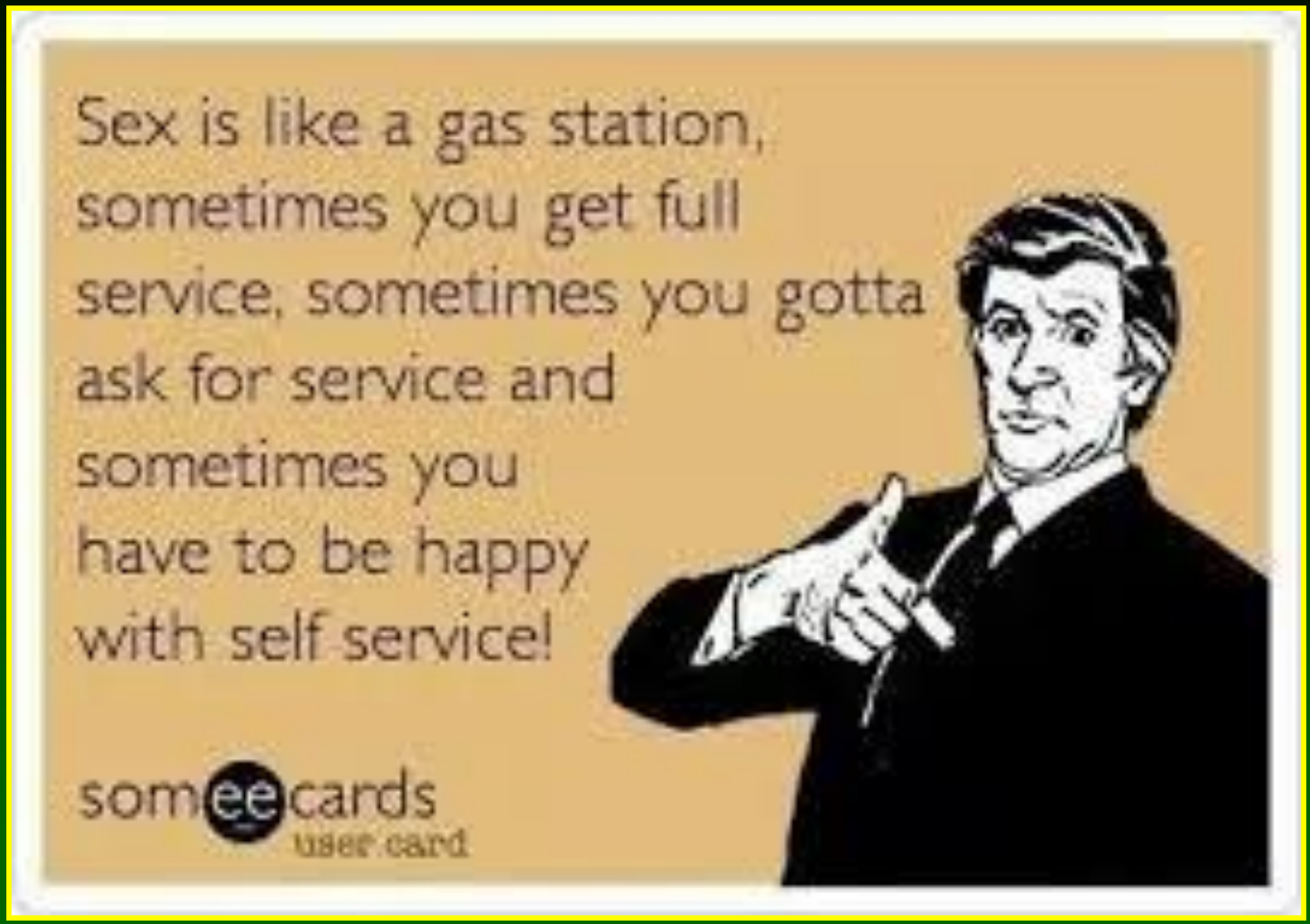

Sex is like a gas station, sometimes you get full service, sometimes you gotta ask for service and sometimes you have to be happy with self service!
someecards
user card

In the real world

- Sexual practices are changing!
- Sexual identities and behaviours change at different rates and are influenced by different social factors
- Changes between the sexes and age groups

Sexual practices are changing

- National survey of sexual attitudes and lifestyles (NATSAL)
  - N=15162 (6293 men and 8869 women)

Sexual behaviour - women	1990	2010
No of partners over lifetime	3.7	7.7
No of occasions of SA in past 4/52	6.1	4.8
Vaginal sex in past month	76.3%	69.6%
Given or received oral sex in past month	65.6%	75.1%
Anal sex in past year	6.5%	15.1%
Sexual experience with same sex partner	3.7%	16%
Masturbated in past 4/52	n/a	32.9%

Sexual practices are changing

- Frequency of sexual intercourse (SI) according to age group

Age group (years)	No of occasions of SI in past 4/52
16-24	5.8
25-34	4.9
35-44	4
45-54	3.5
55-64	2.5
65-74	1.4

Mercer et al 2013

Sexuality

Picasso

Sexuality

A woman's sexuality is concerned not only with her sexual activity but also with the perception of her own self image and the formation of relationships with others

Wheeler et al, 1990

Sexual Function

Psychosexual Function

Models

- Classical four phase cycle of excitement, plateau, orgasm and resolution

Masters & Johnson, 1970

- Others stress the role of desire leading to arousal, triggered by sexual stimulus and modified by situational variables

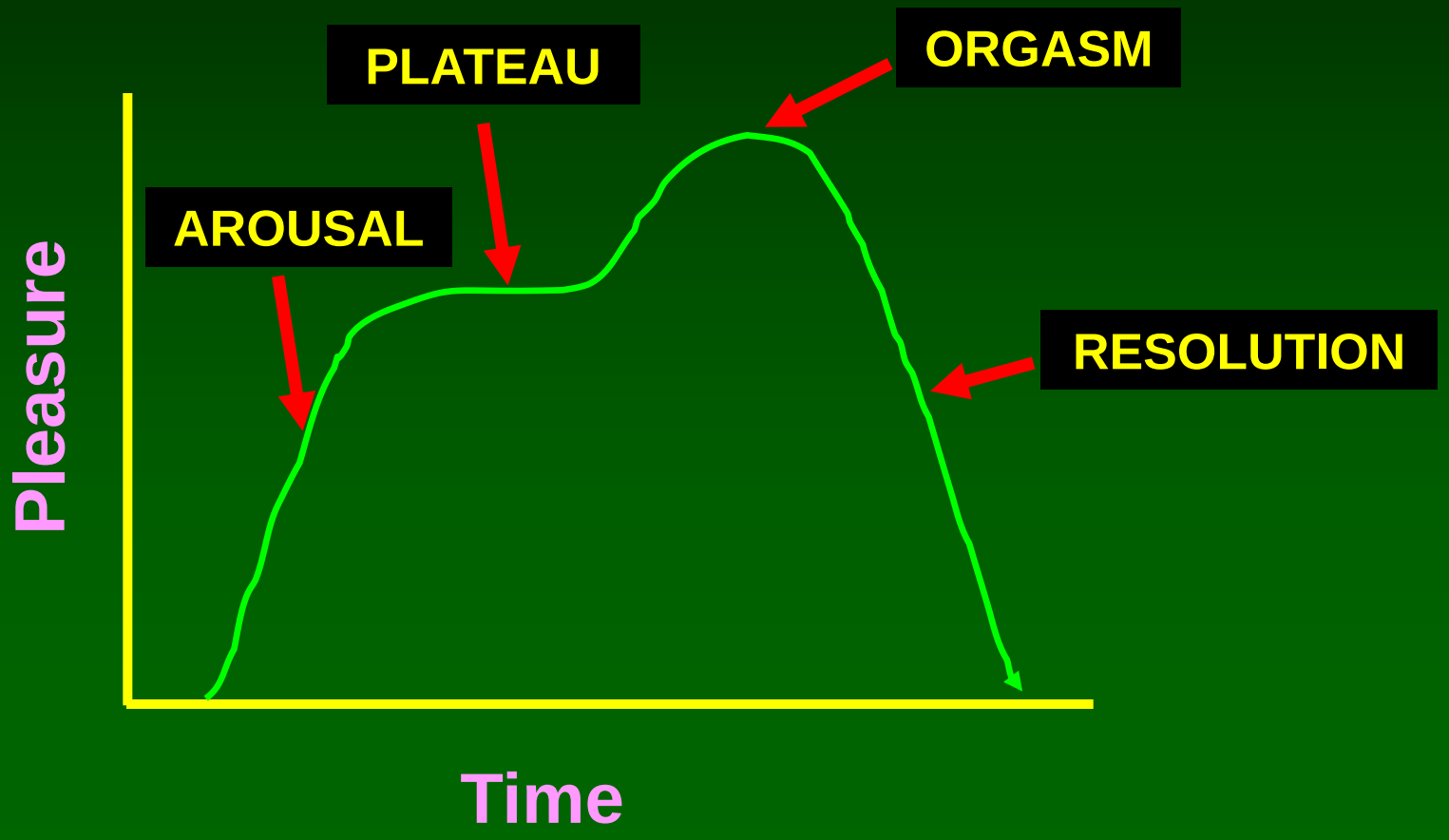
Janssen et al, 2000

- Basson's non-linear model of female sexual response integrates emotional intimacy, sexual stimuli, and relationship satisfaction

Basson et al, 2001

Normal Female Sexual Function

Masters and Johnson sexual response curve



Physiology of SF

- The two basic physiological reactions that occur during sexual response
  - vasoconstriction of the genitals
  - increased neuromuscular tension throughout the body

Masters and Johnson 1966

Physiology of SF

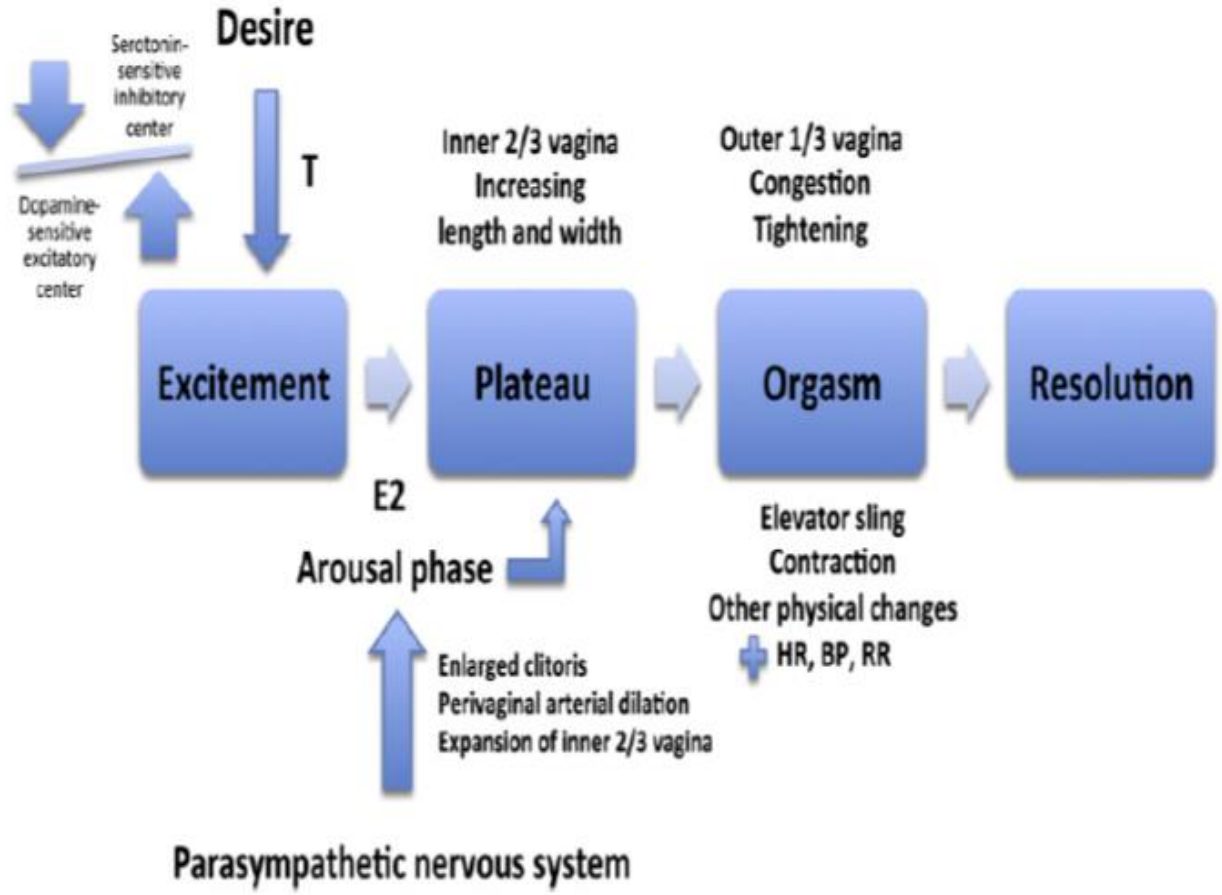
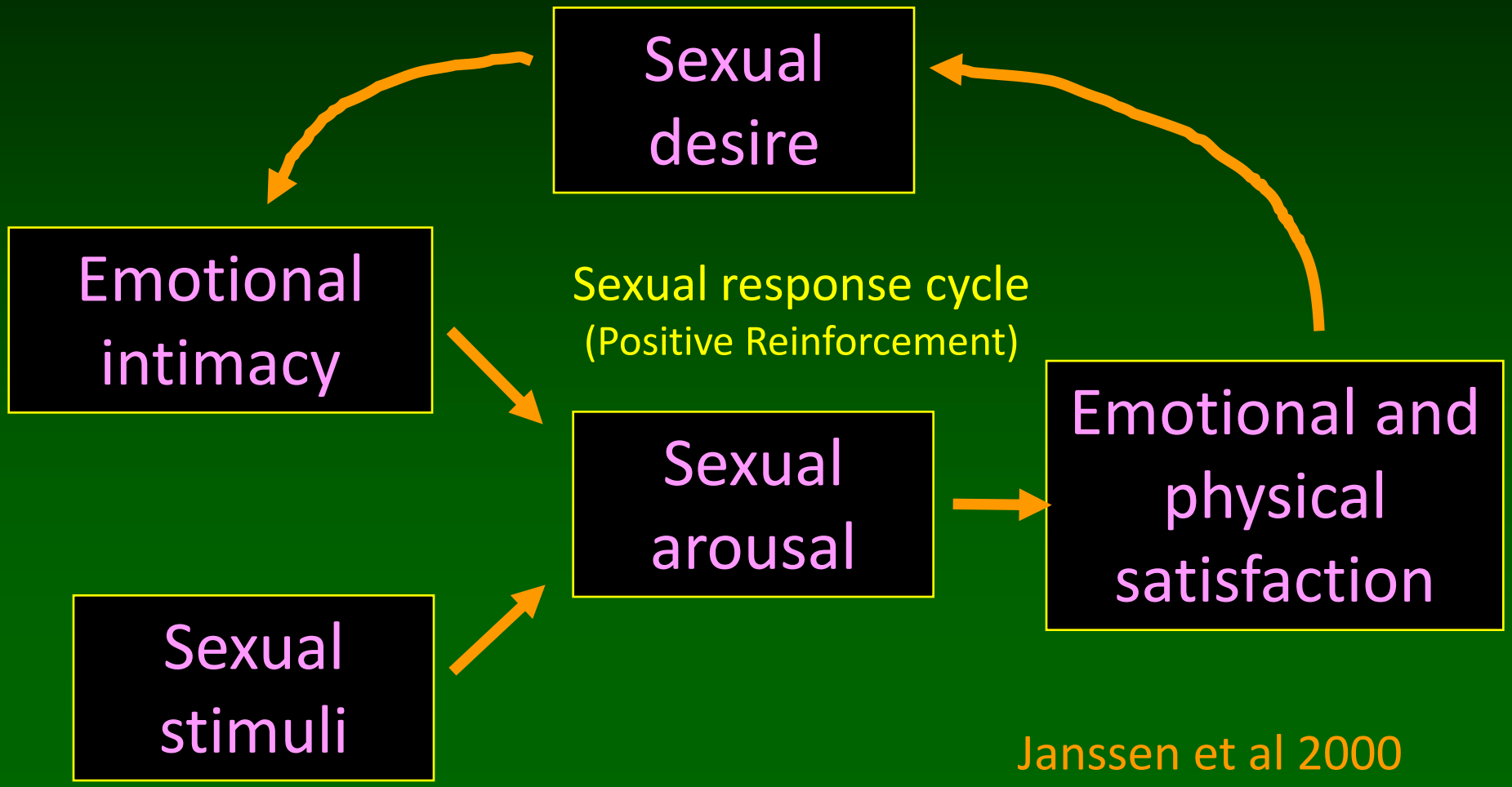


Fig. 1. Physiological changes in the current model of the female sexual response cycle. BP = blood pressure; HR = heart rate; RR = respiratory rate.

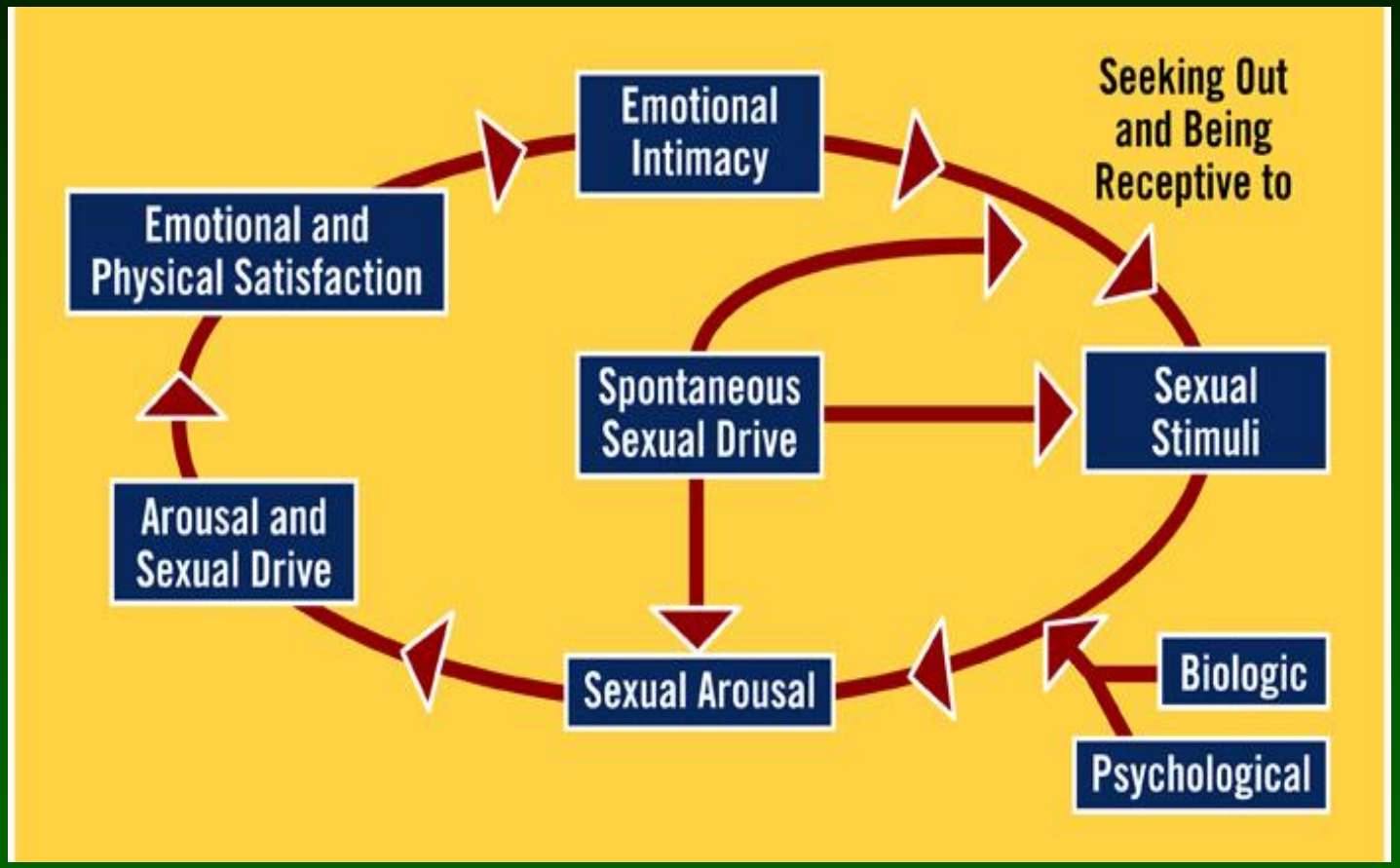
Female Sexual Function

Desire may be early stage of arousal, triggered by sexual stimulus, modified by situational variables



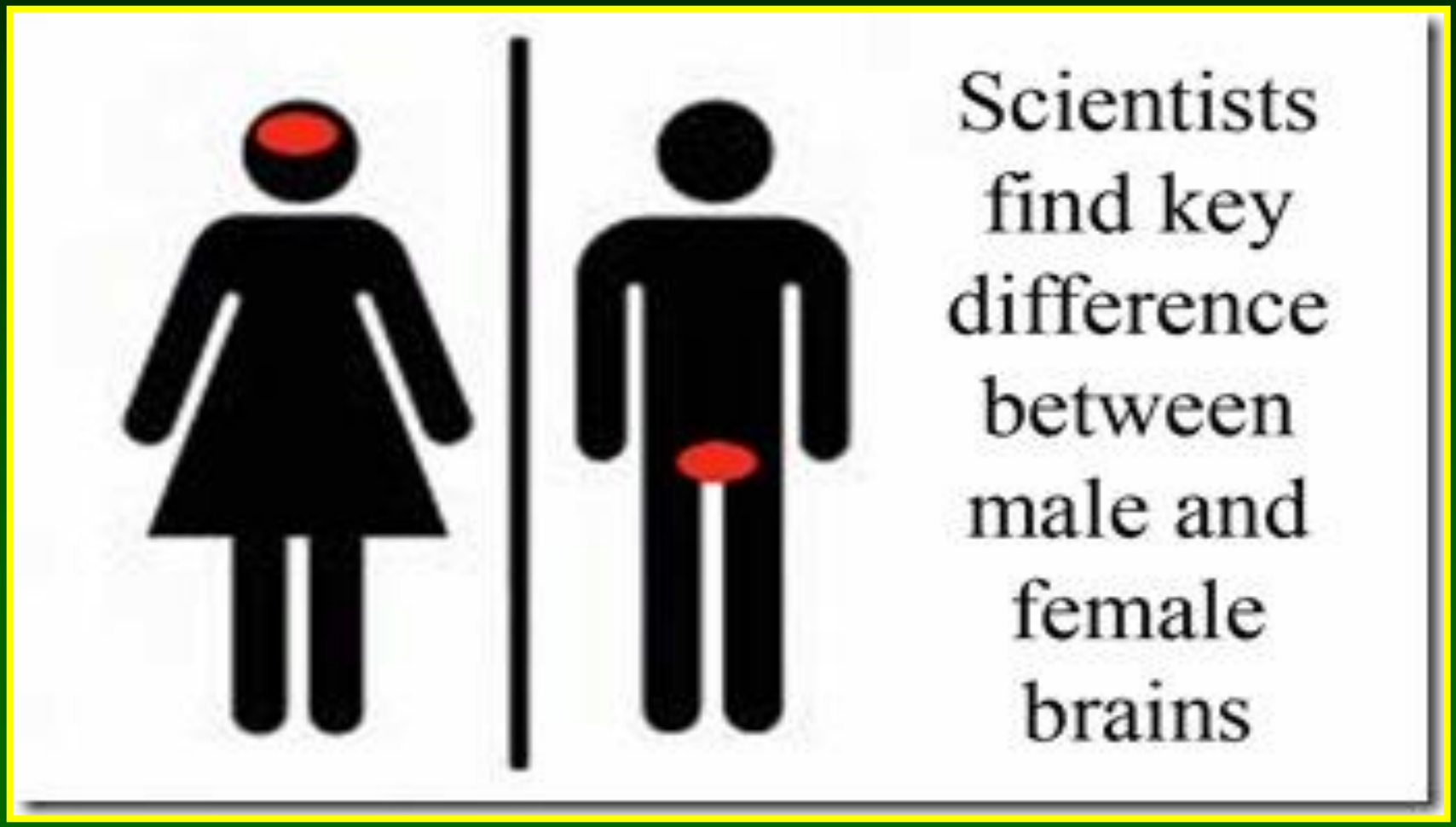
Janssen et al 2000

Normal Female Sexual Function



Basson et al, 2001

Female sexual function



Female Sexual Dysfunction (FSD)

Female Sexual Dysfunction

- WHO International Classifications of Diseases – 10 (ICD-10), FSD is:-

‘the various ways in which an individual is unable to participate in a sexual relationship as she would wish’

(WHO 1992)

Female Sexual Dysfunction

- FSD definition changed in 2013 to:-

‘a group of disorders that are typically characterised by a clinically significant disturbance in a person’s ability to respond sexually or to experience sexual pleasure’

- Symptoms have to have been present for 6/12 and been experienced in 75-100% of sexual encounters

(APA 2013 p423)

Additional definition criteria

- ‘the sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and it is not attributable to the effects of a substance / medication or another medical condition’

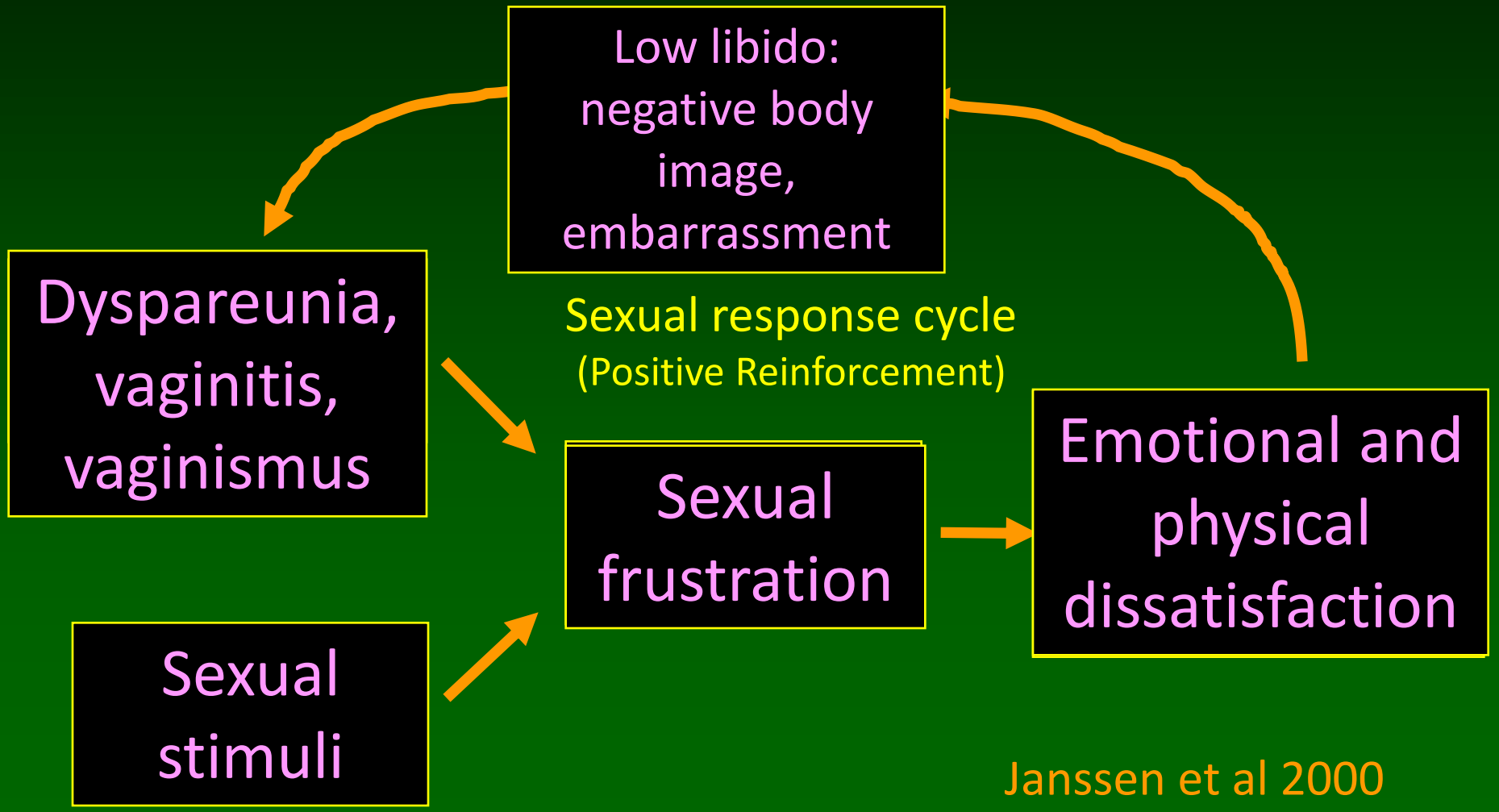
(APA 2013 p424)

Psychosexual Problems

- Dyspareunia (genital pelvic pain)
- Vaginismus (penetration disorder)
- Lack of libido (female interest / desire disorder)
- Orgasmic dysfunction

Female Sexual Dysfunction

Desire may be early stage of arousal, triggered by sexual stimulus, modified by situational variables

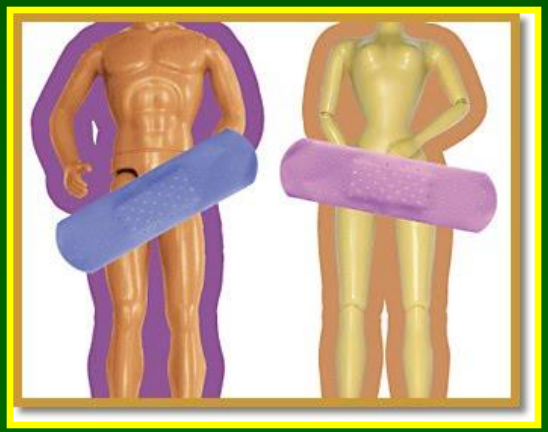


Janssen et al 2000

Prevalence

- Rates of female sexual dysfunction (FSD) in clinical populations is between 40-50%
  - Geiss et al 2003, Nazareth et al 2003, Laumann et al 1999
- Systematic review of prevalence of sexual impairment in women with UI ranged from 0.6%-64%

  Shaw 2002
- True rate among population unknown



Female Sexual Dysfunction

- One third of women lack sexual interest and a quarter are anorgasmic

  Laumann et al, 1999

- Associated with personal distress : 12-25%

  Palacios et al, 2009

- High prevalence in women seeking routine gynaecological care

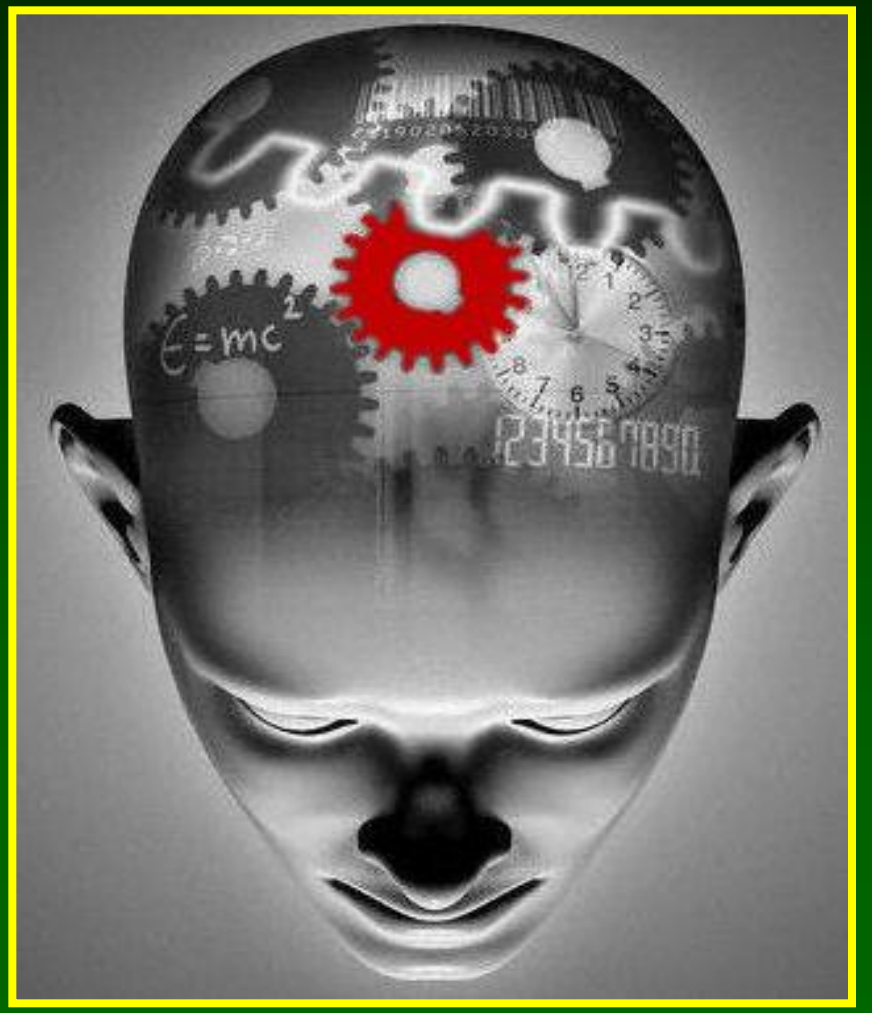
  Nusbaum et al, 2000

SDF differences between the sexes!

Type of dysfunction	Men (%)	Women (%)
Lack of interest	25	55
Coming to orgasm to quickly	24	12
Inability to come to orgasm	6	29
Not finding sex pleasurable	6	29
Pain during intercourse	2	20
Worry over how body looks	14	36
Anxiety about performance	16	17
Vaginal dryness	-	24
Trouble maintaining erection	10	-

Richters et al 2013

Aetiology



Aetiology

- **Hormonal**

  During pregnancy, following childbirth, during lactation

  FSD increases after the menopause due to vaginal atrophy and diminished lubrication causing dyspareunia

- **Psychological**

  Stress and interpersonal conflict

  Urinary incontinence is a common, embarrassing problem

  POP and UI associated with less frequent intercourse

Hilton et al, 1988

Aetiology

- **Medical:** Thyroid dysfunction
  Hypertension
  Diabetes mellitus
  Neurological disease
  Substance abuse
  Psychiatric disease

- **Medication:** SSRI, TCA
  Phenothiazines
  Oestrogen and progesterone
  COCP

Pregnancy and Childbirth

Pregnancy and the Pelvic Floor

Pregnancy

- Mechanical trauma from supporting weight of fetus for 40 wks
- Hormonal changes

Childbirth

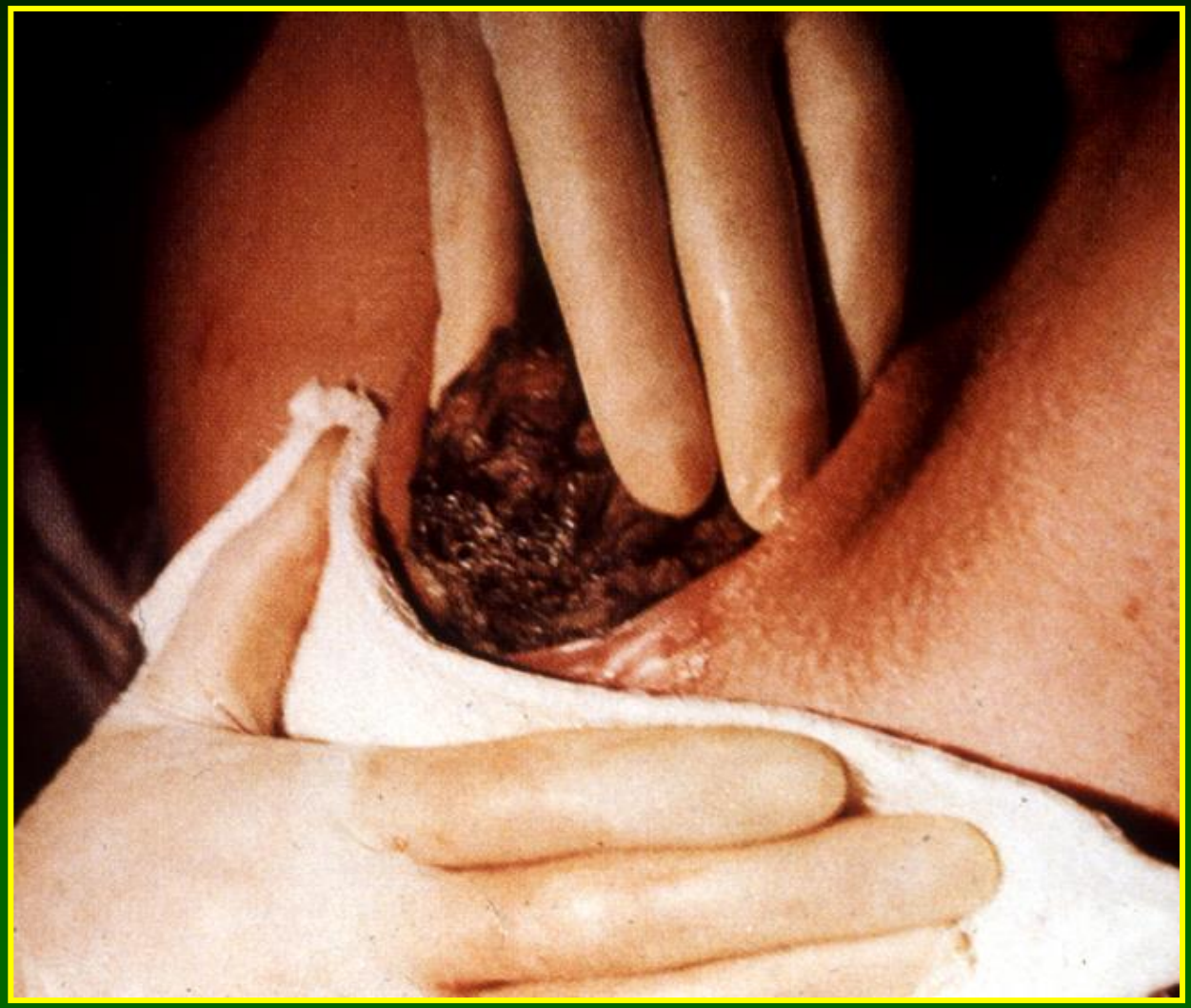
- Nerve injury
- Pelvic floor injury during vaginal delivery
- Iatrogenic trauma (episiotomy)

Elective Caesarean Sections

Keep That Pelvic Floor 'Honeymoon Fresh'

- Increasing demand for maternal request LSCS
- Trend amongst higher social class: 'Too posh to push'
- 'Celebrity' childbirth
- Timing of delivery
- Concerns regarding vaginal laxity and sexual function
- Anxiety regarding bladder and bowel symptoms

Postpartum Sexual Dysfunction



Postpartum Sexual Dysfunction

- Dyspareunia most common after operative vaginal delivery
- No difference between SVD with an intact perineum and C/S
- Women with an intact perineum or first-degree perineal tear 6 months postpartum were more likely to experience orgasm than those with deeper perineal tears

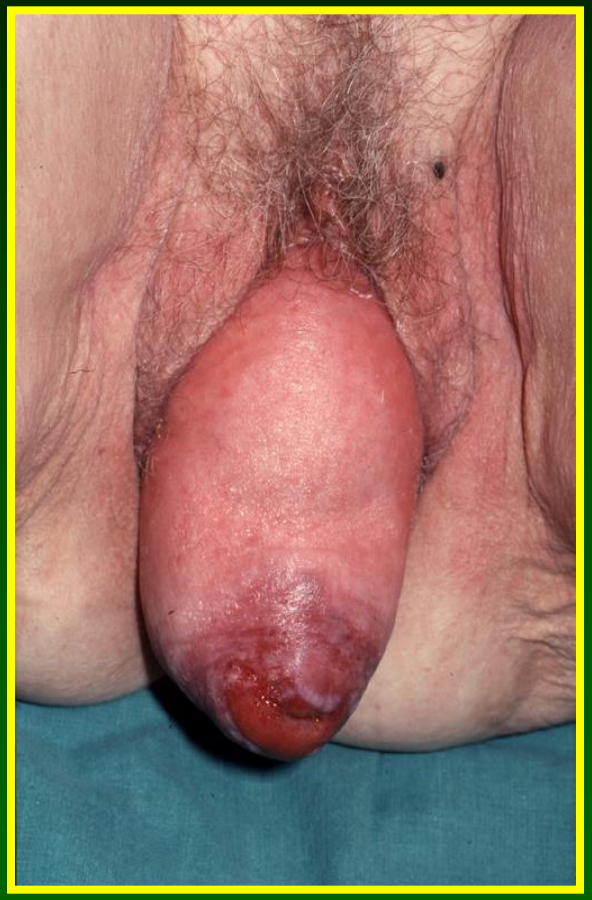
Buhling et al, 2006

Postpartum Sexual Dysfunction

- 796 women
- 89% resumed sex within 6 months
- 83% had problems with intercourse
- 64% still having problems at 6 months
- Not related to mode of delivery
- Only 15% reported their problems

Barrett et al 2000

Pelvic Organ Prolapse Grading Systems



Prolapse related SD symptoms

Symptoms	Definition
Dyspareunia	Complaint of persistent or recurrent pain or discomfort associated with attempted or complete vaginal penetration
Obstructed intercourse	Complaint that vaginal penetration is impeded. Possible causes include narrowing or a bulge
Vaginal laxity	Complaint of excessive vaginal looseness
Libido – loss or decrease	Complain of loss or decrease of sexual desire

Prolapse and Sexual Dysfunction

- Sexual complaints are significantly more common in women with pelvic floor disorders

Handa et al, 2003

- One third of women with advanced prolapse consider that it affects their sexual relations

Barber et al, 2002

- Increasing grade of prolapse predicts interference with sexual activity but not frequency of intercourse or sexual satisfaction

Weber et al, 1995

Prolapse and Sexual Dysfunction

- Sexual function in those with prolapse and incontinence is adversely affected

Pauls et al, 2006

- Prolapse is more likely than incontinence to result in sexual inactivity
- Overall sexual satisfaction is independent of diagnosis of or treatment of prolapse or incontinence

Barber et al, 2002

Patient's Perspective

- **PFD: Women's sexual concerns unravelled**
  - 37 women undergoing surgery for POP or UI interviewed
  - 17% positive about their sex life
  - Women with POP had negative image of their vagina and worried about partners experience
  - Reduced genital sensation > decreased desire, arousal and difficulty reaching an orgasm
  - Those with UI embarrassed about incontinence and pad use and feared smelling of urine
  - Fear of incontinence > decreased desire, arousal and orgasm
  - Both affected motivation or willingness to engage in SA

Roos et al 2014

Urinary Incontinence

Sexual Function and Urinary Incontinence

- Sexual function affected by UI 26-43%

  Sutherst et al, 1980

- Sexual dysfunction greater in those with urodynamic stress incontinence (USI) and detrusor overactivity (DO) than continent controls

  Walters et al, 1990

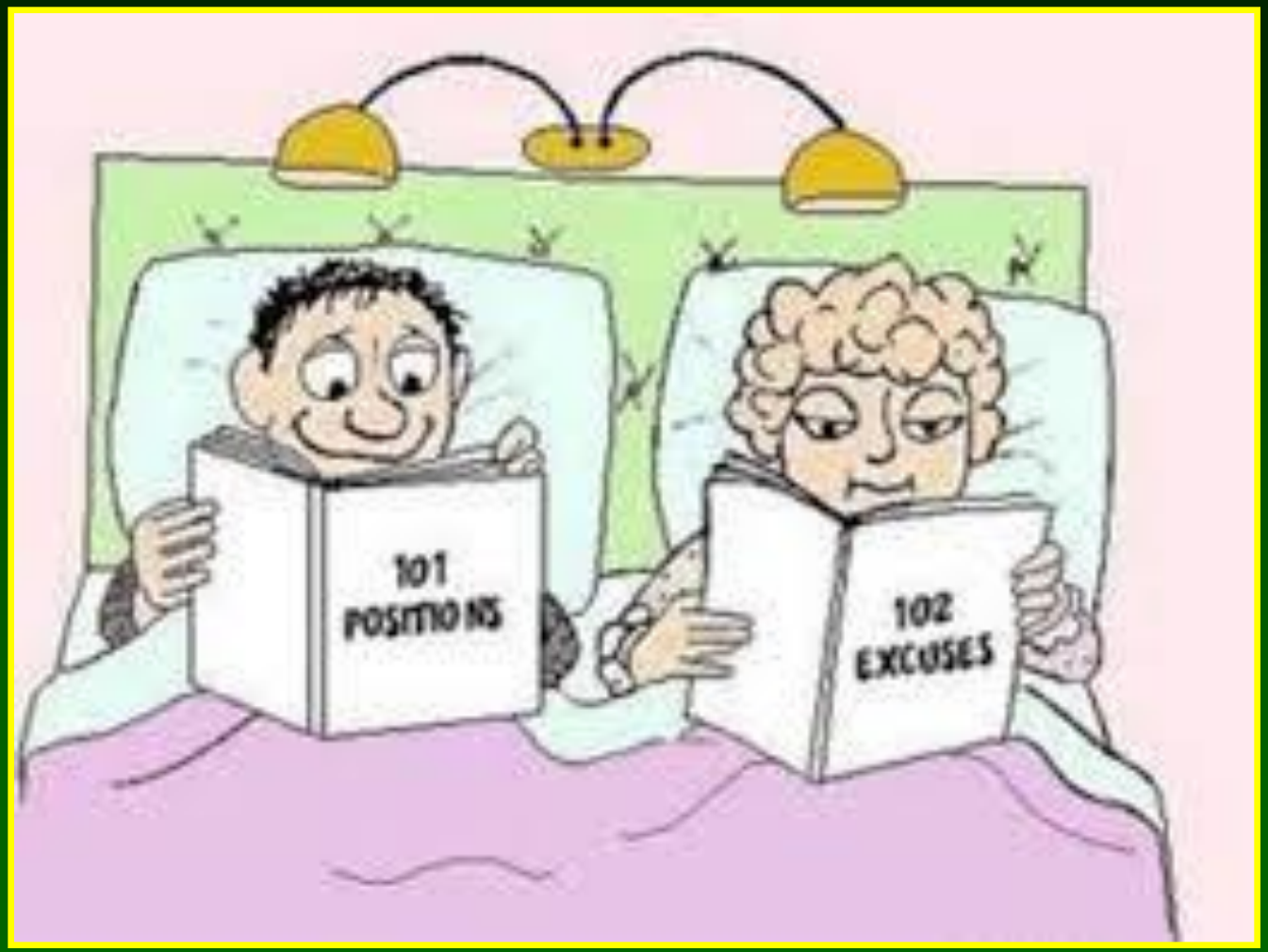
- Sexual dysfunction worse in those with DO compared to USI

  Sutherst et al, 1980

- Urinary leakage with sexual intercourse more common in USI

  Barber et al, 2002

Impact on relationships



Patient's Perspective

- Interviewed incontinent women (n=31) and asymptomatic controls (n=60)
  - incontinent women were 4.7 times less satisfied with their sexual lives
  - their partners had ejaculation without full erection 3.1 more times

Ways of coping with problems	N	%
Urinating prior to sexual intercourse	6	18.8
Keeping the partner unaware of the problem	16	50
Deferring intercourse	9	28.1
Partner suggests anal coitus	2	6.3
Ignoring the problem	8	25
Interrupting intercourse prematurely	6	18.8

Beji et al 2005

Partners Perspective

- Women attending urology OPD and partner completed GRISS (N=189 couples 43% reported UI)
  - Women with UI demonstrated lower overall sexual function, lower frequency of intercourse, are more likely to show avoidable behaviour and have more problems with communication
  - Men with partners with UI reported an overall diminished sexual function, lower frequency of intercourse, reduced satisfaction and were more likely to have erectile problems

Becker et al 2010

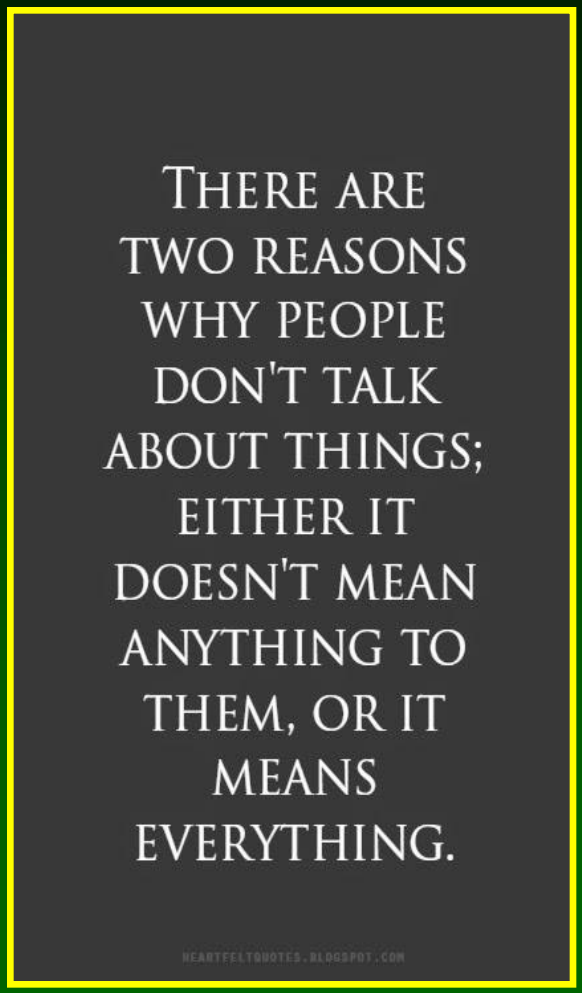
Why don't HCP talk about sex?

- SR of qualitative research in UK over 10 yrs
- Common themes
  - 'Open up a can of worm's'
  - Lack of time
  - Lack of resources
  - Lack of training
  - Concern about knowledge and ability
  - Worry will cause offence
  - Personal discomfort
  - Lack of awareness about sexual issues
  - Opposite gender / race / age concerns

Dyer et al 2013

Why don’t patients talk about sex?

- Barriers identified
  - Practical barriers
  - Emotional avoidance
  - Shyness
  - Stigma
  - Normal with aging mentality
  - Partners
  - Religious / cultural beliefs
  - Subjective nature of issue



Are we asking the right questions?

- **Study of American Obstetricians and Gynaecologists**

Question	% Routinely asking
Assessing sexual activity	63
Sexual problems	40
Sexual satisfaction	28
Sexual orientation / identity	27
Pleasure from sexual activity	13.8

- **25% reported expressing disapproval over patients reported sexual practices**

Sobeki et al 2012

Who should ask and how?

- Among older adults, men prefer to discuss SF with a physician and women prefer to discuss with a nurse

  Farrell 2012

- Pts more likely to seek help if a Dr has asked them about SF during a routine visit in previous 3 yrs

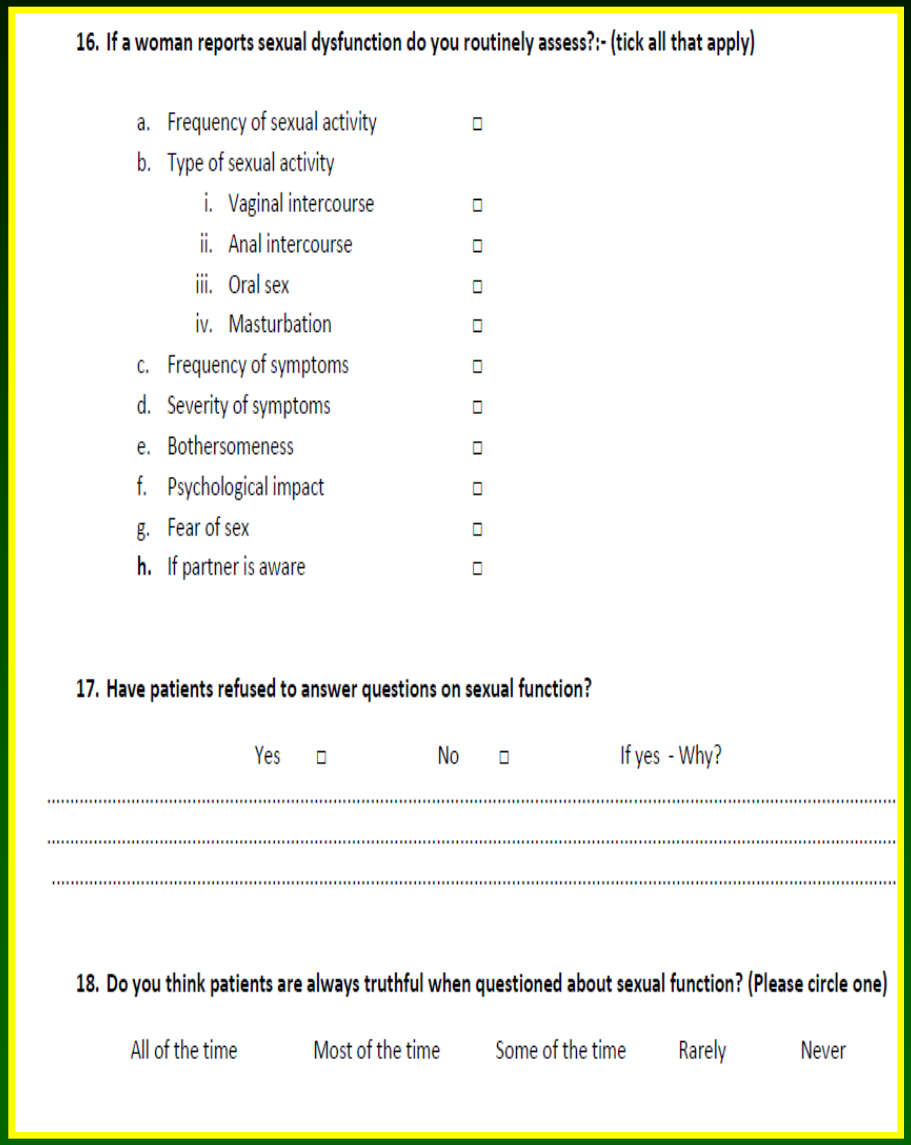
  Hinchliff & Gott 2013

Aims of Study

- To understand how clinicians question patients about SF in real life practice
- To understand the barriers that prevent or discourage this line of questioning
- To consider when patients may not be truthful with their responses and to which questions they are most likely to be dishonest

Methods

- Mixed methods questionnaire developed and piloted in single centre
- Distributed at ICI-RS 2015
- Descriptive statistics and grounded theory for analysis
- 35 responses from a variety of HCP's



16. If a woman reports sexual dysfunction do you routinely assess?:- (tick all that apply)

a. Frequency of sexual activity ☐
b. Type of sexual activity
   i. Vaginal intercourse ☐
   ii. Anal intercourse ☐
   iii. Oral sex ☐
   iv. Masturbation ☐
c. Frequency of symptoms ☐
d. Severity of symptoms ☐
e. Bothersomeness ☐
f. Psychological impact ☐
g. Fear of sex ☐
h. If partner is aware ☐

17. Have patients refused to answer questions on sexual function?

Yes ☐ No ☐ If yes - Why?

.....

.....

.....

18. Do you think patients are always truthful when questioned about sexual function? (Please circle one)

All of the time Most of the time Some of the time Rarely Never

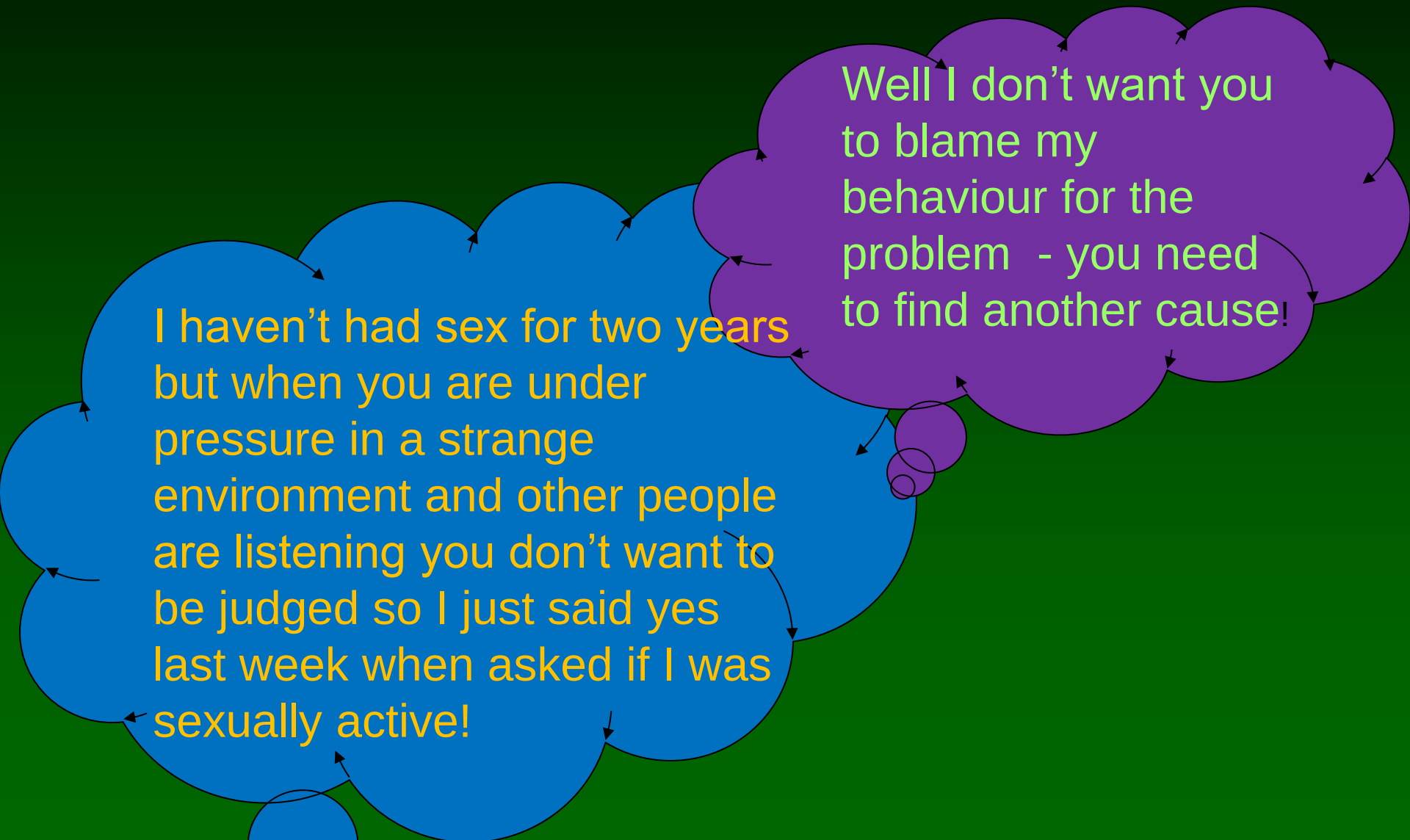
Results

- 40% do not feel confident discussing SF with members of the LGBT community due to
  - personal discomfort
  - lack of knowledge of the sexual practices performed
- 63% feel that questions are better asked by someone of the same sex
- 50% had experienced patients refusing to answer questions relating to SF
- If NSA, only 37% probe further to understand why
- 69% feel that a standardised assessment tool which asked the relevant SF questions would be beneficial in their clinic

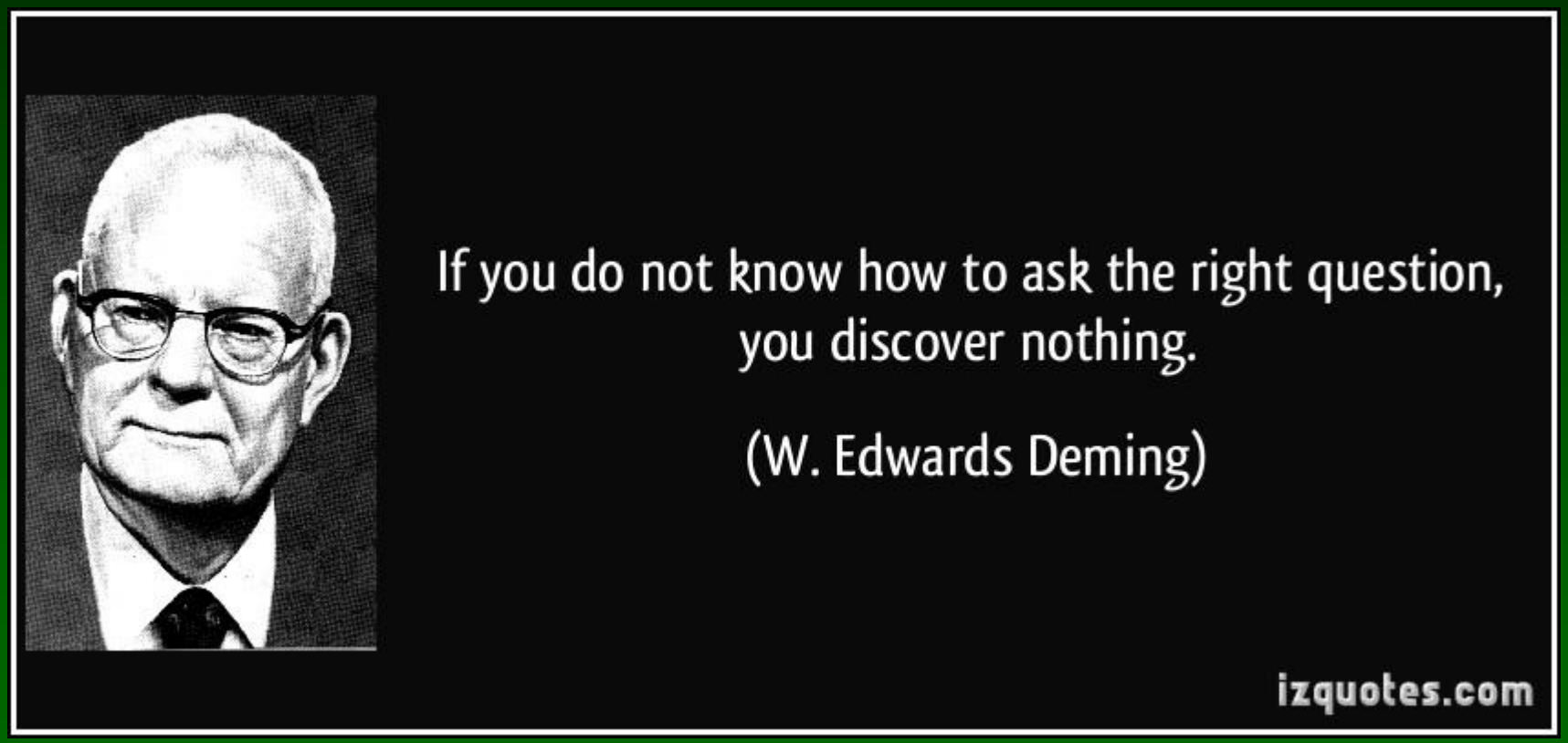
Results

Questions	What aspects of sexual activity are women most likely to be dishonest about?	What aspects of sexual activity are men most likely to be dishonest about?	What do you feel are the barriers to discussing sexual function with women?
Themes identified (frequency of answer)	Frequency of orgasm (5) No of partners (4) Frequency of sex (4) Anal sex (4) Masturbation (4)	Erection quality (5) Ability to maintain erection (5) Frequency (4) Partner aspects (2)	Social taboo / culture / beliefs (7) Pt embarrassment (3) HCP embarrassment (3) Lack of treatment options (3)

Focus Group


Well I don't want you to blame my behaviour for the problem - you need to find another cause!
I haven't had sex for two years but when you are under pressure in a strange environment and other people are listening you don't want to be judged so I just said yes last week when asked if I was sexually active!

Assessment


If you do not know how to ask the right question, you discover nothing.
(W. Edwards Deming)
izquotes.com

Essential questions to include in a sexual assessment

- How does the patient describe the problem?
- How long has the problem been present for?
- Was the onset sudden or gradual?
- Is the problem specific to a situation / partner or is it generalised?
- Were there likely precipitating events (biological or situational)?
- Are there problems in the woman's primary sexual relationship
- Are these current life stressors that might be contributing to the sexual problems?
- Is there guilt, depression or anger that is not being directly acknowledged?
- Are there physical problems such as pain?
- Are there problems in desire, arousal or orgasm?
- Is there a history of physical, emotional or sexual abuse?
- Does the partner have any sexual problems?

Assessment

- Questionnaires
  - Privacy (intimate issues)
  - Easier for less experienced clinician
  - Reliable, validated
  - Research

Validated Questionnaires

5th ICI recommendation (Grade A)

- Golombok-Rust Inventory of Sexual Satisfaction (GRISS)
- Female Sexual Function Index (FSFI)
- Sexual Quality of life – Female (SQOL)
- Pelvic Organ Prolapse / Urinary Incontinence Sexual Questionnaire (PISQ- 12 + IR)
- ICIQ-Vaginal Symptoms

Conclusion

- Female sexual dysfunction is common in women of all ages
- Sexual dysfunction is more common in women than men
- Detrimental effect on quality of life
- Pregnancy, childbirth, prolapse, incontinence and atrophy have major impact
- Communication is Key
- Multidisciplinary approach to management