Clinical Case Applicability
How to counsel your female patients about issues pertaining to sexuality and sexual health and incorporate it into every well-woman visit across the lifespan.

Learning Objectives
• How to complete a comprehensive sexual history
• How to perform a directed physical exam for sexual concerns
• How to counsel patients regarding appropriate treatment strategies

The Sexual History
• Incorporating a sexual history into well-woman care is a way to increase comfort level with discussing sexual health with patients
  – Helps identify and treat sexual problems and dysfunctions early
• Include in a review of systems, section on social history, or waiting room questionnaire
• Conduct before the physical exam while a woman is fully-clothed to reduce her anxiety and feelings of vulnerability
• Tailor questioning to practice style; see “Resources”
• Consider a second, separate appointment to discuss sexual concerns, if needed

Physical Examination
• Performed, as necessary, to evaluate for sexual disorders
  – Based on patient complaint and reproductive stage of life
• In cases of dyspareunia, genital exam should try to reproduce the pain
• Detailed, physical exam if patient complains of other symptoms
  – See “Resources”
• Referral to more experienced clinician is always an option

Global Interventions
• PLISSIT Model
  – Giving PERMISSION to raise sexual issues, to use suggestions and try new things;
  – Giving LIMITED INFORMATION about a sexual concern, including clarifying misinformation, dispelling myths, and providing limited factual information;
  – Making SPECIFIC SUGGESTIONS about the problem in question; AND
  – Offering or referring the patient for INTENSIVE THERAPY for the problem
• Rule out underlying medical illness or anatomical pathology or conditions as well as medications that may have direct sexual side effects
• Educate patient and provide appropriate literature/handouts
• Consider prescribing medication for certain issues
Female Sexual Interest/Arousal Disorder (FSIAD)

- Lack of desire (also still referred to as HSDD)
  - Educate patients that their experience is normal and that there are safe, effective treatments available
  - Educate patients about female sexual response (see video 1)
  - Bibliotherapy
  - Consider prescribing medication
  - Flibanserin

- Arousal Issues
  - Educate patients about mechanics of arousal (see video 1)
  - Conduct an instructional pelvic exam to help patient identify the clitoris
  - Bibliotherapy
  - Mindfulness exercises
  - Suggest directed masturbation and sensate focus exercises
  - OTC topical arousal creams
    - Limited data on products
    - Skin irritation possible; recommend that patient test small amount in a non-genital area

Female Orgasmic Disorder

- May lack body awareness about how to have an orgasm
- May have misperceptions surrounding orgasms
  - Educate patient
  - Instructional pelvic exam to help patient identify the clitoris
  - Bibliotherapy
- Discuss methods of increased stimulation, e.g. vibrators (“P” in PLISSIT)
- Pelvic floor problems include laxity, prolapse, poor muscle contraction
  - Pelvic floor exercises (aka Kegels) can strengthen and improve muscle control
  - Consider referral to a genital-pelvic floor physical therapist
  - Evaluate patient’s medications that may be inhibiting orgasmic response
  - Inquire about relationship/psycho-sexual issues that may be inhibiting sexual function

Genito-Pelvic Pain/Penetration Disorders (GPPPD)

- Dyspareunia caused by vaginal atrophic changes/menopause treatments include
  - Nonprescription moisturizers and lubricants
    - Read labels carefully as lubricants have different bases
    - Only water-based lubricants should be combined with condom use
  - Prescription products
    - Estrogen cream, ring, tablets, soft gel caps; sex steroid suppositories, DHEA vaginal inserts, oral SERM ospemifene
• Vaginismus is the involuntary spasm of the outer third of the vagina that interferes with intercourse
  – Treatment involves systematic desensitization
    ◦ Combination of cognitive and behavioral psychotherapy/counseling
    ◦ Progressive dilation

Referrals
• Normalize nature of problem and commonality of referrals
• Recommend books or other resources (see references for list)
APGO Sexual Health Video Series
Teaching Script: Video 2

Resources
2. ACOG Committee Report No. 706
3. Sensate focus: http://www.soc.ucsb.edu/sexinfo/article/sensate-focus
4. Mindfulness: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3711258/
5. Flibanserin REMS Program: https://addyirems.com/AddyiUI/rems/home.action
7. vaginismus.com for more information on vaginismus and to purchase dilators
8. Books:
   • Better Sex Through Mindfulness: How Women Can Cultivate Desire by Lori A. Brotto, PhD, and Emily Nagoski
   • Becoming Orgasmic: A Sexual and Personal Growth Program for Women by Julia Heiman and Joseph LoPiccolo, PhD
   • Passionate Marriage: Keeping Love and Intimacy Alive in Committed Relationships by David Schnarch, PhD
   • Sex Matters for Women: A Complete Guide to Taking Care of Your Sexual Health by Sallie Foley, MSW, Sally A. Kope, MSW, and Dennis P. Sugrue, PhD
   • The G Spot: And Other Discoveries About Human Sexuality by Alice Khan Ladas, MSS, EdD, Beverly Whipple, PhD, and John D. Perry, PhD
   • The 5 Love Languages: The Secret to Love That Lasts by Dr. Gary Chapman
9. Organizations
   • American Association of Sexuality Educators, Counselors and Therapists (AASECT) www.aasect.org
   • International Society for the Study of Women’s Sexual Health (ISSWSH) www.isswsh.org
   • European Society for Sexual Medicine (ESSM) www.essm.org
   • Sexual Medicine Society of North America (SMSNA) www.smsna.org
   • International Society for Sexual Medicine (ISSM) www.issm.info
   • American College for Obstetricians and Gynecologists (ACOG) www.acog.org
   • North American Menopause Society (NAMS) www.nams.org
References


