

## SEXUAL DYSFUNCTION

More than 40% of women complain of sexual issues- low sexual desire or drive and/or problems with orgasm and arousal. 40-60% of women masturbate, while 90-95% of men masturbate.

1 out of 6 women report never having an orgasm.

80% of heterosexual women fake orgasm 50% of the time. 25% fake orgasm all of the time.

Although sexual dysfunction is a very common feminine issue, women do not know who to turn to for evaluation and treatment. Sexual dysfunction can impact self-esteem, relationships, and quality of life.

**We want to partner with you and improve, enhance, and activate your sexual wellness!**

**Hypoactive Sexual Desire Disorder or low sex drive** is defined by the lack of or reduced sexual interest, reduced sexual thoughts, or sexual initiation and unreceptive to partner's attempts to initiate.

**Female Arousal Disorder or problems with orgasm and genital sensation** is defined by absent/reduced sexual excitement/pleasure during 75-100% of sexual encounters, or to internal or external sexual erotic cues (written, verbal, visual).

Pain with intercourse is addressed in a different handout.

### **Risk Factors for sexual dysfunction**

- Aging and menopause: reduced testosterone, low vaginal estrogen
- Chronic medical conditions: diabetes mellitus, hypertension, depression, heart disease
- Pelvic surgery and pelvic disorders: pelvic floor muscle spasm
- Neurological disorders: multiple sclerosis, epilepsy, paralysis
- Endocrine disorders: Addisons disease, hypothyroidism
- Medications: birth control pills, anti-depressants and anti-anxiety medications, antihypertensives, steroids, statins
- Infection: sexually transmitted disease or genital warts

The evaluation for low sex drive and/or arousal disorder involves a complete history of medications, surgeries, and sexual experiences, ability to use tampons, musculoskeletal injuries and relationship status and wellbeing. A complete examination is done, observing the health of the vulva, hymen and vagina, performing a vaginal culture, and palpating the vulvar and vaginal muscles, as well as the pelvic organs. Laboratory tests assessing hormonal levels are often recommended.

A comprehensive plan for you is then discussed with you and your partner (if desired).

## **Help is on the way.....Approaches to Sexual Wellness**

**Education** about current modifiable risk factors (perhaps change in medication), **sexual response and anatomy, foreplay, sexual positions, use of sexual aides, and communication techniques.**

**Lubricants** are not just for dryness- can enhance experience. See separate handout.

**Adjust Medications** can address hormonal status and/or arousal through serotonin levels.

**Hormone replacement and balance** with **estradiol, testosterone**, progesterone, and sometimes **thyroid** will improve sexual thoughts and interest, arousal, response, and wellbeing.

**Vaginal hormone cream** either estradiol or DHEA to improve health of tissue.

**Pelvic Floor Physical Therapy** can treat the tight muscles of the pelvic floor and local massage with vibrators/dilators or wands can help improve relaxation and blood flow to the area.

**ThermiVa** is a non-hormonal and non-surgical treatment that uses radiofrequency to gently heat the tissue to cause improved blood flow and elasticity, improved orgasm and lubrication.

**EMSELLA** is a high frequency electromagnetic chair that strengthens pelvic floor muscles and enhances vaginal strength.

**Psychological therapy**, including couples therapy, is important to help women address barriers to sexual wellness and for partners to have similar sexual goals.

**Flibanserin** FDA approved for premenopausal women with hypoactive sexual desire. Certain guideline pertain to no alcohol consumption while taking this medication.

**Vylessi** FDA approved for premenopausal women with hypoactive sexual desire. Injectable given 30-60 minutes before planned intimacy which triggers brain chemistry.