

AN APPROACH TO FEMALE SEXUAL PROBLEMS FOR HEALTHCARE PROFESSIONALS

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PSYCHOSEXUAL LEAD, FTPD, GSTT NHS TRUST

HONORARY SENIOR LECTURER

TTFI MODULE LEAD,

WOMEN'S HEALTH BLOCK CO LEAD, KCL



THE GYNAECOLOGIST



THE GP



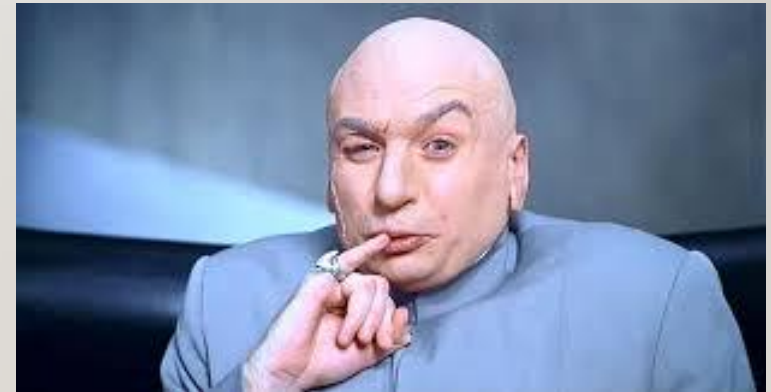
THE SEX THERAPIST





A WORD OF CAUTION

- Patients listen to us
- We cause sexual dysfunction...



PSYCHOSEXUAL MEDICINE-WHAT IS IT?

- Non directive counselling
- Active listening and reflecting
- **Doctor patient** relationship
- **Genital examination** used as part of psychotherapeutic process
 - 'moment of truth'



PSYCHOSEXUAL MEDICINE

- Mind and Body interaction
 - Physical
 - Psychotherapeutic
- Doctor/patient consultation skills
 - Patient is the expert
 - Clinician the mirror



HOW TO START-LOFTI

- Listen
- Observe
- Feel
- Think
- Interpret

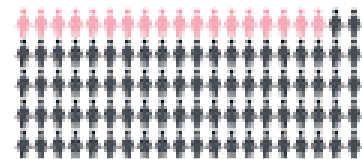


'NORMAL' SEXUAL FUNCTION

- Importance of Vulvas>>>vaginas

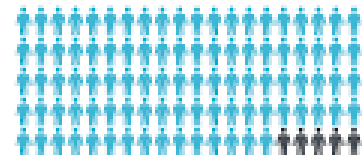
Orgasm from vaginal sex

1 in 5 women orgasm from vaginal sex

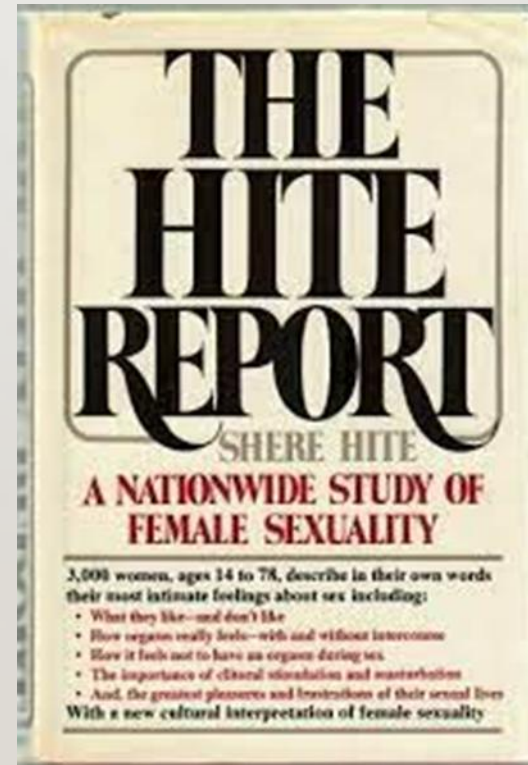


18.4 % Women

19 in 20 men orgasm from vaginal sex



95.1 % Men

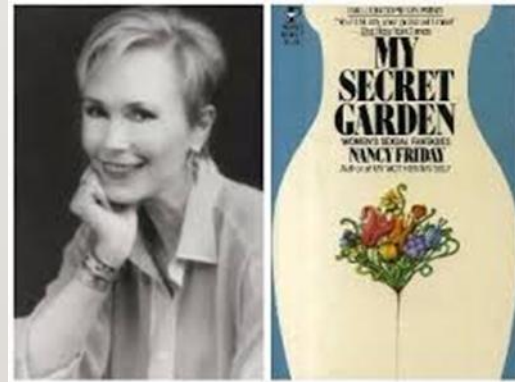
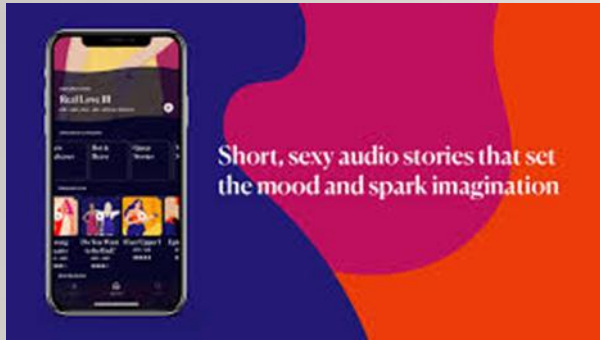


The Orgasm Gap



Frederick, D.A., Jahn, H.K.S., Tercia, J.H., et al. Differences in Orgasm Frequency Among Gay, Lesbian, Bisexual and Heterosexual Men and Women in a U.S. National Sample. Arch Sex Behav 47: 275-286 (2018). <https://doi.org/10.1007/s10508-017-0929-z>

LIBIDO & PLEASURE



PENETRATION AND SEXUAL PLEASURE

A DOCTOR PERSPECTIVE

- A vagina must be anatomically perfect
- Anatomical normality=good sex
- BUT
- Any cutting can cause pain
- And...vulvas..

A WOMAN'S PERSPECTIVE

- 'When my prolapse drops down, I ask him to put his penis in to push it back in- my prolapse has done wonders for our sex life'



HOW TO GET SEX BACK

- Communicate
- Schedule-this can be exciting
- Consider banning penetration



SEXUAL PAIN DISORDERS

- Very common
- Nationally 7.4% of women-population study RCOG 2018
- NATSAL-33% between 16-24 & 55-64
- Increased at start of sex life, fertility, childbirth and menopause
- In **endometriosis-50%** of women **present (up to 66% won't discuss sex, BMS)**



TREATMENTS-NON HORMONAL

- Reduce allergens
- Emollient creams/Oils
- Vibratory Massage and stretch
- Yes water based-with Yes OB-double glide



PROVOKED VULVODYNIA



- BD vibratory perineal massage

- Inert oil +/- Lidocaine 5%

<https://www.tandfonline.com/doi/full/10.1080/14681994.2017.1419557>

- *Genital vibration for sexual function and enhancement: a review of evidence*
- *Jordan E. Rullo et al*

- **76% reduction in vulvodynia**

- Consider Turmeric/CBD oil

- Neuromodulators?

- A systematic review of drug treatment of vulvodynia:
evidence of a strong placebo effect, Varella Perreira, March 2018,



VAGINISMUS

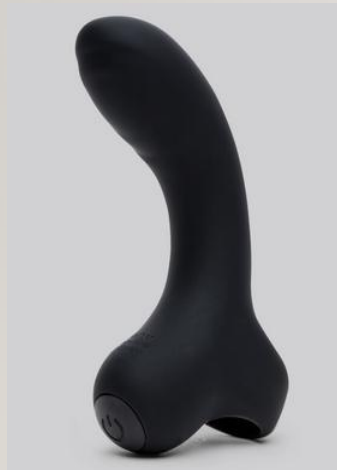
- Primary
 - Unable to consummate
 - Associated with tocophobia
- Secondary
 - After infection/pain
 - Childbirth
 - Trauma



THE TOOLS-'TRAINERS'



BETTER TOOLS



Genital vibration for sexual function and enhancement: a review of evidence

Jordan E. Rullo,^{a,b} Tierney Lorenz,^c Matthew J. Ziegelmann,^d Laura Meihofer,^e Debra Herbenick,^f and Stephanie S. Faubion^b. *Sex Relation Ther.* 2018; 33(3): 263–274.



ENDOMETRIOSIS- THE BIGGER PICTURE

- Diagnosis & implications
- Difficulty with Pain Control
- Recurrence of disease
- Fertility
- Hormones
- Desire/Libido
- Secondary vaginismus-'hot plates'
- Partners reaction...



DEPTH MINIMISERS



SUBFERTILITY & SEX

- ‘Sex should be about conception. We fail at conception and so sex is failure-every time we have sex it’s about failure’
- ‘After our last transfer failed, we had “Grief sex”. We cried all the way through. I can’t do that again’
- ‘I want a baby so much but my body won’t let him in. Time is passing and I’m never going to be a normal woman’
- ‘She only wants me to have sex for my sperm’



TIMING: FOR PATIENT OR DOCTOR?

- No increase in conception rates
- Increase in anxiety
- Increase in sexual dysfunction
 - 15x in men
 - 5x in women



- Dasgupta WCOG 2019



MENOPAUSE AND SEX

- Libido
- Dyspareunia
 - 1:5 in GOPD
 - Up to 70% in menopause
 - Remember 2/3 won't disclose sexual problems
- Louise Newson, BMS
- Reduced orgasmic intensity/Anorgasmia
- Urinary leakage



TREATMENTS



IN SUMMARY

- Topical VULVAL and vaginal oestrogen
- Vibratory massage for sexual pain not trainers/dilators
- Depth minimisers in endometriosis
- The brain is our most powerful sexual organ



PSYCHOSEXUAL MEDICINE TRAINING

- Basic psychotherapy for healthcare workers involved in intimate examination of patients
- Training by seminar groups
- Invite IPM speakers to your Med School
- 12 hour virtual introductory term
- 2 yrs to **Diploma Exam**
- Further 2 yrs to **Membership Exam**
- Continuation seminars to discuss ongoing cases



QUESTIONS?



Introduction to Psychosexual Medicine Seminars



- Suitable for doctors: GPs, GUM, O&G, family planning, dermatology, psychiatry, urology
- Also open to nurses, physiotherapists, health advisers and others working in sexual health
- Twelve hours total CPD divided into sessions of 2,3 or 4 hours. Whole day courses also available
- Sessions consist of teaching, discussion and case presentation by group members
- Fee: £260 payable to IPM (£200 for non-medical participants) or one off fee for whole group by arrangement
- Certificate of attendance issued by IPM
- Option to join on going seminar working towards Diploma in Psychosexual Medicine

If interested please contact admin@ipm.org.uk or register on IPM.org.uk