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Sexual problems- some basic information

Women—whether married or single, young or old—differ greatly in their sexual interest and response. A woman's sexual function is not limited to sexual intercourse. Her sexuality also includes the way she thinks and feels about herself as a woman. Many women have trouble with sex at some time in their lives. They often find it hard to talk about their sexual concerns—even with their partner, a trusted friend, or their doctor.

A woman can have a full physical and emotional response to sex through her whole life. Many women have an active sex life that gives them pleasure well into their late years. Most couples follow a pattern when having sex. It starts with hugging and goes to kissing to body caressing to sex. Vaginal sex is the most common sexual activity. Couples also have oral sex—the second most common activity. Many women also enjoy masturbation, fantasizing, and watching their partner undress. How often a woman has sex varies greatly.

Most women are attracted to men. Some women are attracted to other women. The term "lesbian" refers to women who are mainly emotionally and sexually attracted to other women. Some women are sexually attracted to both men and women.

A woman's progress through the sexual response cycle varies greatly from one time to another. No one pattern is more "normal" than another. If any of the stages of the cycle does not occur, though, it may cause a sexual problem. Sexual response depends on a complex interplay—physical and emotional—between two people. Because of this complex process, it's no surprise that problems with sex can happen. Sexual problems can be long-standing, or they can arise quickly. Some sexual problems are common among both women and men.

The Sexual Response Cycle

A woman's body usually follows a regular pattern when she has sex. There are four stages:

1. Desire—The feeling that you want to have sex.
2. Arousal—Physical changes take place. Your vagina and vulva get moist and the muscles of the opening of the vagina relax. The clitoris swells and enlarges. The uterus lifts up, and the vagina gets deeper and wider.
3. Orgasm—The peak of the response. The muscles of the vagina and pelvis contract and create a strong feeling of pleasure. The clitoris can feel orgasm, too.
4. Resolution—The vagina, clitoris, and pelvis return to their normal state.

Lack of Desire - Lack of interest in sex—or lack of desire—is the most common sexual problem in women, effecting at least 30%. With a low level of sexual desire, a woman may have a hard time getting aroused. A woman who has trouble having an orgasm may begin to think she cannot have one. This can cause her to lose interest in sex. Many women find that the stresses of daily living—such as concerns about work, family, and money—can create a lack of desire. Women who have been abused or have had bad experiences with sex may find it hard to enjoy sex or to become aroused. Many women and men have a lack of desire at some point in their lives.

Lack of Orgasm - Most women are able to have an orgasm during sexual activity. Some may reach orgasm by masturbation or by having their partner arouse them with their hands or with oral sex. Some women have a hard time reaching orgasm. This may result from not knowing what to do or how to tell their partners what they want. The woman and her partner may not know that orgasm can only happen with high levels of arousal. Or, the woman may have trouble talking with her partner about the best ways to touch and arouse her.

Problems with reaching orgasm can stem from negative feelings about sex learned in childhood. Women who have suffered a trauma related to sex, such as sexual abuse, may not be able to reach orgasm. Other causes may include: Fear of having pleasure or feeling "safe" with someone, anger, depression, use of medications, drugs, or alcohol.

Some couples place too much importance on having an orgasm during sex. This focus on performance or technique—and not mutual pleasure—often lessens sexual excitement. The pressure to reach orgasm can create anxiety and distractions. This can cause lack of orgasm. Most women who do have orgasms don't always do so through sex alone. They need more stimulation to be aroused than sex alone provides. The stimulation may include kissing and caressing, as well as stroking and touching sensitive areas such as the breast and clitoris. If a woman has no orgasm during sex, it does not mean it was a failure. Sharing love, closeness, warmth, and tenderness are often enough.

Painful Sex - Dyspareunia is a term for pain during or after sex. This may include pain during entry into the vagina, pain during deep thrusting, or pain after sex. The pain can be on the surface or deep, along the middle of the pelvis, or on one or both sides. Most sexually active women have had pain during sex at some point in their lives. The most common cause is that the vagina is not well lubricated. This can occur because of: Medication, Illness, Lack of arousal or lack the hormone estrogen. Other causes of painful sex are: Infections, Cysts or tumors , and Endometriosis.

Vaginismus can also cause pain during sex. This is a spasm of the pelvic muscles and lower vagina. It makes entering the vagina painful. Vaginismus can have many medical causes, including: Painful scars in the vaginal opening from injury, childbirth, or surgery; Irritation from douches, spermicides, or the latex in condoms; Pelvic infections. This condition also can be caused by a response to a fear of some kind, such as fear of losing control or fear of pregnancy. It can also stem from emotional trauma, such as rape or sexual abuse.

Conditions That Can Affect Your Sexual Function

Pregnancy - In most cases, sexual activity doesn't have to change during pregnancy. Sex does not harm the fetus unless certain conditions are present. In the weeks after the baby's birth, a mixture of fatigue, changing hormone levels, and perhaps an episiotomy or tear that is still healing may prevent couples from having sex. Couples can have sex again usually 6 weeks after birth and when the woman feels ready.

Menopause - As women approach menopause, they may lose desire slowly, have a hard time getting aroused, and feel pain during sex. The lack of estrogen that occurs after menopause makes the vagina dry. Vaginal lubricants can help moisten the vagina and make sex more comfortable. Women may wish to take estrogen to help restore the vagina's flexibility and prevent other problems linked to low estrogen levels. Menopausal women may respond less to touch, too, and find it harder to get aroused. Traditional hormone replacement therapy doesn't seem to kindle desire for most women. What it can do is ease hot flashes and other symptoms that leave a women feeling not-so-sexy.

Drugs – Certain drugs can effect hormone levels and sexual function. These include some oral contraceptives (the pill), antidepressants, and blood pressure medications. Adjusting or changing the medication can sometimes reduce this problem.

Cancer - Women with cancer often worry about how the disease will affect their sex life. Surgery, radiation, and chemotherapy can be painful and sap the woman's energy. She may struggle with fears of death, disfigurement, or the partner's rejection. The partner may be concerned that she may be injured during sex. Counseling before, during, and after treatment can help the couple deal with these problems.

Medical illness - Diseases that persist for a lifetime, such as diabetes, arthritis, or heart disease, can have a major impact on a woman's self-image and her ability to feel sexual. Sometimes menopause is blamed for a low sex drive when other health problems are the real cause. Common culprits are bladder problems, underactive thyroid, and iron-deficiency anemia. Getting a thorough medical checkup is essential. to make sure there's nothing else going on. As for self-esteem, don't believe that only a svelte starlet can be sexy. Treat your body well, making time for self-care and time for sex.

Stress - At midlife, many women are deep into a marriage, a job, raising teens, and caregiving. Any of these can amp up stress, and stress puts your sex drive in park. Avoiding sex can, in turn, cause tension with your partner. Low desire is more common in long-term relationships. Because all this happens at once, it may seem like menopause is the cause, but there are many factors. What can help is to sometimes take the focus off intercourse. Spend more time on foreplay and try other kinds of sex play, such as massage and oral sex. Seeking out short-term couples counseling can be helpful also.

Depression - Women are more prone to depression than men, and the peak years (between ages 40 and 59) coincide with menopause. Since your whole body is a sex organ, when depression sends body chemicals out of whack, desire is affected, too. It doesn't help that some common antidepressants can mute desire and slow sexual response. Some women who are not depressed are prescribed these types of drugs for hot flashes and other menopause symptoms. Though the pills fix these problems, they can make sexual desire worse. Depression can be treated with both medications and psychotherapy. Some antidepressants cause fewer sexual side effects.

Male Factor - If a male partner is having sexual problems, pleasure for both partners may be affected. Many men have trouble with impotence—not being able to achieve or keep an erection—at some time in their lives. Impotence is usually caused by physical or medical factors. It often occurs as a side effect of some medications or alcohol and drug use. Stress, anger, or depression also can lead to impotence. In many cases, impotence comes and goes or can be reversed. A doctor may suggest your partner take medication (for instance, Viagra). It causes more blood flow to the penis. This allows many men to achieve and maintain an erection. Medication treats the physical problem—it does not increase desire in men. To work, the man must be sexually aroused. Men should not take medication for impotence if it is not prescribed to them. It is not safe to use with some conditions and medications.

Tests

Certain blood tests can be done to check your hormones levels (such as estrogen and testosterone hormones). The questionnaire attached can be very useful in determining which treatments may suit you best.

Treatment

Some of the potential treatment alternatives for sexual problems are:

1. Addyi (Flibanserin) - Flibanserin (“the female Viagra”, “Pink pill”) is intended for use in premenopausal women who have acquired, generalized hypoactive sexual desire disorder (HSDD), which is defined as low sexual desire that causes marked distress or interpersonal difficulty and is not due to other medical or psychiatric condition, problems within the relationship, or the effects of a medication or other drug substance. Although the drug has been tested in both premenopausal and postmenopausal women, it is approved for use only in premenopausal women. Main risks are that of causing low blood pressure and possibly fainting. These side effects are made worse by use of alcohol, so any drinking of alcohol is not allowed when taking this medication. These side effects are also increased if you are taking a number of drugs, including: Benzodiazepines, Opiates, Hypnotics, Ketoconazole, Fluconazole, and certain herbal products. Other side effects are dizziness, sleepiness, nausea, fatigue, insomnia, and dry mouth. The recommended dose is 100 mg daily taken at bedtime.
2. Vyleesi (Bremelanotide) – A new drug for woman with low sexual desire disorder. It is an injection to be taken before sex, given by the patient herself under the skin of the abdomen or thigh, at least 45 minutes before anticipated sex. Maximum use is once every 24 hours and no more than 8 doses per month. Side effects include nausea, skin reactions and headache. Blood pressure can be increased and therefore it should be avoided if patient has uncontrolled hypertension or heart disease.
3. Testosterone - Testosterone has not been extensively tested for use in females for enhancement of sexual enjoyment, desire or drive. Our knowledge concerning it is rather limited and it is not approved by the FDA (Food and Drug Administration) for this use. Side effects are also possible, and may occur in up to 35% of patients. These include increased hair growth and acne, enlargement of the clitoris, water retention, or possible weight gain. Less commonly, liver and cholesterol effects can occur. Testosterone comes in a variety of formulations:
 - a. Compounded topical testosterone cream preparations are available – 10mg/ml 0.1ml (1mg) applied to the skin daily. Side effects are rare, but fine hair may grow at the site of application.
 - b. Testosterone Gel (AndroGel): 1% from a pump, 1 pump press, 3-4 mornings per week, applied to upper arm, shoulder or abdomen.
 - c. Estrogen/testosterone hormone replacement therapy is available orally (Estratest). This also has the same side effects and potential risks of hormone replacement therapy. Estrogen has the added benefit of increasing the effects of testosterone.
 - d. Testosterone injections can be given monthly at doses of 50-100mg. Although often effective, chance of side effects are higher than other forms of administration (see Testosterone information sheet).

4. Progesterone cream: 200mg/ml 0.1ml per day, applied to the skin daily. Can be effective for a variety of problems, including sexual drive, well being, etc.

5. Viagra (Sildenafil) 50mg ½ hr to 4 hrs before sex, has a limited benefit for patients with lack of arousal or who have sexual problems as a side effects of anti-depressants. It had not been tested in women and is not FDA approved for this use.

6. Wellbutrin XL – 150 mg/day, is a treatment for depression. It increases sexual desire in 30% of patients. Response can take two to six weeks.

7. Alternative medicines – a number of herbal products are available although not well tested. One supplement Avlimal, one pill daily, is not FDA approved, but has shown some limited success. It can also potentially affect conditions such as endometriosis or cancer. Potential side effects including nausea, headache and abdominal discomfort.

8. There are newer preparations under study.

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PATEINT NAME: _____

SEXUAL QUESTIONNAIRE

Abbreviated sexual function questionnaire (ASFQ)

Desire Domain

1. Over the last 4 weeks, how often have you had pleasurable thoughts and feelings about sexual activity?

- Not at all (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very often (5)

2. Over the last 4 weeks, how often have you wanted to be sensually touched and caressed by your partner?

- Not at all (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very often (5)

3. Over the last 4 weeks, how often have you wanted to take part in sexual activity?

- Not at all (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very often (5)

4. Over the last 4 weeks, how often have you initiated sexual activity with your partner?

- Not at all (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very often (5)

5. Over the last 4 weeks, how often did you take part in sexual activity with penetration (eg, vaginal penetration and intercourse)?

- I did not take part in sexual activity (0)
- Once/twice (1)
- 3-4 times (2)
- 5-8 times (3)
- 9-12 times (4)
- 13-16 times (5)
- >16 times (6)

6. Thinking about your sexual life over the last 4 weeks, how often did you look forward to sexual activity?

- Not at all (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very often (5)

Arousal-sensation Domain

7. Over the last 4 weeks, how often did you have a feeling of "warmth" in your vagina/genital area when you took part in sexual activity?

- I did not take part in sexual activity (0)
- Not at all (1)
- Sometimes (2)
- Often (3)
- Very often (4)
- Every time (5)

8. Over the last 4 weeks, in general, how much "warmth" did you feel in your vagina/genital area when you took part in sexual activity?

- I did not take part in sexual activity (0)
- None (1)
- Slightly warm (2)
- Moderately warm (3)
- Very warm (4)
- Extremely warm (5)

9. Over the last 4 weeks, how often did you have a sensation of "pulsating" ("tingling") in your vagina/ genital area when you took part in sexual activity?

- I did not take part in sexual activity (0)
- Not at all (1)
- Sometimes (2)
- Often (3)
- Very often (4)
- Every time (5)

10. Over the last 4 weeks, in general, how much "pulsating" ("tingling") in your vagina/genital area did you notice when you took part in sexual activity?

- I did not take part in sexual activity (0)
- No sensation (1)
- A mild sensation (2)
- A moderate sensation (3)
- A strong sensation (4)
- A very strong sensation (5)

Arousal-lubrication Domain

11. Over the last 4 weeks, how often did you notice vaginal wetness/lubrication when you took part in sexual activity?

- I did not take part in sexual activity (0)
- Not at all (1)
- Sometimes (2)
- Often (3)
- Very often (4)
- Every time (5)

12. Over the last 4 weeks, in general, how much vaginal wetness/lubrication did you notice when you took part in sexual activity?

- I did not take part in sexual activity (0)
- No wetness/lubrication (1)
- Slightly wet/lubricated (2)
- Moderately wet/lubricated (3)
- Very wet/lubricated (4)
- Extremely wet/lubricated (5)

Orgasm Domain

13. Over the last 4 weeks, how often did you have an orgasm when you took part in sexual activity (may be with or without a partner)?

- I did not take part in sexual activity (0)
- Not at all (1)
- Sometimes (2)
- Often (3)
- Very often (4)
- Every time (5)

14. Over the last 4 weeks, in general, how pleasurable were the orgasms that you had?

- I did not have any orgasms (0)
- Not pleasurable (1)
- Slightly pleasurable (2)
- Moderately pleasurable (3)
- Very pleasurable (4)
- Extremely pleasurable (5)

15. Over the last 4 weeks, in general, how easy was it for you to reach orgasm?

- I did not have any orgasms (0)
- Very difficult (1)
- Quite difficult (2)
- Neither easy or difficult (3)
- Quite easy (4)
- very easy (5)

FSD		high	Border N	N
D	1-6	5-16	17-22	23-31
AS	7-10	4-10	11-13	14-20
AL	11-12	2-5	6-7	8-10
O	13-15	3-8	9-11	12-15

A few more questions (if you feel uncomfortable with any questions feel free to leave it blank):

1. Do you feel comfortable with how your body looks and functions?
2. Who is (are) your current partner(s)? (No names -- just description, e.g. new or long-time lover, husband, friend, acquaintance.)
3. How do you feel about your sexual partner(s)?
 - a. Do you like each other?
 - b. Are you ever afraid?
 - c. How do you communicate about sex?
4. Does anything appear to increase or decrease your sexual drive?
5. Are you comfortable with nudity and physical touch?
6. Do you experience any anxiety about or difficulty with sex due to any of the following?
 - a. Past emotional abuse
 - b. Past physical abuse
 - c. Emotional intimacy issues
 - d. Rejection or fear of rejection
7. Do you or does your partner attribute a loss of sexual interest over any of the following issues?
 - a. Money
 - b. Schedules
 - c. Children/childcare
 - d. Parents/eldercare
 - e. Relatives
 - f. Traumatic experiences either has had
 - g. Health status of self or partner
8. Would you describe your sexual orientation/identity as:
 Heterosexual Lesbian Bisexual
9. Do you experience pain with sexual activity?
 - a. If yes, please describe:
10. Is the pain or lack of physical desire associated with any of the following?
 - a. Pregnancy
 - b. Outcomes from childbirth
 - c. Sexually transmitted infection
 - d. Pelvic surgeries (e.g., hysterectomy, cancers, prolapsed uterus)
 - e. Side effects of drugs, medications, or medical treatments
11. Have you seen any health care professionals about this problem?
12. Would you be interested in seeing a counselor or therapist for this issue?
13. Any further comments, questions or concerns?