



Challenges in clinical care

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Disclosures

- Eli Lilly - lecturer, consultant
- Pfizer - lecturer
- Futura Medical – advisory board
- OvacoBio – advisory board
- Astellas – lecturer
- Viatrix - lecturer
- Novo Nordic – stockholder
- Freya – advisory board



Challenges in clinical care?

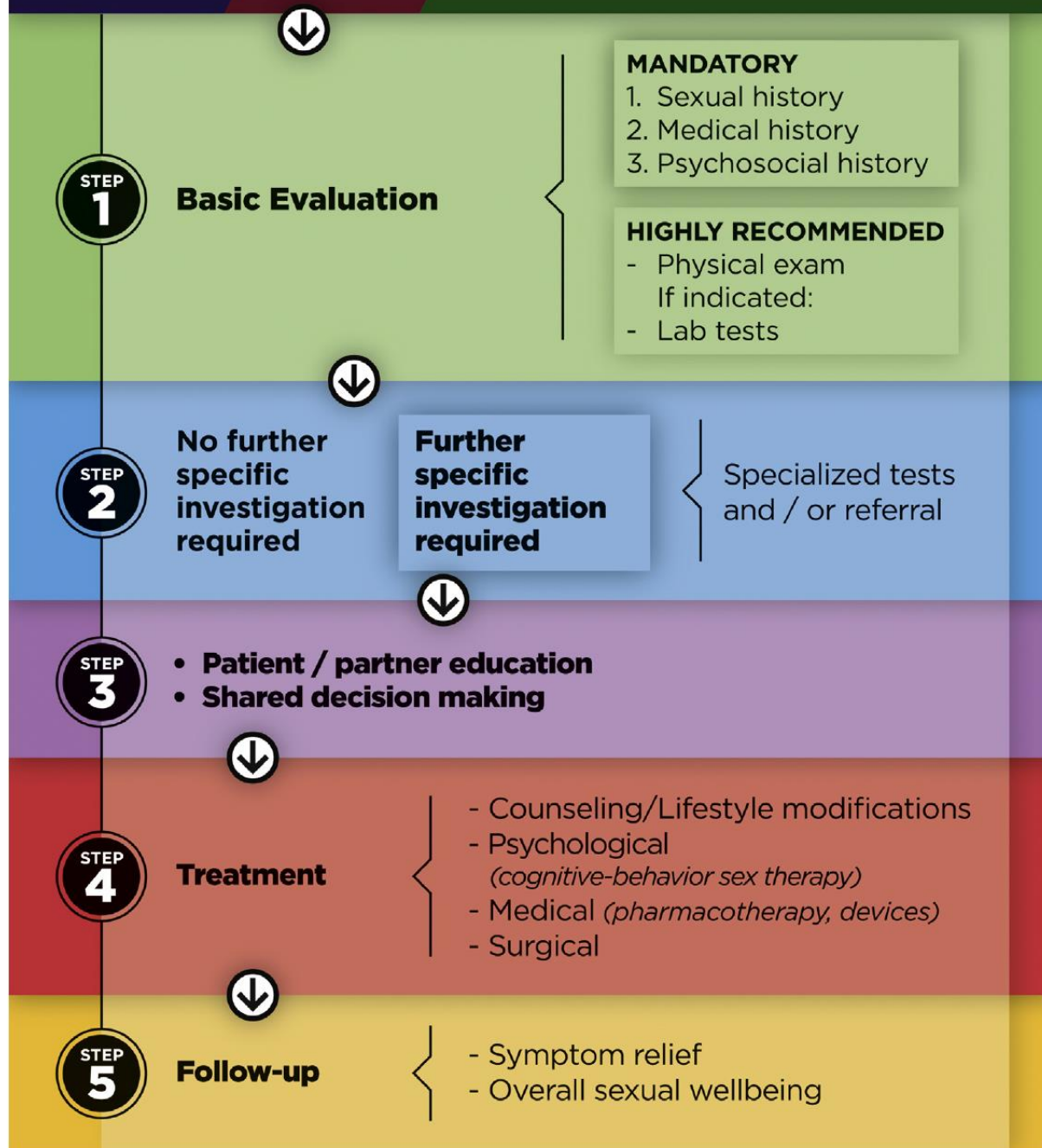
- Often overlap between different sexual problems
- A mix of bio-psycho-social factors may contribute to the sexual problem
- Limited treatment options
- Often a multi-modal approach is to prefer
- We want to “fix everything”



Agenda

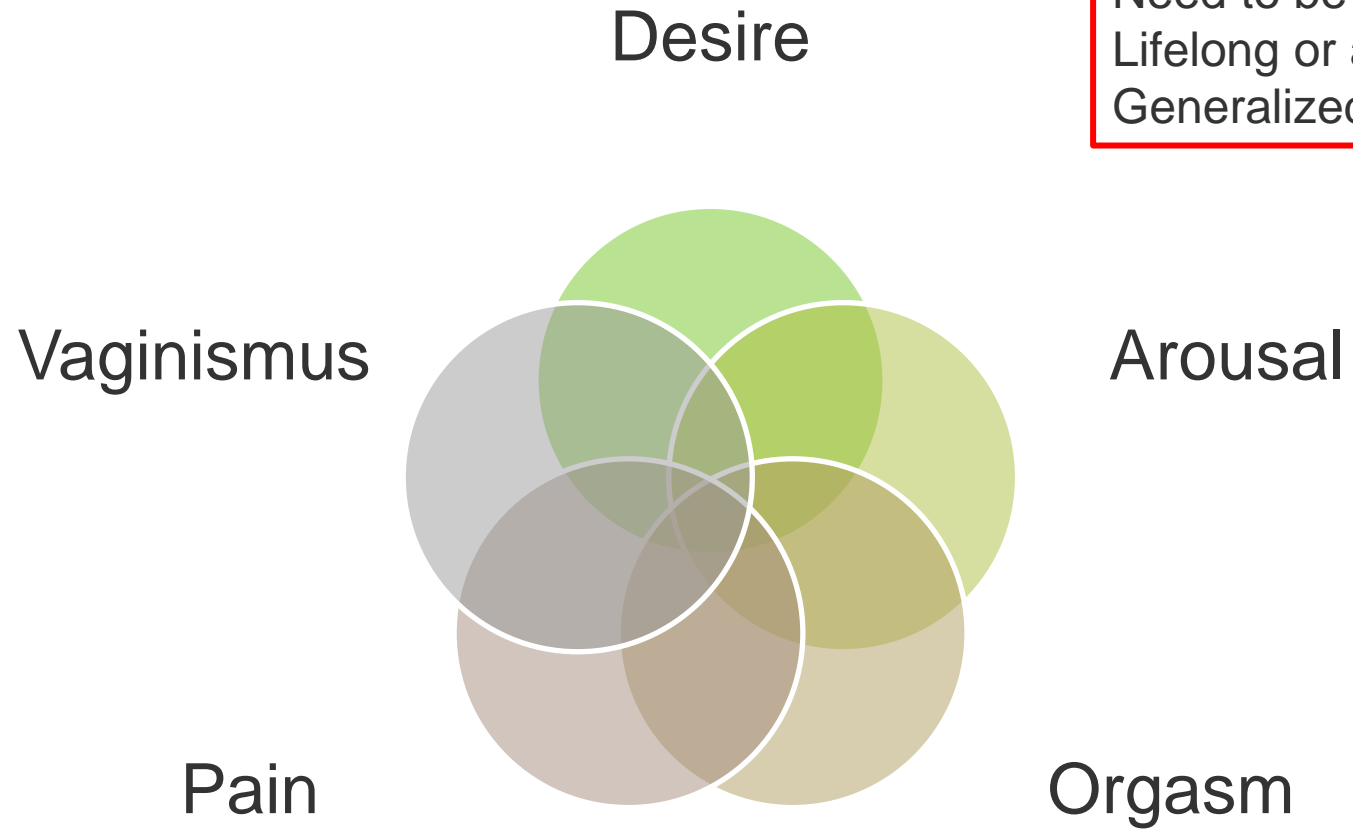
- Female Sexual Dysfunction (FSD)
- Risk factors
- Identification of the problem
- Treatment modalities
- Hypoactive Sexual Desire Disorder
- Discussion

Man / Woman with sexual complaints



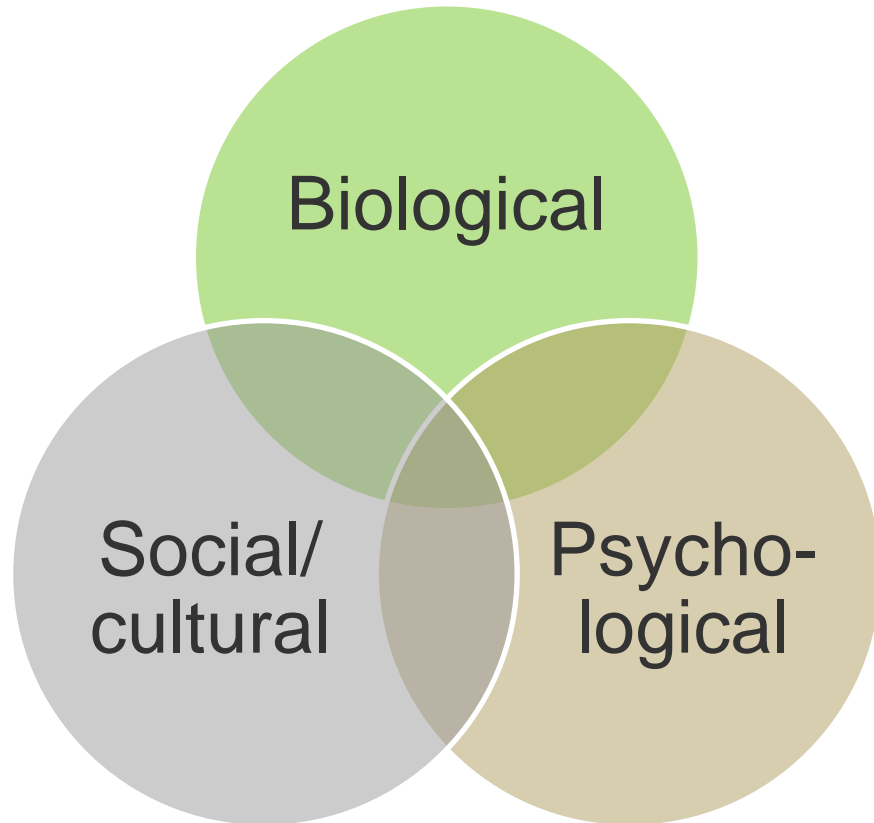


Need to be distressfull
Lifelong or acquired
Generalized or situational

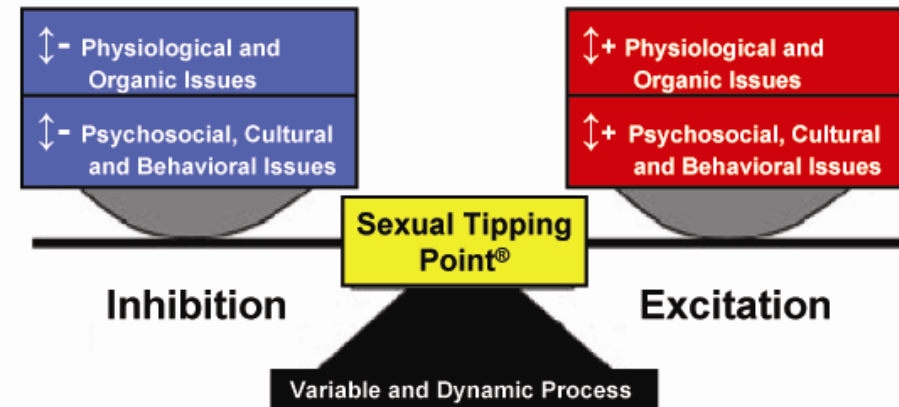




Risk factors



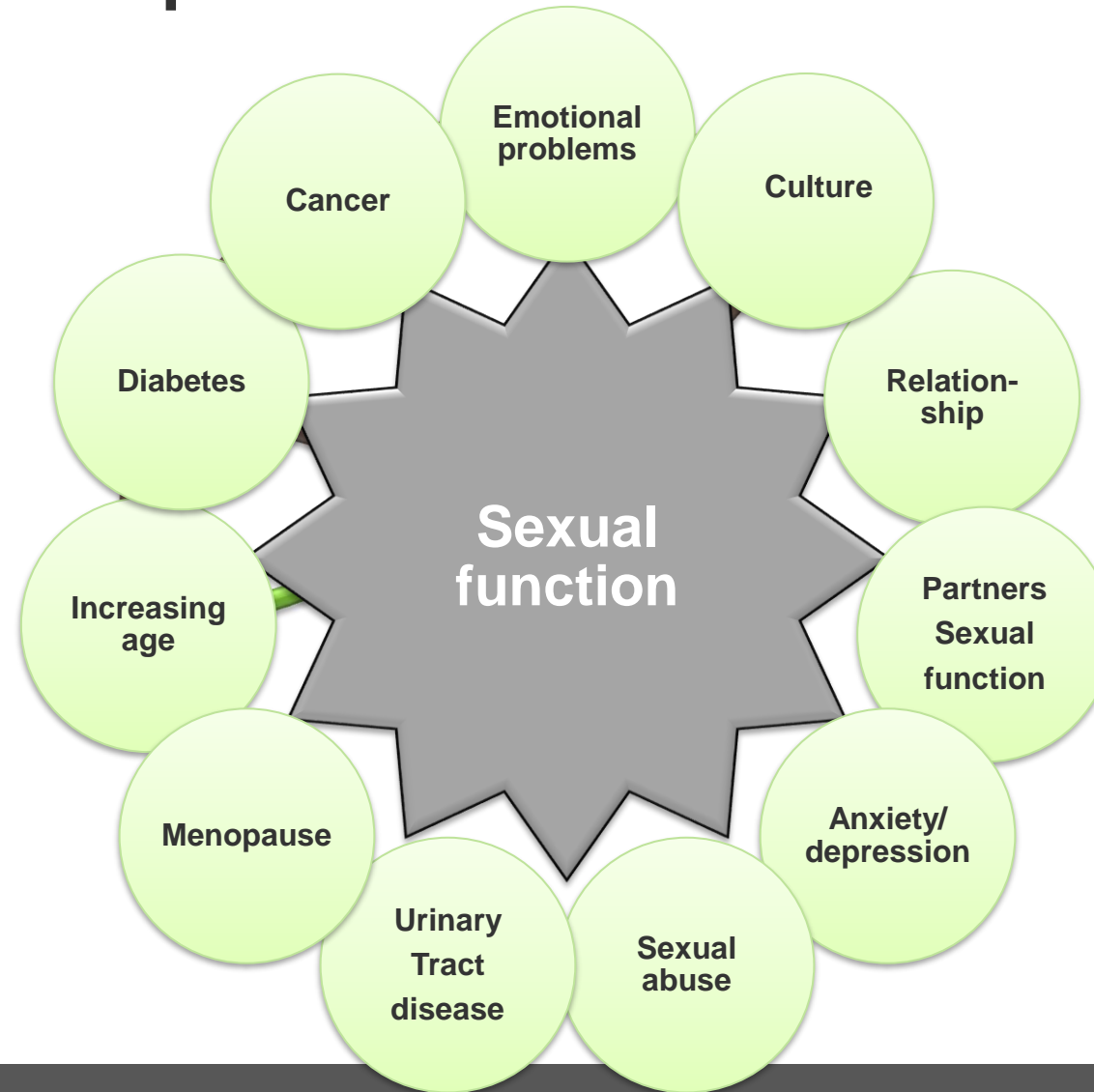
Dual Control Model



after Perelman (2006) *J Sex Med*, 3, 1004-1012



Important risk factors for FSD



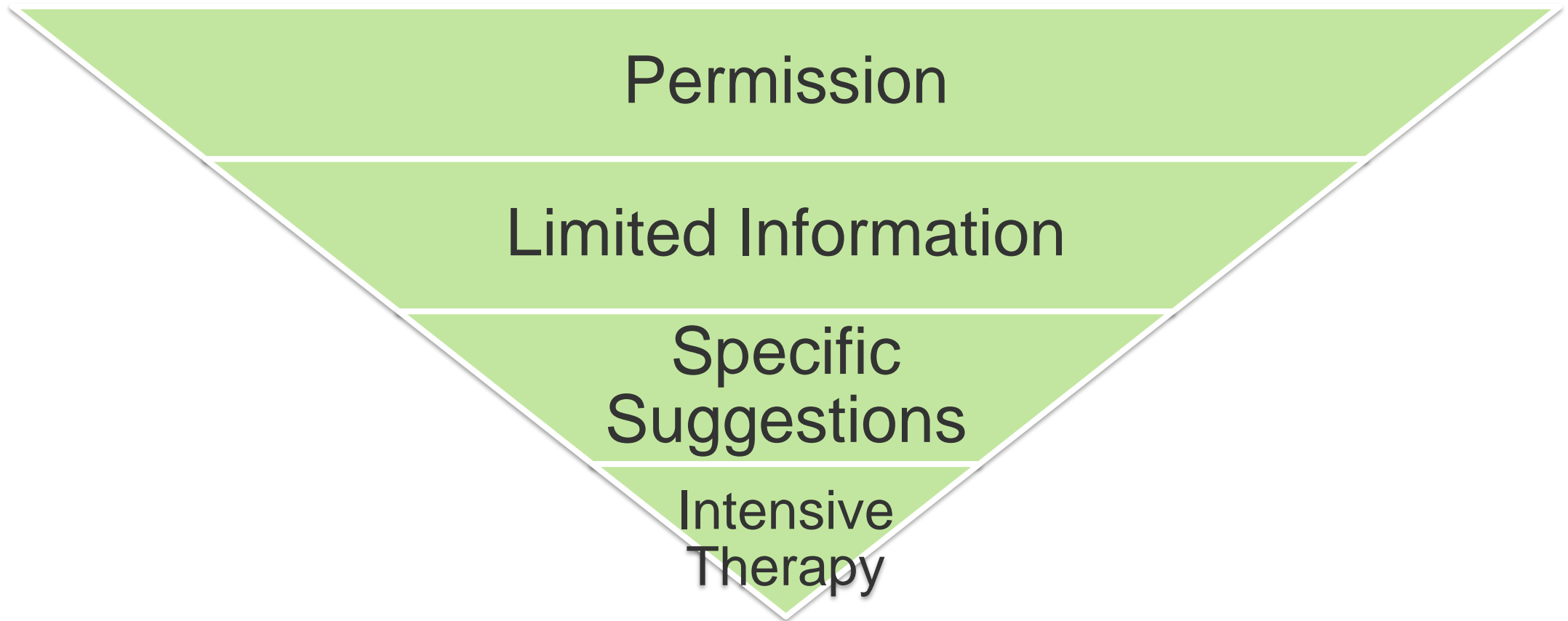


Challenge – to identify contributing factors

	Biological	Psychological	Social/ cultural/ relationship
Predisposing			
Preticipating			
Maintaining			

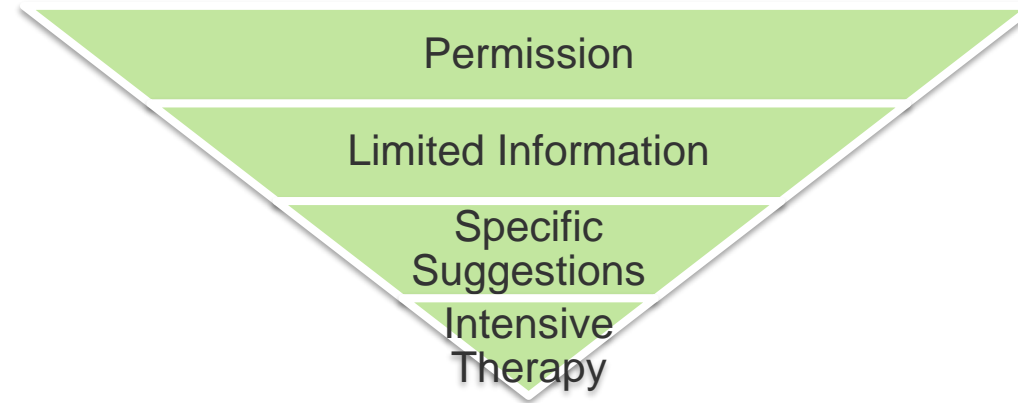


PLISSIT model





Treatment



Basic counseling	Hormonal	Non hormonal	Psycho - therapy	Other
<ul style="list-style-type: none">• Education• Information• Change medication• Treat other conditions	<ul style="list-style-type: none">• Estrogens• Testosterone• DHEA• Tibolone	<ul style="list-style-type: none">• Flibanserin• Bremelanotide• PDE5-inhib?• SERMS• TCA• Lidocain	<ul style="list-style-type: none">• Sex therapy• Couples counseling• CBT• Mindfulness• Psychodynami c	<ul style="list-style-type: none">• Lubricants• Dilators• Vibrators• Surgery• Physiotherapy• Laser therapy• Physical therapy



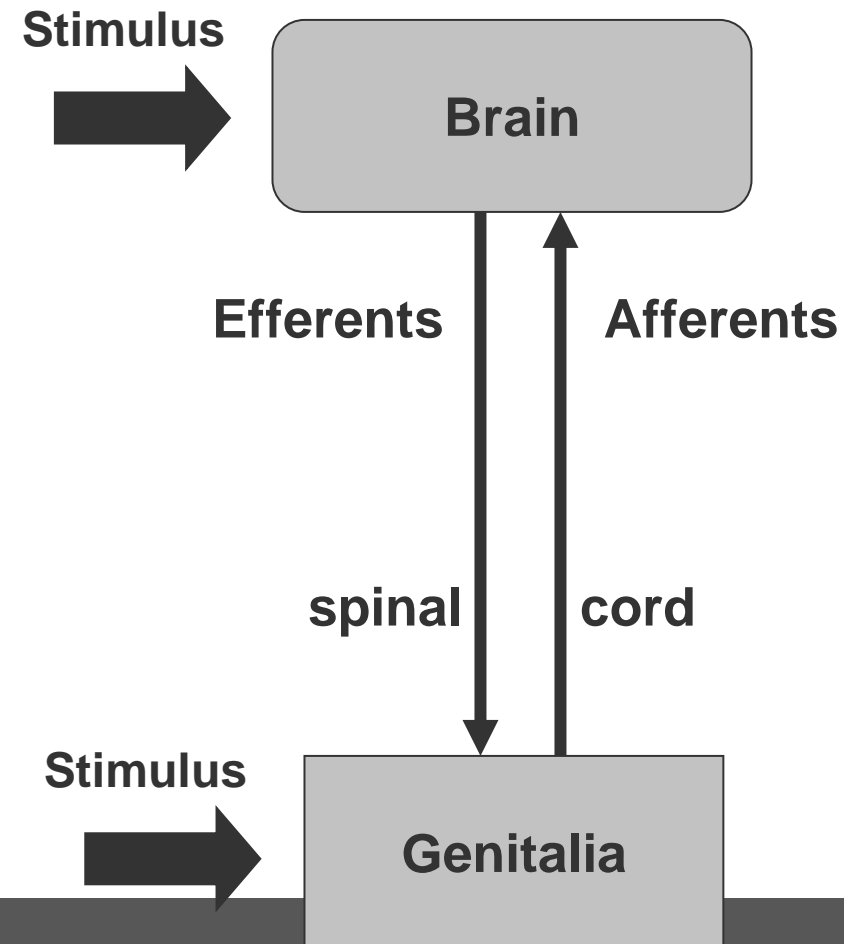


Sexual response – an interaction between brain and genitals

Efferent signals from brain activate arousal changes in genitalia

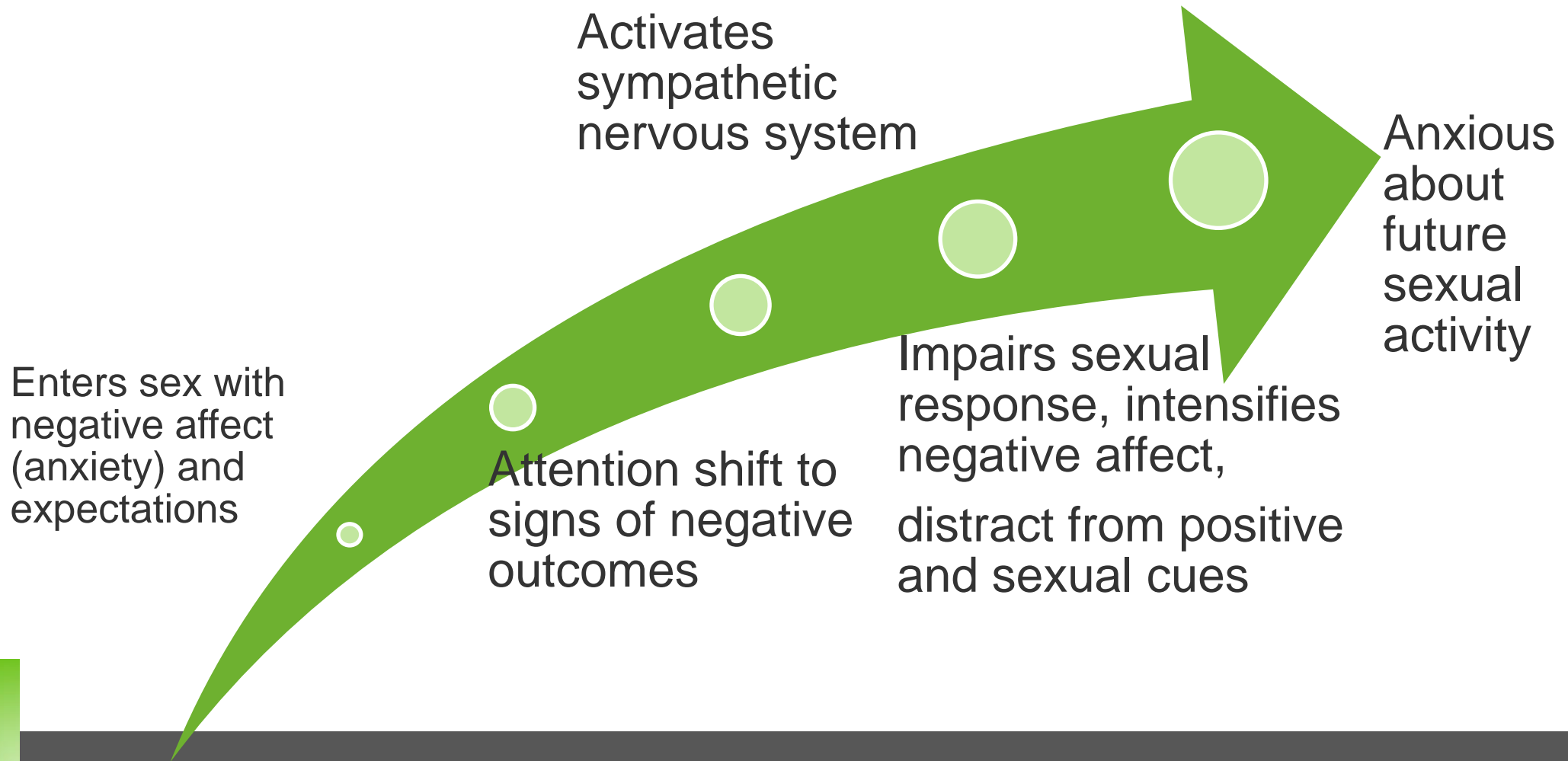
Afferent signals from genitalia feed information to brain to activate further efferent output

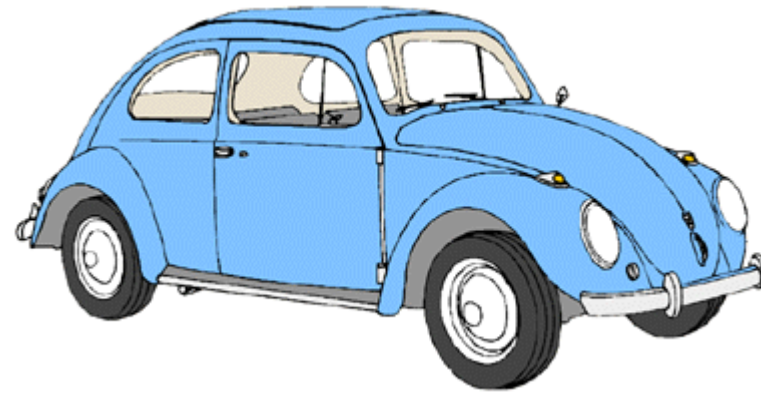
The feed back can be positive or negative; enhancing or inhibiting the sexual response





Sexual dysfunction



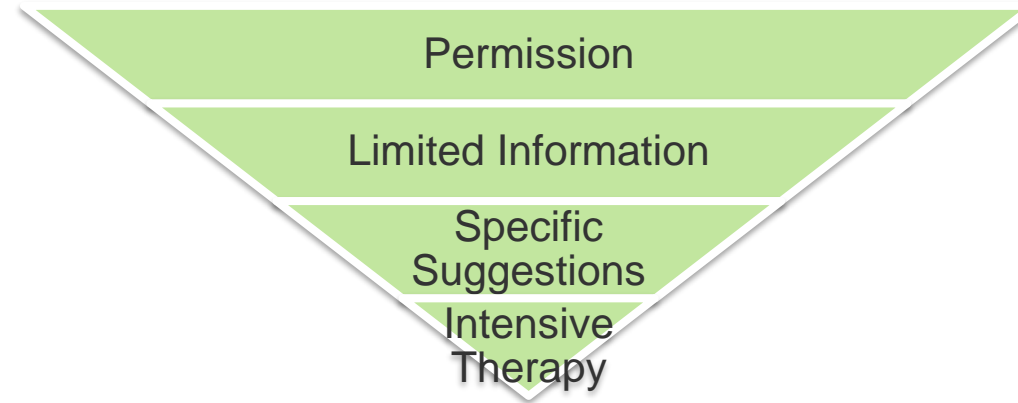


Brake

Gas



Treatment



Basic counseling	Hormonal	Non hormonal	Psycho - therapy	Other
<ul style="list-style-type: none">• Education• Information• Change medication• Treat other conditions	<ul style="list-style-type: none">• Estrogens• Testosterone• DHEA• Tibolone	<ul style="list-style-type: none">• Flibanserin• Bremelanotide• PDE5-inhib?• SERMS• TCA• Lidocain	<ul style="list-style-type: none">• Sex therapy• Couples counseling• CBT• Mindfulness• Psychodynami c	<ul style="list-style-type: none">• Lubricants• Dilators• Vibrators• Surgery• Physiotherapy• Laser therapy• Physical therapy



TABLE 3. Treatments for Female Sexual Dysfunctions^{34,36,52,55}

Medication category	Product name	Formulation	Indication
Pharmacologic treatments			
Local vaginal estrogens	Estradiol or CEE cream (Estrace, Premarin)	Cream	Genitourinary syndrome of menopause
	Estradiol vaginal tablet (Vagifem, Yuvaferm)	Vaginal tablet	
	Estradiol vaginal gel cap (Imvexxy)	Vaginal gel cap	
	Estradiol vaginal ring (Estring)	Vaginal ring	
	Ospemiphene (Osphena)	Oral tablet	
Selective estrogen receptor modulator	Ospemiphene (Osphena)	Oral tablet	Genitourinary syndrome of menopause
DHEA	Prasterone (Intrarosa)	Vaginal suppository	Genitourinary syndrome of menopause
Testosterone (Not FDA approved in women, approved in countries outside the United States)	Testosterone	Transdermal cream or gel	Hypoactive sexual desire disorder
Serotonin agonist/antagonist	Flibanserin (Addyi)	Oral tablet	Hypoactive sexual desire disorder
Nonpharmacologic treatments			
Lubricants	Multiple products	Water-based Silicone-based Hybrid (water- and silicone-based) Oil-based	Used as needed for to reduce friction and enhance comfort with sexual activity
Moisturizers	Multiple products	NA	Used regularly for maintenance of vulvar/vaginal moisture
Sex therapy	NA	NA	Helpful for all FSD diagnoses
Pelvic floor physical therapy	NA	NA	For treatment of pelvic floor dysfunction
Mechanical devices	Vibrators Clitoral vacuum device (Eros)	NA	Used to enhance vulvar, clitoral, and vaginal stimulation
Vaginal lasers (FDA cleared, but no specific indication for genitourinary syndrome of menopause)	Carbon dioxide fractional lasers Erbium YAG lasers	NA	Genitourinary syndrome of menopause

CEE = conjugated equine estrogen; FDA = Food and Drug Administration; FSD = female sexual dysfunction; NA = not applicable; YAG = yttrium-aluminum-garnet.



Hypoactive Sexual Desire Disorder (HSDD)



Desire?

- Desire is always composed of three components:
 - Drive
 - Motivation
 - Wish

The spectrum of desire's intensity can be:

aversion – disinclination – indifference – interest – need – passion



Desire

- **Drive** - The biological component which has an anatomy and neuroendocrine physiology
- **Motivation** - The psychological component which is influenced by:
 - Personal mental status as joy and sorrow
 - Interpersonal states as affection, disagreement or disrespect
 - Social contexts as relationship duration and infidelity
- **Wish** - Cultural component
- Reflects values, meanings and rules about sexual expression, are formed in childhood and may be reconsidered throughout life
- External in origin – but mediated through motivation

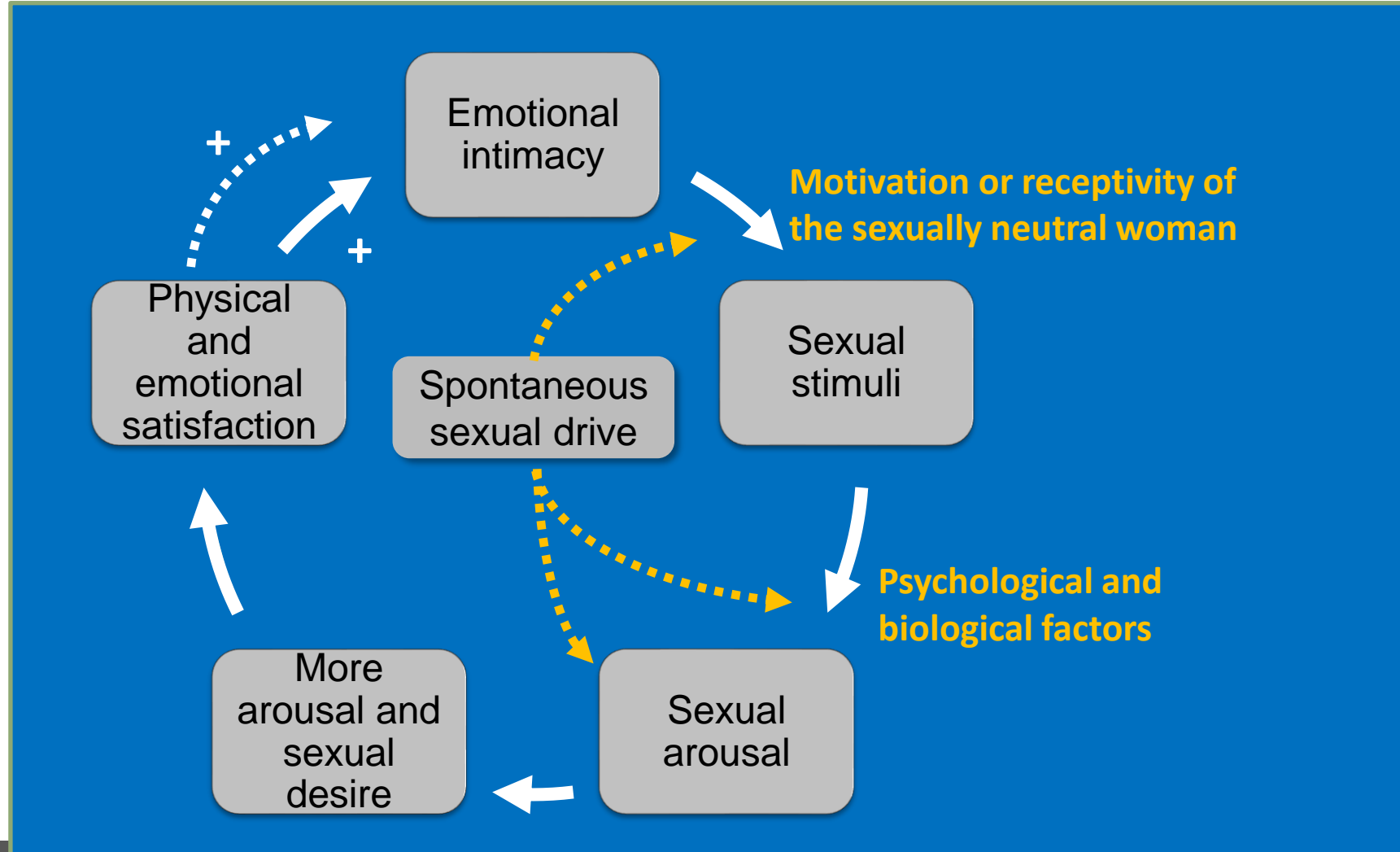


Variables

- Social situation
- Gender
- Age
- Health



Basson's Model of Female Sexual Response





ICD-11: Hypoactive Sexual Desire Dysfunction

- Is characterized by absence or marked reduction in desire or motivation to engage in sexual activity as manifested by any of the following:
 - 1) reduced or absent spontaneous desire (sexual thoughts or fantasies)
 - 2) reduced or absent responsive desire to erotic cues and stimulation; or
 - 3) inability to sustain desire or interest in sexual activity once initiated.
- The pattern of diminished or absent spontaneous or responsive desire or inability to sustain desire or interest in sexual activity has occurred episodically or persistently over a period at least several months and is associated with clinically significant distress.

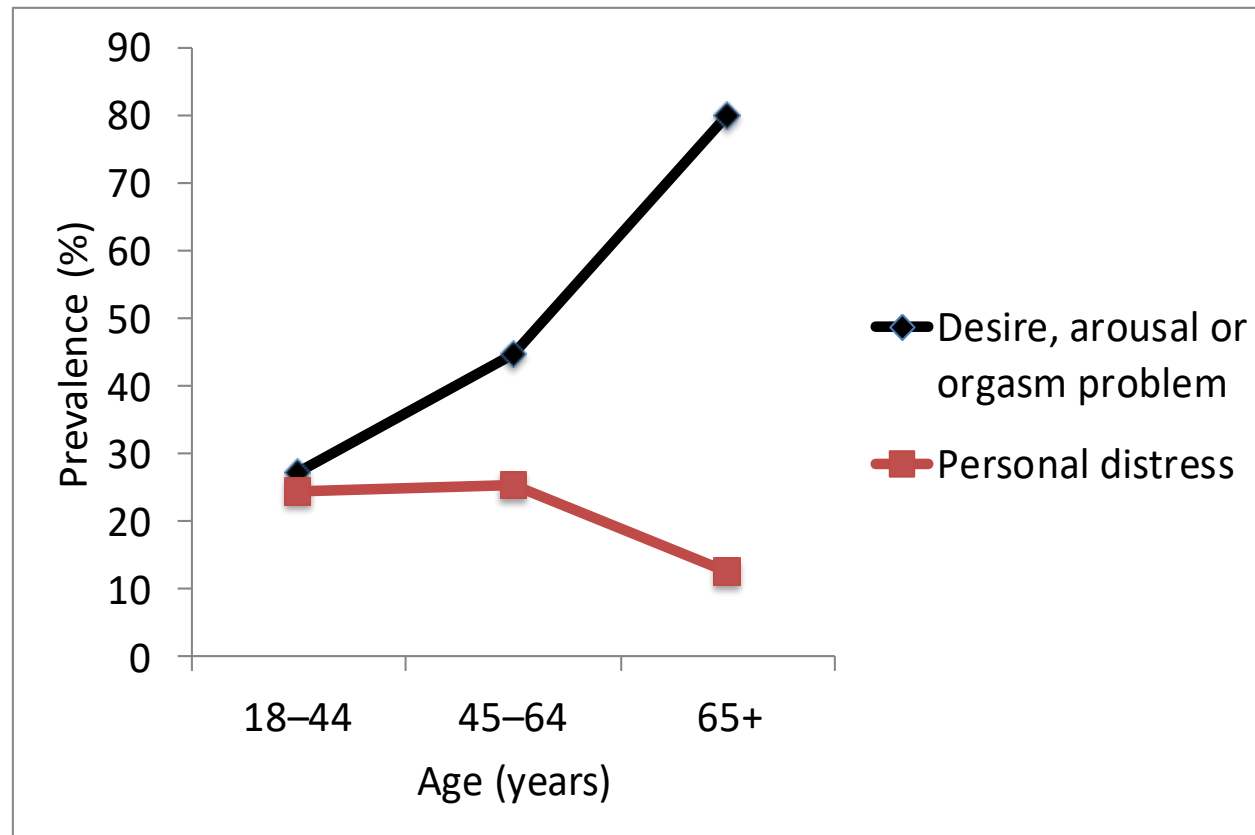


ICD-11 Etiological considerations

- Associated with medical condition, injury or the effects of surgery or radiation treatment
- Associated with psychological or behavioral factors, including mental disorder
- Associated with use of psychoactive substance or medication
- Associated with lack of knowledge or experience
- Associated with relationship factors
- Associated with cultural factors
- Other specified aetiological considerations



Sexual problems and distress



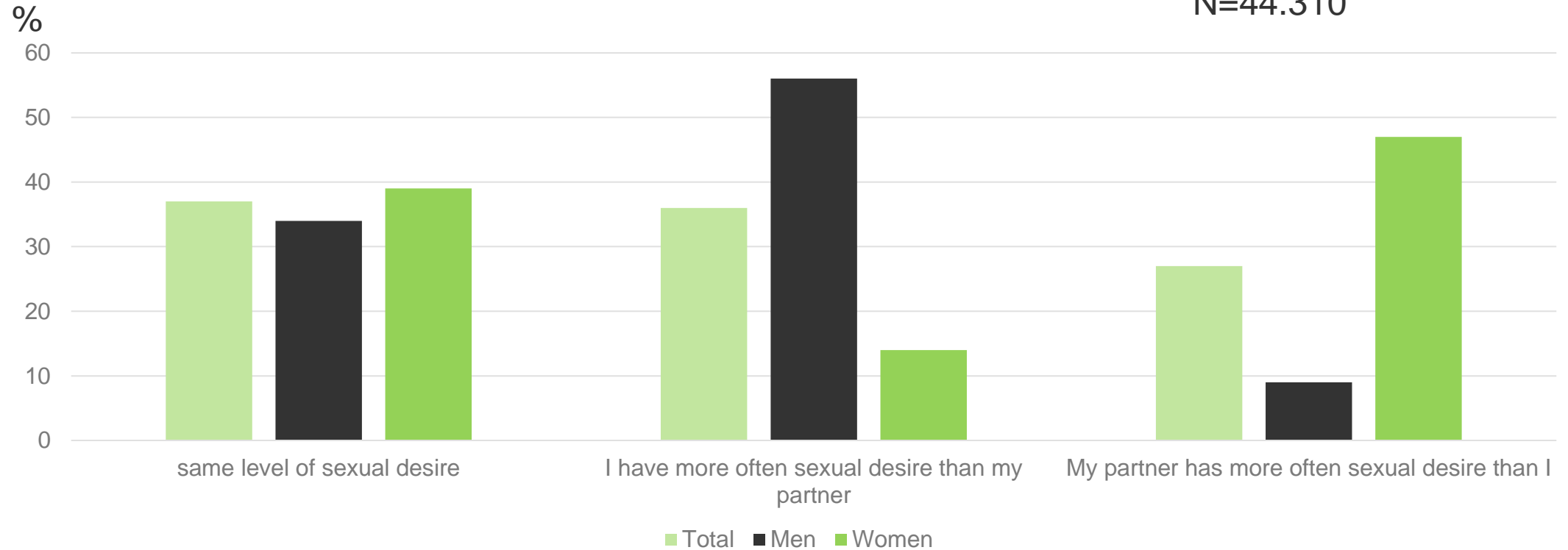
N=31,581 US women . Shifren JL et al. Obstet Gynecol 2008;112:970-978

Sexual problems increase with age, but sex-related personal distress decreases



Sexual balance in relationship*

N=44.310



*In your relationship – how will you characterize sexual desire the last year?

Me
Me
Normal/high sexual drive
Normal motivation

Check level of distress
& contextual factors

Normal desire/motivation

Low sexual drive
Normal/high motivation

Assess hormone profile,
Androgens & PRL first

Libidinal dysfunction

Normal/high sexual drive
Low motivation

Assess quality of intimacy
and relationship

Sexual dissatisfaction

Low sexual drive
Low motivation

Assess for depression,
Biological and
relationship factors

The International Society for the Study of Women's Sexual Health Process of Care for Management of Hypoactive Sexual Desire Disorder in Women

Anita H. Clayton, MD; Irwin Goldstein, MD; Noel N. Kim, PhD; Stanley E. Althof, PhD; Stephanie S. Faubion, MD; Brooke M. Faught, WHNP-BC; Sharon J. Parish, MD; James A. Simon, MD; Linda Vignozzi, MD; Kristin Christiansen, MD; Susan R. Davis, MBBS, PhD; Murray A. Freedman, MD; Sheryl A. Kingsberg, PhD; Paraskevi-Sofia Kirana, PhD; Lisa Larkin, MD; Marita McCabe, PhD; and Richard Sadovsky, MD



CONSENSUS RECOMMENDATIONS



SCIENCES



Hypoactive Sexual Desire Disorder: International Society for the Study of Women's Sexual Health (ISSWSH) Expert Consensus Panel Review

Irwin Goldstein, MD; Noel N. Kim, PhD; Anita H. Clayton, MD; Leonard R. DeRogatis, PhD; Annamaria Giralddi, MD, PhD; Sharon J. Parish, MD; James Pfaus, PhD; James A. Simon, MD; Sheryl A. Kingsberg, PhD; Cindy Meston, PhD; Stephen M. Stahl, MD; Kim Wallen, PhD; and Roisin Worsley, MBBS

THE JOURNAL OF

SEXUAL MEDICINE

SOCIETY PAPER

Global Consensus Position Statement on the Use of Testosterone Therapy for Women



Susan R. Davis, MBBS, PhD,^{1,A} Rodney Baber, BPharm, MBBS, FRANZCOG,^{2,A,B} Nicholas Panay, BSc, FRCOG, MFSRH,^{3,A} Johannes Bitzer, MD,^{4,C} Sonia Cerdas Perez, MD,^{5,D} Rakibul M. Islam, MPH, PhD,^{1,A} Andrew M. Kaunitz, MD,^{6,E} Sheryl A. Kingsberg, PhD,^{7,F} Irene Lambrinoudaki, MD, PhD,^{8,G} James Liu, MD,^{9,E} Sharon J. Parish, MD,^{10,H} JoAnn Pinkerton, MD,^{11,F} Janice Rymer, MBBS,^{12,I} James A. Simon, MD,^{13,H} Linda Vignozzi, MD,^{14,C} and Margaret E. Wierman, MD^{15,J}

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SEXUAL MEDICINE

Toward a More Evidence-Based Nosology and Nomenclature for Female Sexual Dysfunctions—Part II



Sharon J. Parish, MD,¹ Andrew T. Goldstein, MD,² Sue W. Goldstein, BA,³ Irwin Goldstein, MD,⁴ James Pfaus, PhD,⁵ Anita H. Clayton, MD,⁶ Annamaria Giralddi, MD, PhD,⁷ James A. Simon, MD,⁸ Stanley E. Althof, PhD,⁹ Gloria Bachmann, MD,¹⁰ Barry Komisaruk, PhD,¹¹ Roy Levin, PhD,¹² Susan Kellogg Spadt, PhD, CRN, CSC,¹³ Sheryl A. Kingsberg, PhD,¹⁴ Michael A. Perelman, PhD,¹⁵ Marcel D. Waldinger, MD, PhD,¹⁶ and Beverly Whipple, PhD, RN, FAAN¹⁷

THE JOURNAL OF

SEXUAL MEDICINE

SOCIETY PAPER

International Society for the Study of Women's Sexual Health (ISSWSH) Review of Epidemiology and Pathophysiology, and a Consensus Nomenclature and Process of Care for the Management of Persistent Genital Arousal Disorder/Genito-Pelvic Dysesthesia (PGAD/GPD)



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WWW:ISSM.info

