Sexuality and Sexual Dysfunction in Women

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Disclosures

• No financial disclosures to make
• No affiliation with any products or books mentioned
Objectives

• Review data on sexual practices
• Basic screening for sexual disorders
• Review several common sexual disorders and basic framework for evaluation and treatment
  • Female Sexual Arousal Disorder
  • Orgasmic Disorder
  • Dyspareunia
What is your comfort addressing patient sexual health concerns?

Start the presentation to activate live content.
### What is "sex"?

- Penile-vaginal penetration only
- Penile-vaginal, penile-anal penetration only
- Penile-vaginal, penile-anal, oral-genital only
- Penile-vaginal, penile-anal, oral-genital and manual genital contact

**Start the presentation to activate live content**

If you see this message in presentation mode, install the add-in or get help at PollEv.com/app
Is it sex??...It depends on who you ask

- **Penile-vaginal intercourse**
  - Men- 94.5% yes
    - 77.3% over 65 said yes
  - Women- 94.9% yes
  - With a condom- 93.3%
  - With no ejaculation- 89.1%
  - With no female orgasm- 92.7%

- **Penile-anal intercourse**
  - Men- 79.5% yes
    - 50% of men over 65 said yes
  - Women- 81.5% yes
  - Very brief- 81%
  - With a condom- 82%

Sanders, et al. Sexual Health 2010 (7), 31-34.
Is it sex??...It depends on who you ask

- **Oral-genital contact**
  - Men and women—perform- 71% yes and receive- 72.9% yes
  - Men 18-29—perform- 33.3% yes, receive- 40.0%
  - Men 30-44—Perform- 80.6% yes, receive- 82.3%

- **Manual genital contact**
  - 43-50% yes
  - Men 18-20 performing—9.7%, receiving—16.7%
  - Women—18-20 approx 30%

Sanders, et al. Sexual Health 2010 (7), 31-34.
Screening for sexual health

- **Why ask?**
  - Door knob phenomenon
  - Patients want you to ask
  - Contraception and STI testing

- **Address your own biases and knowledge gaps**
  - Ask questions in a non-judgmental manner
  - Work on your poker face
  - Monitor your body language

- **Open ended questions**
  - How’s that going?
  - Are you satisfied? Are you having any problems?

- **Don’t assume**
  - “Do you have sex with men, women or both?”
  - What pronoun would you like me to use to address you?
Barriers to addressing sexual health

• Survey of OB/GYN doctors in 2012
  • 2/3 asked routinely about sexuality
  • 40% asked about sexual dysfunction
  • <29% asked about sexual satisfaction
  • 28% confirmed a patient’s sexual orientation
• Barriers
  • Time
  • Concern for embarrassing yourself or the patient
  • Lack of tools to address sexual dysfunction
Screening for sexual health

- Why ask?
  - Door knob phenomenon
  - Patients want you to ask
  - Contraception and STI testing

- Address your biases and knowledge gaps
  - Ask questions in a non-judgmental manner, clarify if you don’t understand
  - Work on your poker face
  - Monitor your body language

- Open ended questions
  - How’s that going?
  - Are you satisfied? Are you having any problems?
  - What pronoun would you like me to use to address you?
Screening for sexual health

• Why ask?
  • Door knob phenomenon
  • Patients want you to ask
  • Contraception and STI testing
• Address your own biases and knowledge gaps
  • Ask questions in a non-judgmental manner
  • Work on your poker face
  • Monitor your body language
• Open ended questions
  • Are you sexually active? With who?
  • Are you having any pain or problems?
• Don’t assume
  • “Do you have sex with men, women or both?”
  • What pronoun would you like me to use to address you?
### Table 5. PLISSIT Model for Addressing Sexual Health with Women

<table>
<thead>
<tr>
<th>Steps</th>
<th>Examples of what to say to patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permission: Give patient permission to speak about her sexual health</td>
<td>“This is important. Thank you for sharing. Many postmenopausal women report a decrease in sexual desire.”</td>
</tr>
<tr>
<td>and to do what she is already doing sexually (or may want to do).</td>
<td></td>
</tr>
<tr>
<td>Limited information: Provide basic accurate sex education (e.g.,</td>
<td>“Sexual desire changes with age. After menopause you may experience more responsive desire than spontaneous desire.”</td>
</tr>
<tr>
<td>female sexual response cycle, impact of aging on sexual function,</td>
<td></td>
</tr>
<tr>
<td>anatomy)</td>
<td></td>
</tr>
<tr>
<td>Specific suggestions: Provide simple suggestions to increase sexual</td>
<td>“Your responsive sexual desire may benefit from being more planful with sexual activity. Talk with your partner about how to be more intentional sexually.”</td>
</tr>
<tr>
<td>function (e.g., lubricant use, vibrator use, ways to increase</td>
<td></td>
</tr>
<tr>
<td>emotional intimacy)</td>
<td></td>
</tr>
<tr>
<td>Intensive therapy: Validate the patient’s concerns and refer her</td>
<td>“Your sexual health is important. I’d like to refer you to someone with expertise in sexual health.”</td>
</tr>
<tr>
<td>to a subspecialist (see eTable A for resources).</td>
<td></td>
</tr>
</tbody>
</table>

*Information from reference 13.*
The Genderbread Person

Gender Identity
- Woman
- Genderqueer
- Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression
- Feminine
- Androgynous
- Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex
- Female
- Intersex
- Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation
- Heterosexual
- Bisexual
- Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.
The Basics

Gender Identity
- Cisgender
  - Male
  - Female
- Genderqueer
- Intersex
- Transgender
  - FtM
  - MtF
- Asexual
- Bisexual
- Gay (Same-Sex)
  - Lesbian
  - Gay Male
- Heterosexual
- Queer

Do Not Use These
- Homosexual
- Transvestite
- Homophobic
- Hermaphrodite
- Sexual Preference

Use These Instead
- Lesbian/Gay
- Transgender
- Antigay
- Intersex
- Sexual Orientation

Sexual norms

SEXUAL INTERCOURSE AMONG YOUNG PEOPLE IN THE U.S.

The proportion of young people who have had sexual intercourse increases rapidly with age.

% of adolescents who have had sex

100

80

60

40

20

0

10 11 12 13 14 15 16 17 18 19 20

Age

Female

Male

www.guttmacher.org
### Percentage of Americans Performing Certain Sexual Behaviors in the Past Year (N=5865)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Masturbated Alone</td>
<td>62%</td>
<td>40%</td>
<td>75%</td>
<td>45%</td>
<td>81%</td>
<td>60%</td>
</tr>
<tr>
<td>Masturbated with Partner</td>
<td>5%</td>
<td>8%</td>
<td>16%</td>
<td>19%</td>
<td>42%</td>
<td>36%</td>
</tr>
<tr>
<td>Received Oral from Women</td>
<td>12%</td>
<td>1%</td>
<td>31%</td>
<td>5%</td>
<td>54%</td>
<td>4%</td>
</tr>
<tr>
<td>Received Oral from Men</td>
<td>1%</td>
<td>10%</td>
<td>3%</td>
<td>24%</td>
<td>6%</td>
<td>58%</td>
</tr>
<tr>
<td>Gave Oral to Women</td>
<td>8%</td>
<td>29%</td>
<td>18%</td>
<td>7%</td>
<td>51%</td>
<td>2%</td>
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<tr>
<td>Gave Oral to Men</td>
<td>1%</td>
<td>12%</td>
<td>2%</td>
<td>22%</td>
<td>4%</td>
<td>59%</td>
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<tr>
<td>Vaginal Intercourse</td>
<td>9%</td>
<td>11%</td>
<td>30%</td>
<td>30%</td>
<td>53%</td>
<td>62%</td>
</tr>
<tr>
<td>Received Penis in Anus</td>
<td>1%</td>
<td>4%</td>
<td>1%</td>
<td>5%</td>
<td>4%</td>
<td>18%</td>
</tr>
<tr>
<td>Inserted Penis into Anus</td>
<td>3%</td>
<td>6%</td>
<td>5%</td>
<td>6%</td>
<td>11%</td>
<td>27%</td>
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</table>

<table>
<thead>
<tr>
<th>Sexual Behaviors</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70+</th>
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<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
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<tr>
<td>Masturbated Alone</td>
<td>76%</td>
<td>65%</td>
<td>72%</td>
<td>54%</td>
</tr>
<tr>
<td>Masturbated with Partner</td>
<td>38%</td>
<td>35%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>Received Oral from Women</td>
<td>62%</td>
<td>2%</td>
<td>49%</td>
<td>1%</td>
</tr>
<tr>
<td>Received Oral from Men</td>
<td>6%</td>
<td>52%</td>
<td>8%</td>
<td>34%</td>
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<tr>
<td>Gave Oral to Women</td>
<td>57%</td>
<td>3%</td>
<td>44%</td>
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</tr>
<tr>
<td>Gave Oral to Men</td>
<td>7%</td>
<td>53%</td>
<td>8%</td>
<td>36%</td>
</tr>
<tr>
<td>Vaginal Intercourse</td>
<td>74%</td>
<td>70%</td>
<td>58%</td>
<td>51%</td>
</tr>
<tr>
<td>Received Penis in Anus</td>
<td>4%</td>
<td>12%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Inserted Penis into Anus</td>
<td>21%</td>
<td>11%</td>
<td>6%</td>
<td>2%</td>
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</table>
Sexual dysfunction

- Female sexual interest/arousal
- Female orgasm
- Dyspareunia
Medications contributing to sexual dysfunction

<table>
<thead>
<tr>
<th>Medication</th>
<th>Desire disorder</th>
<th>Arousal disorders</th>
<th>Orgasm disorders</th>
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</thead>
<tbody>
<tr>
<td>Amphetamines and related anorectic medications</td>
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<tr>
<td>Anticholinergics</td>
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<td>+</td>
<td></td>
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<tr>
<td>Antihistamines</td>
<td>+</td>
<td></td>
<td></td>
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<tr>
<td>Cardiovascular and antihypertensive medications</td>
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<td>+</td>
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<tr>
<td>Antilipids</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Beta blockers</td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Clonidine</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Digoxin</td>
<td>+</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Methyldopa</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Spironolactone</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Hormonal preparations</td>
<td></td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Antiandrogens</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Danazol</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Gonadotropin-releasing hormone agonists</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Gonadotropin-releasing hormone analogues</td>
<td>+</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Hormonal contraceptives</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Tamoxifen</td>
<td>+</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Ultra-low-potency contraceptives</td>
<td></td>
<td></td>
<td>+</td>
</tr>
</tbody>
</table>

Medications contributing to sexual dysfunction

<table>
<thead>
<tr>
<th>Medication</th>
<th>Desire disorder</th>
<th>Arousal disorders</th>
<th>Orgasm disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monoamine oxidase inhibitors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trazodone</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venlafaxine</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narcotics</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Psychotropics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>+</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Lithium</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Selective serotonin reuptake inhibitors</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Tricyclic antidepressants</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aromatase inhibitors</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Chemotherapeutic agents</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Histamine H₂ blockers and promotility agents</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indomethacin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketoconazole</td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Phenytoin (Dilantin)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Painful sexual activity--dyspareunia

- Psychiatric
  - Related to trauma
  - Related to fear
  - Best treated with multidisciplinary approach
    - Psychiatry
    - Trauma counseling
    - Sex therapist
Painful sexual activity

- Imperforate hymen
- GYN/GU organ problems
  - Uterine- fibroids, adenomyosis, endometriosis
  - Interstitial cystitis
- Musculoskeletal issues
  - Pelvic floor dysfunction
  - Vaginismus
- Genitourinary syndrome of Menopause
- Vulvar vestibulitis
- Infections
  - Candida
  - Gonorrhea/chlamydia/PID
  - Genital Herpes
- Other dermatologic conditions
- Hygiene regimen related
Sexual pain evaluation exam

• Abdominal exam
  • Flexion of abdominal muscles

• External genital exam
  • Atrophy, lesions

• Speculum- cervicitis? Any lesions? Abnormal discharge?

• Bimanual exam
  • Capacity of introitus, length of vagina, spasm of vaginal introitus?
  • Evaluation of pelvic floor with single digit
    • Introitus, deep pelvic floor, pelvic sidewalls, pubic symphysis, bladder, rectus muscle insertions
    • “Is this the pain you are feeling during intercourse/sexual activity?”
  • Check for cervical motion tenderness, uterine tenderness, adnexal tenderness
Pelvic floor pain/dysfunction

• Patient education
• NSAID/stretching/exercise/yoga
• Pelvic physical therapy referral
  • Vaginal dilators
  • Vaginal icing
  • exercises
Genitourinary symptoms of menopause

### TABLE 2. Vaginal ET products for postmenopausal use in the United States and Canada

<table>
<thead>
<tr>
<th>Composition</th>
<th>Product name</th>
<th>FDA-approved dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal creams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17β-estradiol</td>
<td>Estrace Vag Cream</td>
<td>Initial: 2-4 g/d for 1-2 wk, Maintenance: 1 g/1-3 times/wk (0.1 mg active ingredient/g)</td>
</tr>
<tr>
<td>Conjugated estrogens</td>
<td>Premarin Vag Cream</td>
<td>For VVA: 0.5-2 g/d for 21 d then off 7 d, For dyspareunia: 0.5 g/d for 21 d then off 7 d, or twice/wk (0.625 mg active ingredient/g)</td>
</tr>
<tr>
<td>Estrone</td>
<td>Estragyn Vag Cream</td>
<td>2-4 g/d (1 mg active ingredient/g), Intended for short-term use; progestogen recommended</td>
</tr>
<tr>
<td>Vaginal rings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17β-estradiol</td>
<td>Estring</td>
<td>Device containing 2 mg releases approximately 7.5 µg/d for 90 d (for VVA)</td>
</tr>
<tr>
<td>Estradiol acetate</td>
<td>Femring</td>
<td>Device containing 12.4 mg or 24.8 mg estradiol acetate releases 0.05 mg/d or 0.10 mg/d estradiol for 90 days (both doses release systemic levels for treatment of VVA and vasomotor symptoms)</td>
</tr>
<tr>
<td>Vaginal tablet</td>
<td>Vagifem</td>
<td>Initial: 1 tablet/d for 2 wk, Maintenance: 1 tablet twice/wk (tablet containing 10.3 µg of estradiol hemihydrates, equivalent to 10 µg of estradiol; for VVA)</td>
</tr>
</tbody>
</table>

- Tablets and cream - up to 2 weeks of daily use, then 2-3 times per week
- Takes up to 12 weeks for maximal benefit
- Progestin not required for uterine protection
  - Evaluate if abnormal uterine bleeding
- Breast cancer? Prior uterine cancer?
Genitourinary syndrome of menopause

- Prasterone—IntrarosaTM—
  - Nightly vaginal suppository
  - DHEA derivative- converted in vivo to testosterone and estradiol
  - May not be covered by insurance yet
- Ospemiphene-
  - Selective estrogen receptor reuptake inhibitor with agonist activity at vaginal estrogen receptor
  - Improvement in vaginal dryness, sustained over 1 year
  - VTE risk
  - Not studied in breast cancer, may be antiestrogenic
- Testosterone vaginal cream-
  - not recommended at this time—need for more studies
  - May reduce pain
Non-toxic vulvar and vaginal products

- Non-fragrance
- No flavors/sugar
- No warming products
- No foaming soaps
- No petroleum jelly
- No propylene glycol or parabens
- No oils for condoms or sex toys

Table 4. DSM-5 Criteria for Female Sexual Interest/Arousal Disorder

Specify whether:

**Lifelong:** The disturbance has been present since the individual became sexually active.

**Acquired:** The disturbance began after a period of relatively normal sexual function.

Specify whether:

**Generalized:** Not limited to certain types of stimulation, situations, or partners.

**Situational:** Only occurs with certain types of stimulation, situations, or partners.

Specify current severity

- **Mild:** Evidence of mild distress over the symptoms in Criterion A.
- **Moderate:** Evidence of moderate distress over the symptoms in Criterion A.
- **Severe:** Evidence of severe or extreme distress over the symptoms in Criterion A.

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of, or significantly reduced, sexual interest/arousal, as manifested by at least three of the following:</td>
</tr>
<tr>
<td>1. Absent/reduced interest in sexual activity.</td>
</tr>
<tr>
<td>2. Absent/reduced sexual/erotic thoughts or fantasies.</td>
</tr>
<tr>
<td>3. No/reduced initiation of sexual activity, and typically unresponsive to a partner’s attempts to initiate.</td>
</tr>
<tr>
<td>4. Absent/reduced sexual excitement/pleasure during sexual activity in almost all or all (approximately 75%–100%) sexual encounters identified situational contexts or, if generalized, in all contexts.</td>
</tr>
<tr>
<td>5. Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues (e.g., written, verbal, visual).</td>
</tr>
<tr>
<td>6. Absent/reduced genital or nongenital sensations during sexual activity in almost all or all (approximately 75%–100%) sexual encounters (in identified situational contexts or, if generalized, in all contexts).</td>
</tr>
</tbody>
</table>

B. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.

C. The symptoms in Criterion A cause clinically significant distress in the individual.

D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress (e.g., partner violence) or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.
Female Orgasmic Disorder - DSM-5

• DSM-5: Marked delay in orgasm, infrequency or absence of orgasm, or less intense orgasm
  • for at least 6 months
  • Absent in 75-100% of sexual interactions
  • Causes distress

• Further history
  • Is this a change?
  • Does difficulty occur with self-stimulation, partner or both?
  • Occur with any partner?
  • Occur across different sexual activities?
Female Orgasmic Disorder

- Lifelong anorgasmia
  - Directed masturbation

- Pain related
  - Treat the pain

- SSRI related
  - Add bupropion up to 150mg BID
  - Other conservative measures
Figure.
Female Sexual Response Cycle

- Emotional Intimacy
- Spontaneous Sexual Drive
- Sexual Arousal
- Arousal and Sexual Drive
- Emotional and Physical Satisfaction
- Seeking Out and Being Receptive to
- Sexual Stimuli
- Biologic
- Psychological


Kingsberg SA, Knudson G.
Factors affecting sexual values

**Biological factors**
Medications, hormonal status, neurobiology, physical health, aging

**Psychological factors**
Depression, anxiety, self-image, substance abuse, history of sexual abuse or trauma

**Sociocultural factors**
Upbringing, cultural norms and expectations, religious influences

**Interpersonal factors**
Relationship status/quality, partner’s sexual function, life stressors

Sexual dysfunction

- Female sexual interest/arousal
- Female orgasm
- Dyspareunia
Female sexual interest/arousal disorder

Female orgasm

Dyspareunia

Relationship problems

Time

Money

Kids

Self image

Work

Fatigue

Guilt
Write a prescription for these...

Fiera.com (Clitoral engorgement device)
Flibanserin for treatment of Female sexual interest/arousal disorder

- FDA approved 2015
- 0.5-1 additional satisfying sexual event per month in premenopausal, motivated women who enrolled in the study
- 11% dizziness, 11% somnolence 10% nausea, 9% fatigue

- Hypotension is major concern 0.2%
  - No alcohol
  - No grapefruit juice
  - Interacts with ciprofloxacin, several antifungals, other CYP3A4 inducers

Topical testosterone for women- off label

- 20+ RCT show improved sexual function including frequency, desire, satisfaction and orgasm
- Safety in relation to cardiovascular risk and breast cancer risk are still not well studied with mixed results
- Compounded testosterone cream 2.5%, 1 gm daily to back of knees, lower abd, and inner thighs, rotating sites weekly.
- Usually will see therapeutic effect in 1-2m. 30g tube/month.
- Prices--example: $66 for 1 m, $109 for 3m
- Can double dose if no effect in 8 weeks and check testosterone level

Potential referrals

- Therapists.psychologytoday.com
  - Thousands of individual counselors
- Local OB/GYN
- Becky Lynn, MD OBGYN at SLU
  - Center for women with sexual dysfunction
  - Center for women with cancer and sexual dysfunction
Thank you!
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What is your comfort addressing patient sexual health concerns?

- Feeling good
- Not comfortable, but I try
- I avoid if possible
What is “sex”? Poll everywhere response

• Penile-vaginal penetration only

• Penile-vaginal, penile-anal penetration only

• Penile-vaginal, penile-anal, oral-genital only

• Penile-vaginal, penile-anal, oral-genital and manual genital contact