

# Managing sexual difficulties and dysfunctions: A GP's Clinical Toolkit

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# Acknowledgement of Country

We respectfully acknowledge the traditional owners and custodians of this land on which we are presenting from today, the Kurna people.

We pay our respects to elders past and present and extend that respect to any Aboriginal or Torres Strait Islander peoples listening in.





# A note on terminology

- AFAB = assigned female at birth
- AMAB = assigned male at birth
- Not everyone with a vulva or vagina may identify as a woman
- Not everyone with a penis, erections may identify as a man
- 'Women' and 'men' are often used in literature and may be used in presentation to reflect research

# Sexual difficulties

## Australian Study of Health and Relationships 2012-13

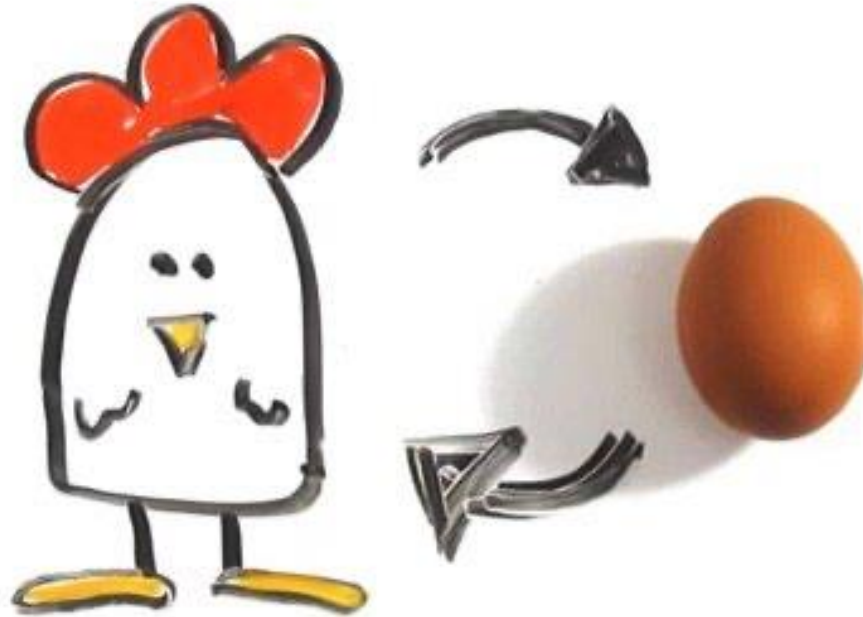
- 20,091 people aged 16-69
  - 48% M and 68% W reported at least one difficulty
- Lack of interest in sex (28% M, 52% W)
- Orgasm “too quickly” (21% M)
- Inability to reach orgasm (25% W)
- Vaginal dryness (22% W)
- Dyspareunia: 1.5% of men, 17% of women
  - Women aged 16-19: 27.8% dyspareunia

	Men		Women		OR (95% CI) <sup>a</sup>
	%	95% CI	%	95% CI	
<i>Among those who had had sex with another person<sup>b</sup></i>	<i>N= 8679 (2827)<sup>c</sup></i>		<i>N= 8218 (2690)<sup>c</sup></i>		
Lacked interest in having sex	27.5	25.4–29.7	52.4	50.3–55.4	2.95 (2.55–3.41)
Inability to reach orgasm	6.7	5.7–7.9	25.2	23.1–27.4	4.69 (3.80–5.79)
Came to orgasm too quickly	21.4	19.5–23.4	5.4	4.5–6.5	0.21 (0.17–0.27)
Did not find sex pleasurable	4.4	3.5–5.4	18.8	17.0–20.8	5.03 (3.90–6.48)
Felt anxious about performance	14.3	12.7–15.9	13.6	12.0–15.3	0.95 (0.78–1.14)
Had trouble keeping an erection	11.5	10.2–12.9	–	–	
Had trouble with vaginal dryness	–	–	22.2	20.3–24.2	
<i>Among those who had had intercourse</i>	<i>N= 8476 (2713)</i>		<i>N= 7845 (2448)</i>		
Physical pain during intercourse	1.5	1.1–2.2	17.0	15.2–19.1	13.3 (9.1–19.5)

# Loop system: no one asking, no one telling

Clinicians avoiding topic

- Lack of time, resources, knowledge
- Personal discomfort
- Worry about causing offense



Meanwhile patients...

- Embarrassed
- Limitations of appointments
- Perceived discomfort of clinician

**How can we categorise sexual dysfunction?**

# How can we categorise sexual dysfunction?

## Female Sexual Function Index (FSFI)

- Arousal
- Desire
- Lubrication
- Orgasm
- Pain
- Satisfaction

## AMAB

- Same as ←
- Erectile issues
- Ejaculation issues
  - Premature, delayed, retrograde, anejaculation, painful,

*Cisgendered, heterosexual lens with emphasis on penetrative penile intercourse (solo sex overlooked)*

What is the most important question to ask about sexual dysfunction?



# What is the most important question to ask about sexual dysfunction?

Ask about **distress**

*“What impact has [sexual issue] had on you and/or your relationship?”*

*“In what ways has this problem influenced your life?”*

*“[Sexual issue] often causes a lot of suffering, what has this problem caused you?”*

Window of opportunity:

- To identify concerns, beliefs, sexual schemas
- Characterises themselves, their relationships, their understanding of sexual issues

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**MUST CAUSE DISTRESS**

# **How to actually talk about sexual difficulties**

# How can we make patients (and ourselves!) feel more comfortable talking about sex?

First, be aware of our own biases!

- How comfortable are WE talking about sex?
- What has enabled this? What's getting in the way?
- What would make us feel more comfortable?

Be respectful and inclusive, ensure privacy and confidentiality

- Never assume
- Preferred name and pronouns
- Names of body parts
- Country of origin / ethnicity / culture / religious beliefs
- Type of sex, who with, or if they're being sexual
- Sexual orientation, gender diversity
- Medical conditions, mental health, age
- Relationship status and frameworks

Normalise and validate+++

Be **curious**, **caring** and **compassionate**



"Inclusive language for healthcare"

<https://sexual-health-intimacy-psychologicaltraining.teachable.com/p/inclusive-language-for-healthcare>

Slide credit: Dr Anita Elias



# Initiating discussion about sexual function and difficulties

81% of surveyed patients found asking about sexuality was an 'integral' part of medical consultations (1)

Ask permission to talk about it, and give permission not to

- “Do you have, or have you ever had any sexual difficulty?”
- “How are things going sexually? Any concerns with your relationship or sex life?”
- “It’s not uncommon for someone with [your condition] to have problems with [difficulty]. If this is something you’d like to discuss, we can explore options to improve your health”

# Ex-PLISSIT



**Asking** itself lifts stigma (stigma = shame + secrecy)

**Bearing witness** to shame lifts stigma (collusion of silence)

## Ex-PLISSIT:

P = Permission giving

*Permission to talk about it, or not*

*eg. "When someone goes through [.....], this can impact on their sexual wellbeing. Is this something you'd like to talk about?"*

*Open-ended questions, non-judgemental approach*

*Safety, support and privacy to discuss issues*

**What matters to you** when it comes to sex/sexuality/intimacy?

LI = Limited information

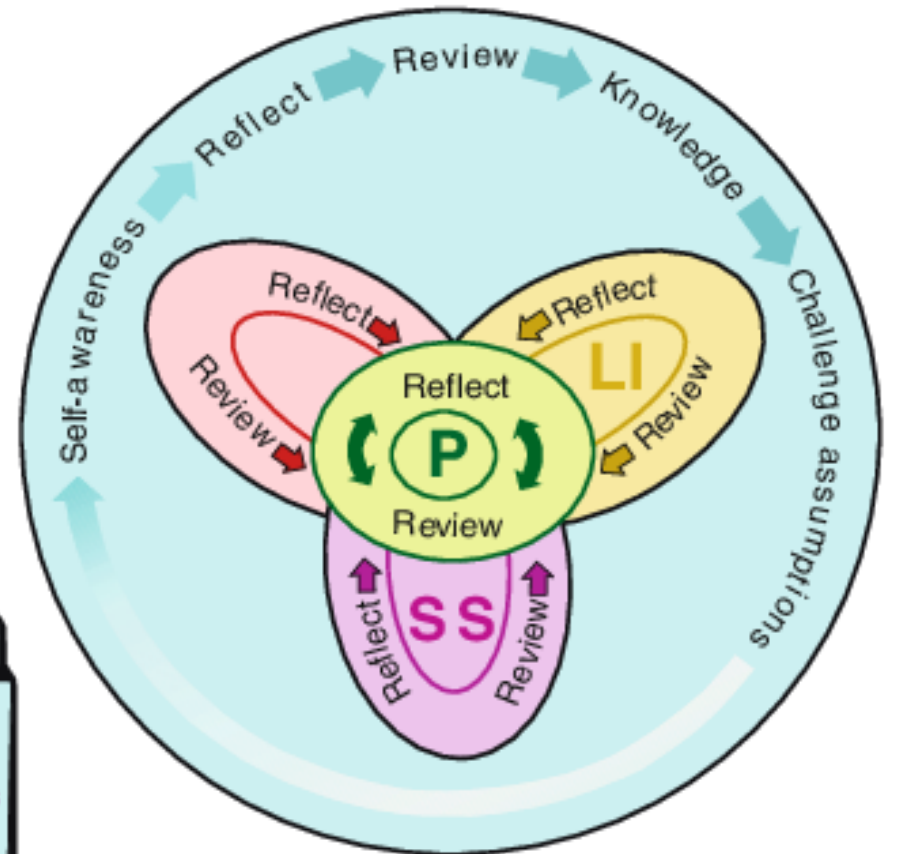
*Sex education, destigmatizing messages*

SS = Specific Suggestions

*eg reading books, useful websites or podcasts*

IT = Intensive Therapy

## The Extended PLISSIT Model



### KEY

P	Permission giving
LI	Limited information
SS	Specific suggestions
IT	Intensive Therapy

# Defining the problem

- *What is the problem?*
- *When did it start?*
  - *Suddenly? Gradually?*
- *When does it happen?*
- *What was it like in **the past**?*
- *Is it affecting your relationship?*
- *Are you feeling down or depressed?*
- *Tell me about the last time you had sex*
- *Tell me about the last **good sex** you had*

# Libido (desire)

## 1. DRIVE (biological)

Excitation (testosterone, estrogen, dopamine, oxytocin, melanocortins)

Inhibition (serotonin, prolactin, opioids)

eg 'Can you tell me about your current interest in sex and how this compares to the past?'

## 2. MOTIVATION (psychological)

Personal eg mental status (feeling good 'enough' about self/sex)

Interpersonal (affection, disrespect, trust, will sex be pleasurable?)

eg 'How is stress affecting your sex drive?'

## 3. WISH (sociocultural)

Values, meanings and rules about sexual expression through cultural contexts

Relationship with partner/s. Eg 'I'm married, I'm supposed to' 'I want to be pregnant'

eg 'How is this affecting your relationship?'



## SPECTRUM OF DESIRE:

Aversion – disinclination – indifference – interest – need - passion



# Questionnaires eg 3PSQ

(As an adjunct, validation and education)

The Female Sexual Distress Scale-Revised (FSDS-R; revised 2005): Screening Questionnaire for Measuring Sexually Related Personal Distress in Women With Female Sexual Dysfunction (FSD)

Name:

Date:

Below is a list of feelings and problems that women sometimes have concerning their sexuality. Please read each item carefully, and circle the number that best describes HOW OFTEN THAT PROBLEM HAS BOTHERED YOU OR CAUSED YOU DISTRESS DURING THE PAST 30 DAYS INCLUDING TODAY. Circle only one number for each item, and take care not to skip any items. If you change your mind, erase your first circle carefully. Read the example before beginning, and if you have any questions, please ask your physiotherapist for your sexual problems.

How often did you feel

- |                                             | NEVER<br>1 | RARELY<br>2 | OCCASIONALLY<br>3 | FREQUENTLY<br>4 | ALWAYS<br>5 |
|---------------------------------------------|------------|-------------|-------------------|-----------------|-------------|
| 1. Distressed about your sex life           | 0          | 1           | 2                 | 3               | 4           |
| 2. Not happy about your sexual relationship | 0          | 1           | 2                 | 3               | 4           |
| 3. Guilty about sexual difficulties         | 0          | 1           | 2                 | 3               | 4           |
| 4. Frustrated by your sexual problems       | 0          | 1           | 2                 | 3               | 4           |
| 5. Stressed about sex                       | 0          | 1           | 2                 | 3               | 4           |
| 6. Inferior because of sexual problems      | 0          | 1           | 2                 | 3               | 4           |
| 7. Worried about sex                        | 0          | 1           | 2                 | 3               | 4           |
| 8. Sexually inadequate                      | 0          | 1           | 2                 | 3               | 4           |
| 9. Regrets about your sexuality             | 0          | 1           | 2                 | 3               | 4           |
| 10. Embarrassed about sexual problems       | 0          | 1           | 2                 | 3               | 4           |
| 11. Dissatisfied with your sex life         | 0          | 1           | 2                 | 3               | 4           |
| 12. Angry about your sex life               | 0          | 1           | 2                 | 3               | 4           |
| 13. Bothered by low sexual desire           | 0          | 1           | 2                 | 3               | 4           |

A score of  $\geq 11$  effectively discriminates between women with FSD and no FSD.\*

Tot  
al

Copyright © 2000 by American Foundation for Urological Disease Inc. \* DeRogatis L, et al. J Sex Med. 2008;5:357-364.



SYMPTOM SCORE (Modified Greene Scale)\*

	Score before MHT	3 months after starting MHT	6 months after starting MHT
Hot flushes			
Light headed feelings			
Headaches			
Irritability			
Depression			
Unloved feelings			
Anxiety			
Mood changes			
Sleeplessness			
Unusual tiredness			
Backache			

3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- ☐ No sexual activity  
☐ Almost always or always  
☐ Most times (more than half the time)  
☐ Sometimes (about half the time)  
☐ A few times (less than half the time)  
☐ Almost never or never

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)?

- ☐ No sexual activity  
☐ Extremely difficult or impossible  
☐ Very difficult  
☐ Difficult  
☐ Slightly difficult  
☐ Not difficult

DASS<sub>21</sub>

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please read each statement and circle a number from 1 to 4 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all  
1 Applied to me to some degree, or some of the time  
2 Applied to me to a considerable degree, or a good part of the time  
3 Applied to me very much, most of the time

1	I found it hard to wind down.	0	1	2	3
2	I have waves of dizziness at any moment.	0	1	2	3
3	I couldn't seem to experience any positive feeling at all.	0	1	2	3
4	I experienced breathing difficulty (e.g., excessively rapid/shallow breathing, breathlessness) in the absence of physical exertion.	0	1	2	3
5	I found it difficult to wake up this morning to do things.	0	1	2	3
6	I found it difficult to relax in situations.	0	1	2	3
7	I experienced trembling (e.g., in the hands).	0	1	2	3
8	I felt that I was using a lot of nervous energy.	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3

The Pelvic Pain Psychological Screening Questionnaire (3PSQ)

Everyone experiences painful situations at some point in their lives. We are interested in the thoughts and feelings that you have when you experience pelvic pain and how you cope with it.

PART A: In the past month:

		Never	Rarely	Sometimes	Often	Always
S	I felt overly stressed	0	1	2	3	4
A	I felt nervous, anxious or on edge	0	1	2	3	4
HA	I worried a lot about my health	0	1	2	3	4
D	I felt down, depressed or hopeless	0	1	2	3	4
D	I took little interest or pleasure in doing things	0	1	2	3	4
M	I worried whether something serious was wrong	0	1	2	3	4
R	I couldn't seem to keep the pain out of my mind	0	1	2	3	4
HV	I paid close attention to my pain	0	1	2	3	4
SE	I could not confidently live a normal lifestyle due to my pain	0	1	2	3	4
H	I felt helpless in being able to reduce or cope with the pain	0	1	2	3	4
F	I was afraid of the pain	0	1	2	3	4
Av	I tried to avoid anything that caused or worsened my pain	0	1	2	3	4

PART B: During my life:

T	I have had a stressful experience or traumatic life event that has had a negative impact on me	No	Yes
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PART C: If you have been sexually active in the past month, please answer the following two questions:

		Never	Rarely	Sometimes	Often	Always
Av	I avoided sexual activity because of my pain	0	1	2	3	4
SA	I could say no to sexual activity if I didn't want it	4	3	2	1	0

women's & men's health  
PHYSIOTHERAPY

IN INFO  
SURNAME: \_\_\_\_\_  
CLIENT #: \_\_\_\_\_

Pelvic Pain Questionnaire

We would appreciate you completing as much of this form as you are able to, or choose to. Please bring it with you to your appointment. All information is strictly confidential. Your physiotherapist will discuss these answers with you in your consultation.

A. PERSONAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Referring doctor: \_\_\_\_\_ Next review date with doctor: \_\_\_\_\_

B. INFORMATION ABOUT YOUR PAIN

1. Please describe your pain/problem(s); why you are attending physiotherapy?

3. How long have you had this pain? <6 months 6months - 1 year 1-2 years >2 years

# IIEF (International Index of Erectile Function) - MSM

12. When you attempted sexual **intercourse or other sexual activity**, how often was it satisfactory for you?
13. How much have you enjoyed sexual intercourse **or other sexual activity**?
14. When you had sexual stimulation or intercourse, how often did you ejaculate?
15. When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm **with or without ejaculation**?
16. How often have you felt sexual desire?
17. How would you rate your level of sexual desire?
18. How satisfied have you been with your overall sex life?

# DUAL CONTROL MODEL

Bancroft et al (2000)

Metaphor by Dr Emily Nagoski

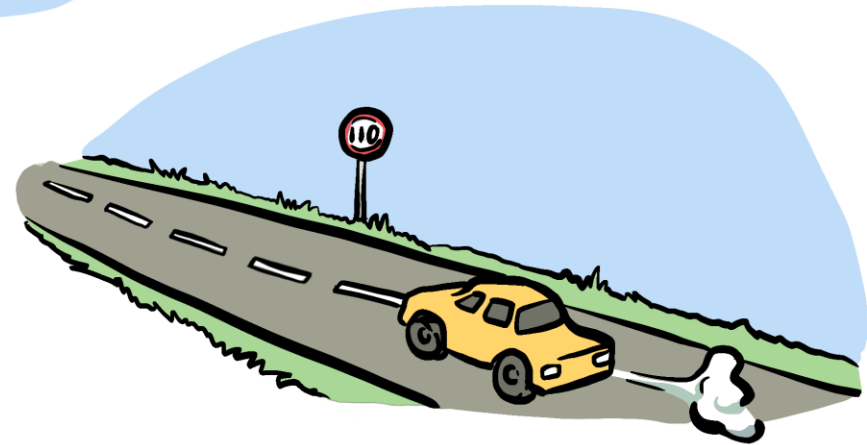
Graphic: Dr K Freilich & Dr I Pozzi



Brakes  
(Inhibition)

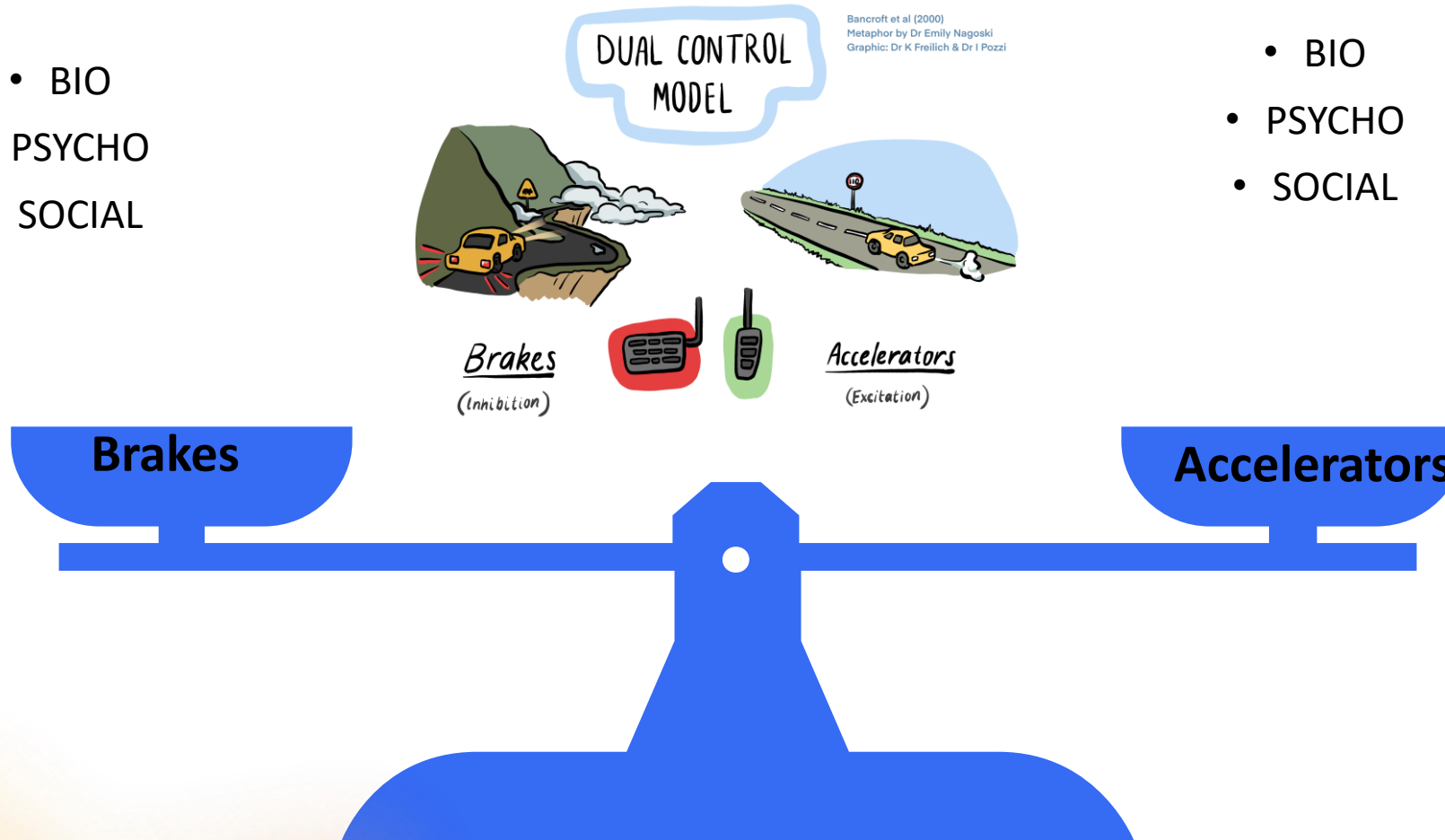


Accelerators  
(Excitation)



# Individual brakes & accelerators

- BIO
- PSYCHO
- SOCIAL



- BIO
- PSYCHO
- SOCIAL

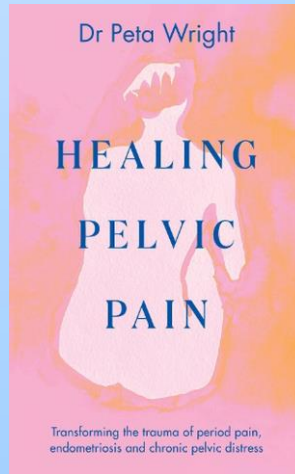
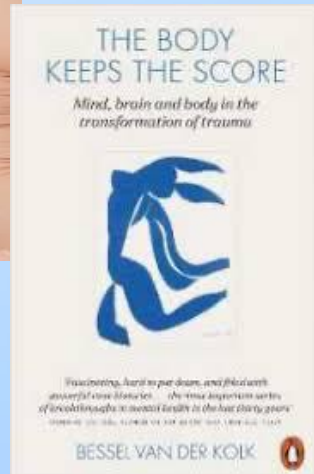
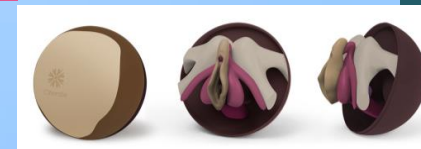
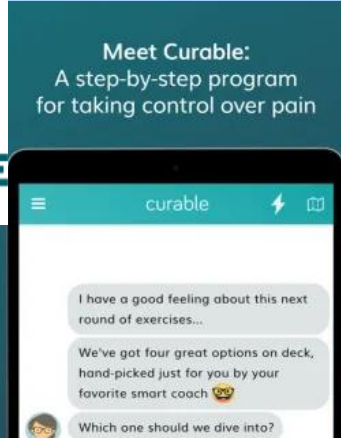
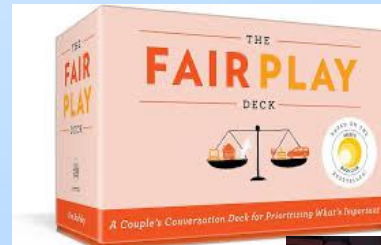
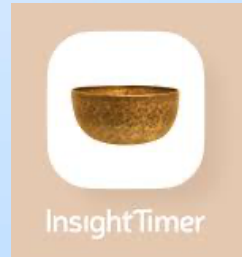
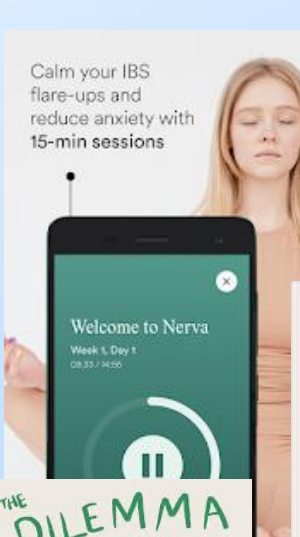
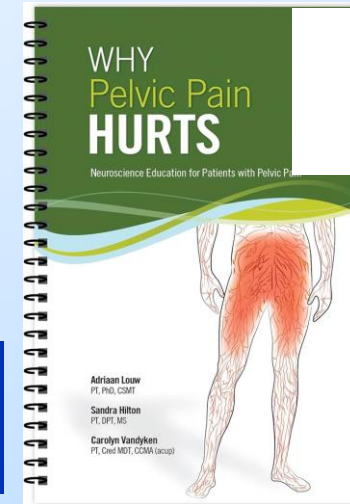
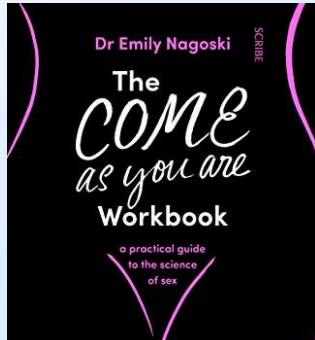
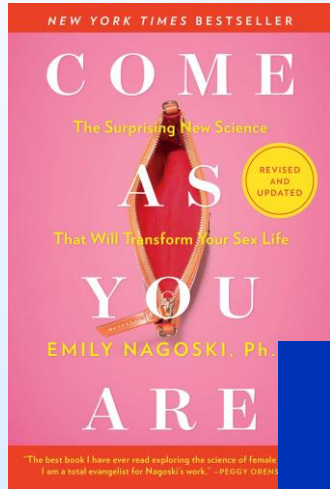
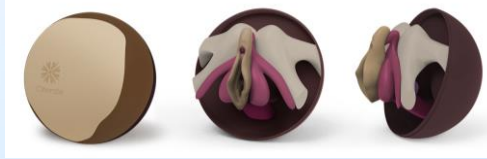


# Biopsychosocial

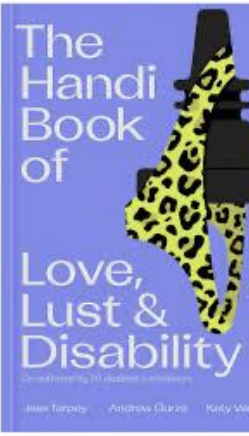
Process of 'sense making' (*the story is the solution*)

	<b>BIOLOGICAL</b> Eg. Medical conditions, medications etc	<b>PSYCHOLOGICAL</b> Eg stress, mental health	<b>SOCIAL</b> Eg relationship/s, partner/s factors
<b>PREDISPOSING</b> Eg prior life experiences, development			
<b>PRECIPITATING</b> Eg stressors/triggers			
<b>PERPETUATING</b> Eg factors that prolong or exacerbate			
<b>PROTECTIVE</b> Eg positive factors			

# Resources



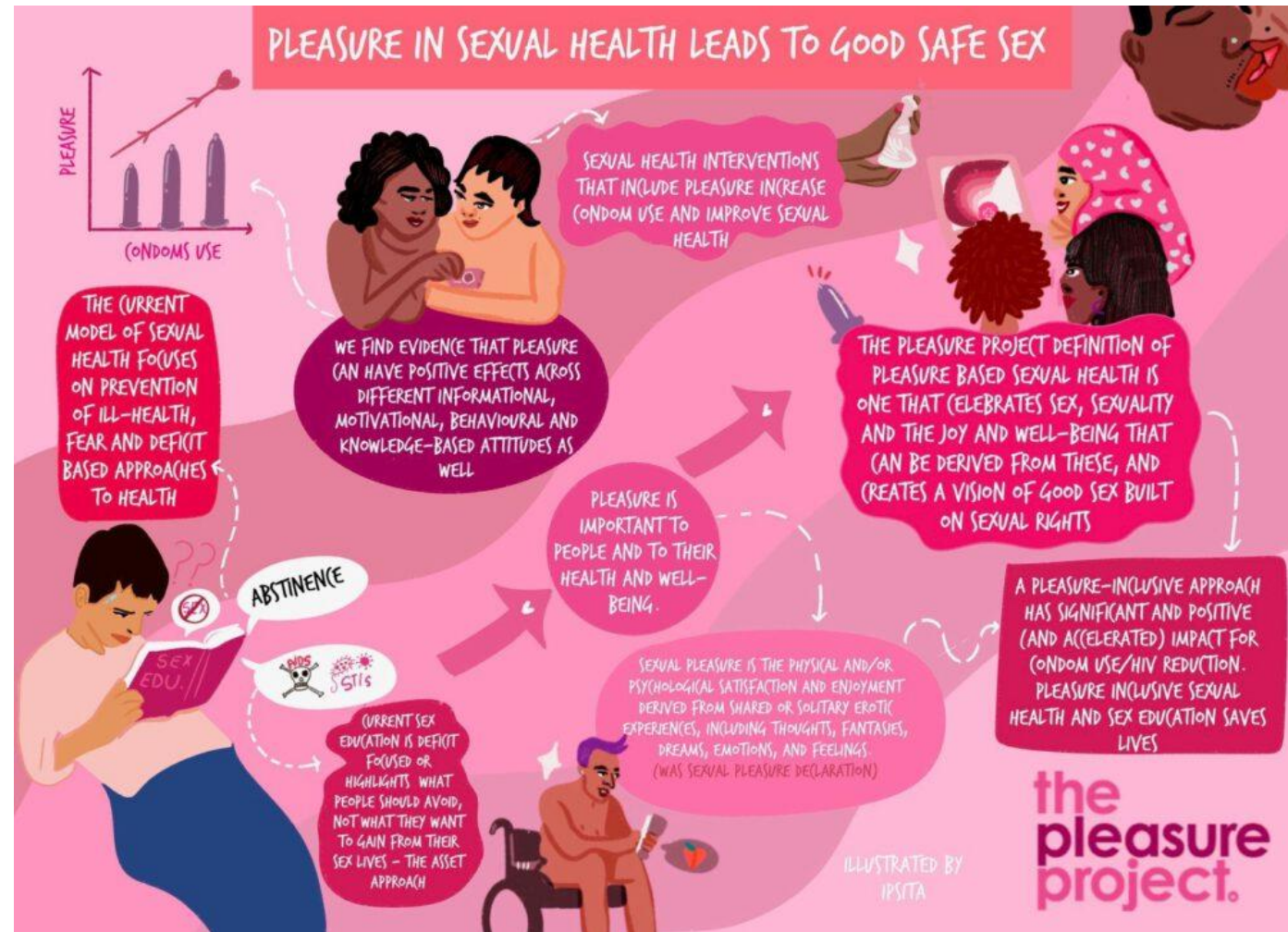
DATE AND TIME	DESCRIBE YOUR PAIN (e.g. how long it lasts, where it is, whether it moves, what it feels like – dull, sharp, stabbing)	RATE YOUR PAIN (0–10, see overleaf)	WHAT MADE YOUR PAIN WORSE?	WHAT HELPED YOU GET THROUGH THE DAY? (medicine and non-medicine, such as meditation, exercise etc.)	DESCRIBE YOUR ACTIVITY LEVEL AND MOOD (Has the pain affected your including sleep, work/social life?)





# Key messages

- Most important step is **asking** and initiating the conversation to lift stigma
  - Stigma = secrecy + shame
- **Ex-PLISSIT**
- Validate, validate, validate (subjective vs objective)
- ICE = Ideas, concerns and expectations
- Psychosexual education through resources, books



Thank you! Please connect with us!

