Resilient Intimacy

Richa Sood, M.D.
Disclosures

• No financial conflicts

• My specialty is **Female Sexual Dysfunction**
Common Questions

- What is normal sexuality, and how does it change with medical illness?
- What can I do to continue to have an active sex life?
- I don’t feel the same way about sex anymore – is that normal?
- I am interested, but I can’t seem to perform as I did earlier – what can I do?
Outline

• Sex Response models
• Sexual dysfunction
• Intimacy and Chronic Illness
• Resilience and Adaptation
Traditional Linear Sex Response Model

Masters & Johnson: Linear Sex Response Model
Intimacy – based Female Sexual Response model

- Emotional intimacy
- Emotional and physical satisfaction
- Spontaneous sexual drive
- Sexual stimuli
- Arousal and sexual desire
- Sexual arousal

Seeking out and being receptive to

Intimacy-based Female Sexual Response model

Sexual concerns: How common?

“From 35 to 50 percent of people struggle with long-term sexual difficulties.”
Don’t Tell; Don’t Ask…

Patients usually don’t bring up their sexual concerns with the doctor

- Doctor Would Dismiss Concerns: 51% Very concerned, 20% Somewhat concerned
  - Total: 71%
- Doctor Would Be Uncomfortable: 46% Very concerned, 23% Somewhat concerned
  - Total: 68%
- No Medical Treatment for the Problem: 46% Very concerned, 30% Somewhat concerned
  - Total: 76%

Poll of 500 US adults aged >25 years

Categories of Male Sexual Dysfunction

- Decline in libido
- Erectile dysfunction
- Ejaculatory disorders

Categories of Female Sexual Dysfunction

- Sexual desire disorders
- Sexual arousal disorders
- Orgasmic disorders
- Sexual pain disorders

*It's not a disorder if there's not personal distress*
See one?...There’s more

Female Sexual concerns often overlap

- Sexual Desire Disorders
- Sexual Arousal Disorder
- Dyspareunia
- Orgasmic Disorder
- Vaginismus


Slide source: Femalesexualdysfunctiononline.org
Solving Sexual problem...
Finding missing pieces of the puzzle
Sexual Dysfunction

Physiological
- Medical Illness
- Cancer
- Urogenital disorders
- Medications
- Fatigue
- Hormonal abnormality

Psych/emotional
- Anxiety, stress
- Self-image
- Depression
- Hx of abuse or trauma
- Alcohol/substance abuse

Interpersonal relationships
- Partner performance and technique
- Lack of partner
- Relationship quality, conflict, communication
- Logistics, lack of privacy

Sociocultural influences
- Limited sex education
- Conflict with religious, personal or family values
- Societal taboos
Medical Illness: Effect on Sexual Function

- Declining desire *(men and women)*
- Diminishing arousal *(women)*
- Erectile dysfunction *(men)*
- Altered ejaculation/orgasms *(men and women)*
- Vaginal dryness *(women)*
- Sexual pain *(women)*
- Decline in sexual satisfaction *(men and women)*
Medical Illness & Intimacy Challenges

• Physical
  • Fatigue, pain, pruritus
  • Medications
  • Change/decline in hormones

• Relational
  • Communication
  • Expectations
  • Changes in role - caregiving

• Emotional / Psychological
  • Stress
  • Grief
  • Anxiety
  • Depression
  • Existential concerns
  • Self esteem
Medical Illness & Intimacy

- Thorough medical evaluation and optimization of medical health as best as possible
- Positive lifestyle changes
- Stress management
- Sexual health evaluation
  (By a Trained sex therapist)
- Sexual health evaluation
  (By a Trained medical professional)
Trained Sex Therapist

• Invaluable resource
  Review psychosexual development
  Review relationship - intimacy & attachment
  Review emotional health and coping styles
  Provide multidimensional therapy
  Suggest reading materials, exercises, couples’ assignments

• www.aasect.org – Web site for finding certified sex therapist in your area
Dealing with SD
Understanding psychosexual development

• Psychosexual development
  • Life long process
  • Major milestones
    - Puberty
    - Menopause
    - Aging (and declining hormones)

• Key – ADAPTATION
  Through physiologic milestones
  Through stressors (medical and others)
Dealing with SD
Psychosexual Approach

• Adaptation enhanced by understanding

• Normal sex response

• Appreciation of differences in beliefs/values of different individuals

• Effect of disease - may invoke ‘survival mode’ (procreation/pleasure/dials down)
Dealing with SD
Psychosexual Approach

- Adaptation also enhanced by understanding:
  - Sexual redundancy
  - Build a new road
  - New self-image
  - Avoid “fix-it” or “just live with it” approach
Dealing with SD
Role of stress

- Stress/tightens the muscles, redirects blood flow, alters focus of attention (observation rather than experience), inhibits relaxation

- For some, sex can be a stress reliever, pain buffer, and a lovely distraction for the mind and body
Dealing with SD

Staying Connected – it takes two…

- Communication
- Engagement
- Experience and Curiosity
Dealing with SD
Staying Connected – it takes two…

• Changing “Challenges” into “Opportunities”
  • Time to improve “communication” between partners
  • Time to set realistic expectations
  • Time to “love well” in times of change
Dealing with SD
Intimacy Begins.

- Within...what are my needs for touch, connection, expression of feelings beyond words, pleasure, exploration...

- Communication of needs...partner(s), medical team

- Education...

- Approaches to optimizing desired sexual pleasures
Dealing with SD
Sexual Resilience

- Human Sex Response
  - Built in Redundancy
  - Expand the focus of exploration
  - Sexual flexibility

- Alter major inhibitors when possible
- Tip the scales in your favor
  - Planning for intimacy

- Conscious Relaxation of body, mind, spirit
Dealing with SD

Hormones/Medications

- Early disease – sexual issues are no different than general population

- Late disease – hormonal changes, especially low testosterone in men can result in decline in libido and performance

- Medications (antidepressants; others)

- Atrophic vaginitis in women (unrelated to disease)
Dealing with SD
Hormones

• **Relevant Study**: Testosterone 50 mg/day transdermal gel was been noted to be safe in advanced liver disease by a group of Turkish researchers (22074639)
  • **Ask your provider**!

• **Relevant Study**: Estrogen replacement was been noted to be safe in a case control study in women in cholestatic liver disease (12738473)
  • **Ask your provider**!

• Vaginal estrogen is generally a safe option for women
Viagra?

• Relevant Study: “In spite of arterial blood pressure decreases 80 min after administration of 50 mg of phosphodiesterase type-5 inhibitor sildenafil, the study could not demonstrate any clinical relevant influence on splanchnic blood flow, oxygen consumption or the HVPG (in patients with cirrhosis).”

  World J Gastroenterol 2008 October 28; 14(40): 6208-6212

• Viagra web site: “If you are older than age 65, or have serious liver or kidney problems, your doctor may start you at the lowest dose (25 mg) of VIAGRA”

  • Ask your provider!
Dealing with SD
Antidepressants

• SSRIs
  May help mood (and indirectly fatigue)
  May also cause sexual dysfunction!!
  Dose adjustment necessary

• Wellbutrin
  May help with mood and sexual problems
  Dose adjustment necessary
FSD: Vaginal Lubrication

- Vaginal Estrogen
- Vaginal moisturizers
  - Replens
- Lubricants
  - Water-soluble with glycerin (Astroglide, K-Y)
  - Water-based w/o glycerin (Slippery Stuff, System Jo water-based, Pink Water)
  - Silicone-based (Pink, Swiss Navy, Wet Platinum, Intrigue)
- Resources:
  - www.drugstore.com
  - www.goodvibrations.com
Dealing with SD
Summary

- Cultivating sexual interest and energy
- Learning what works; basic exploration
- Differentiating anxious inhibition and avoidance
- Lifestyle – exercise/attitude
- Addressing discomfort/pain
- Reviewing medications
- Exploring other specific treatment options
  - Vibrators, Lubricants, Hormones, Viagra/Cialis, Levitra
Thanks for your attention!