

Resilient Intimacy

Richa Sood, M.D.



Disclosures

- No financial conflicts
- My specialty is Female Sexual Dysfunction

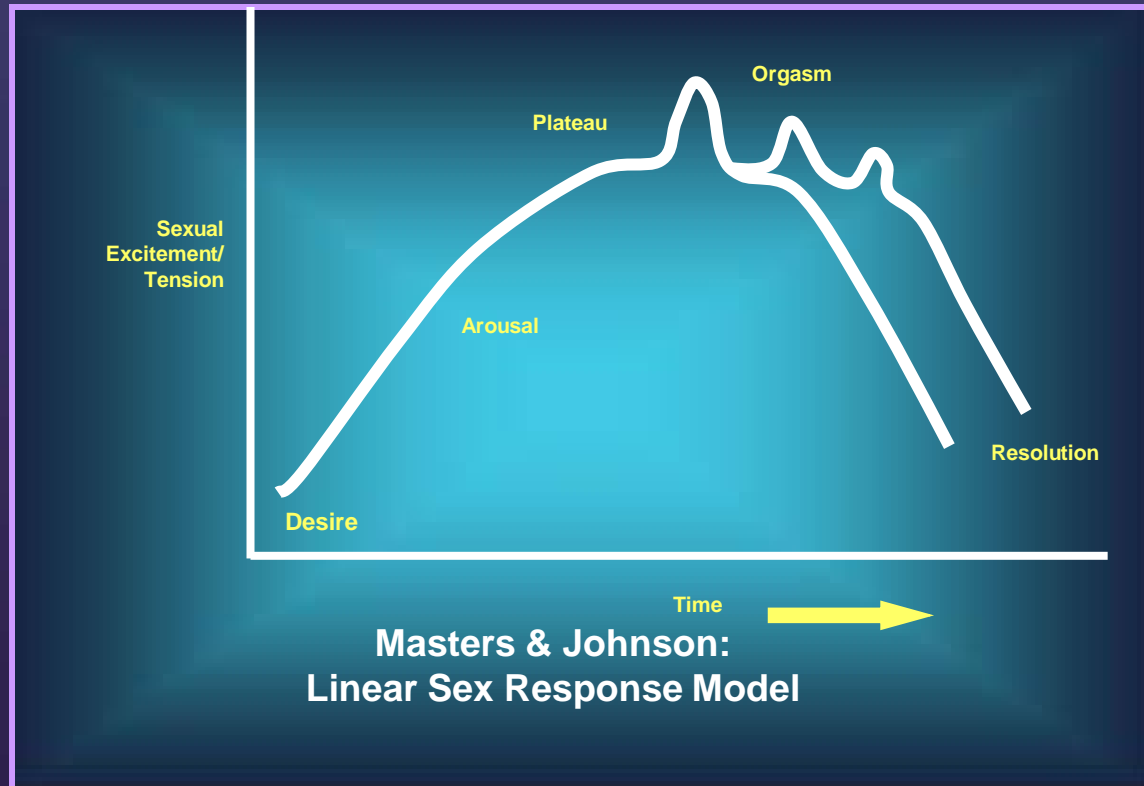
Common Questions

- **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?**

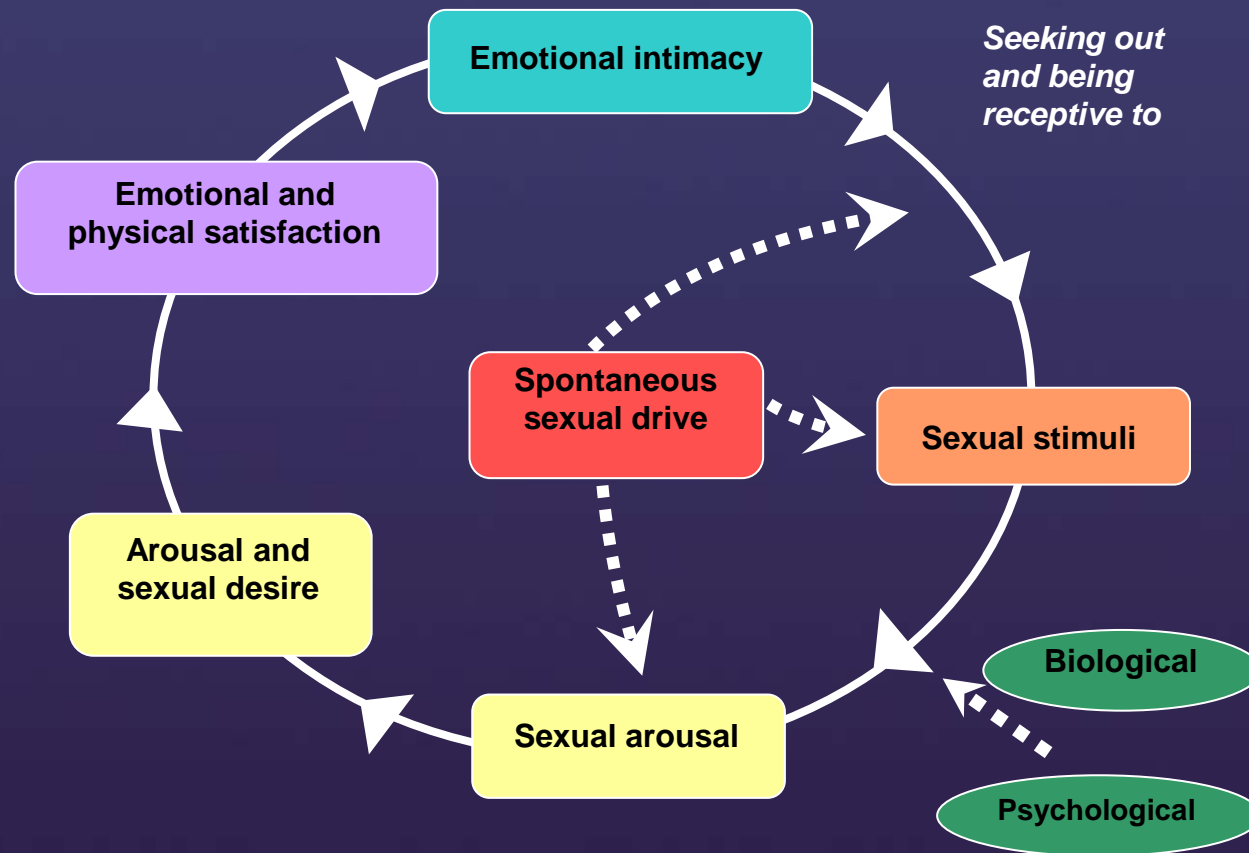
Outline

- **Sex Response models**
- **Sexual dysfunction**
- **Intimacy and Chronic Illness**
- **Resilience and Adaptation**

Traditional Linear Sex Response Model

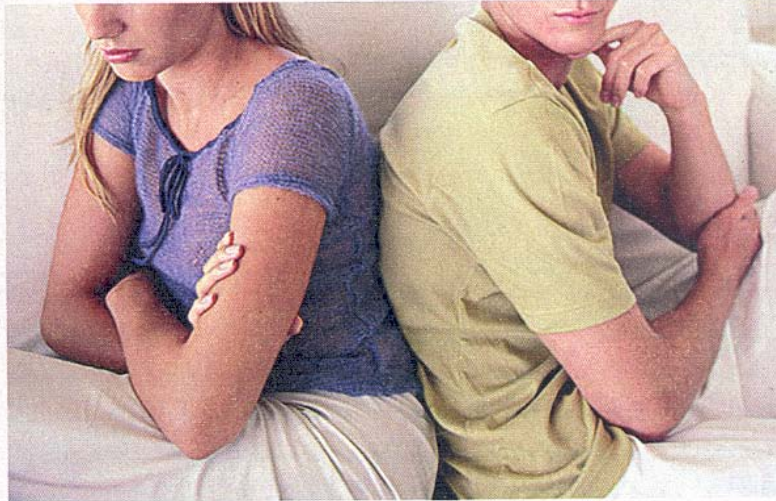


Intimacy – based Female Sexual Response model



Basson R. *Obstet Gynecol.* 2001;98:350-353.

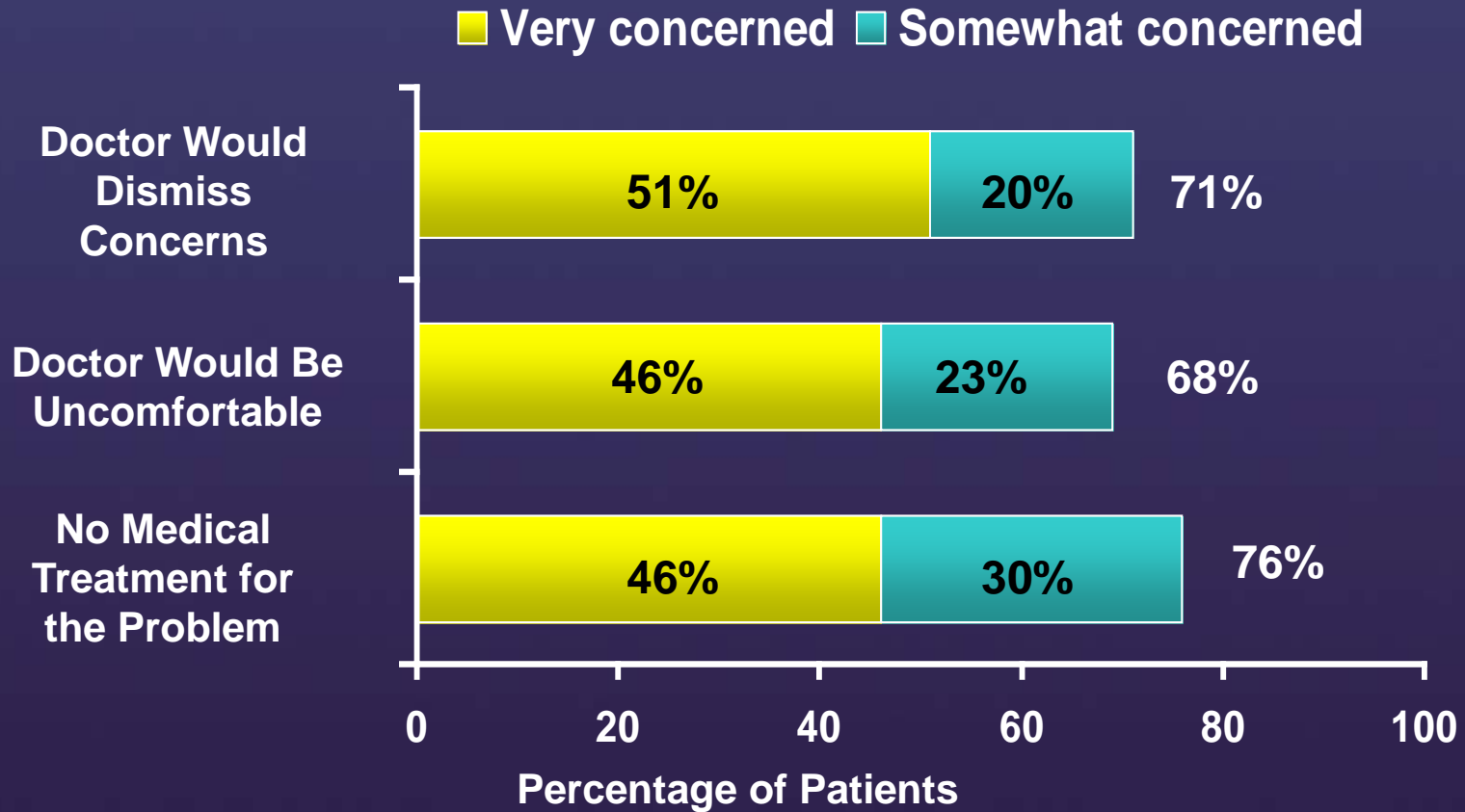
Sexual concerns: How common?



“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



Poll of 500 US adults aged >25 years

Categories of Male Sexual Dysfunction

- Decline in libido
- Erectile dysfunction
- Ejaculatory disorders

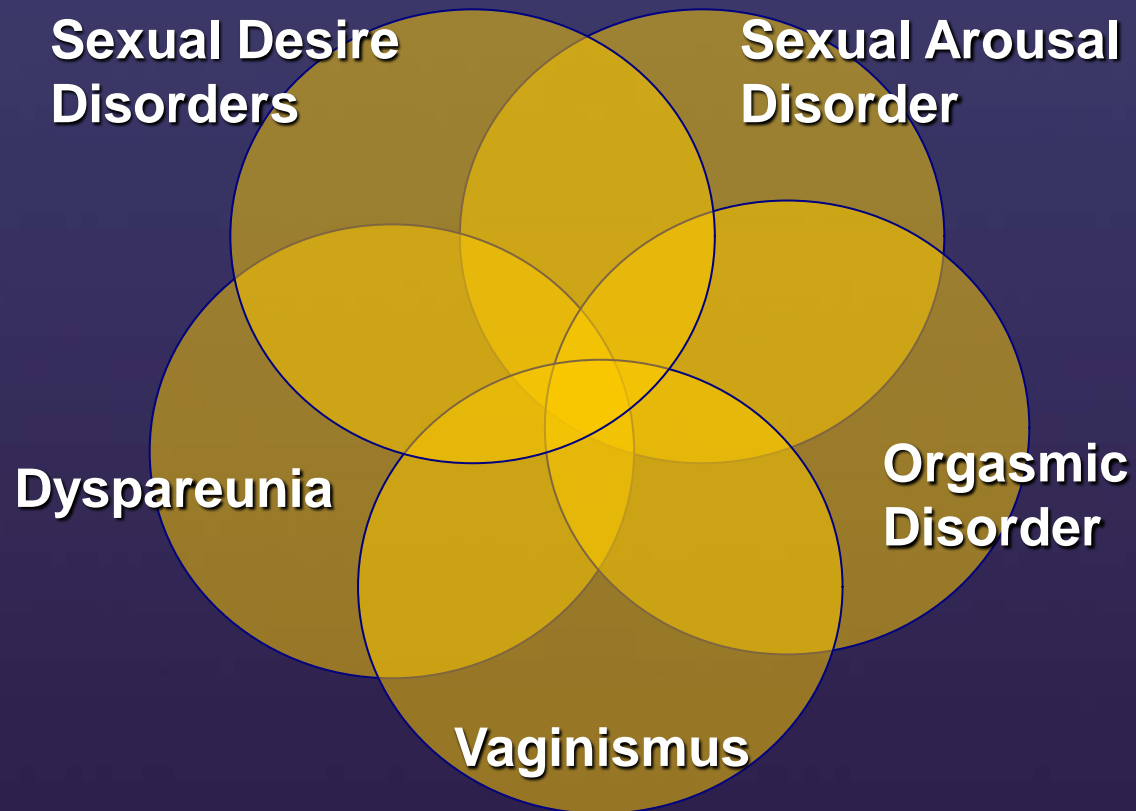
Categories of Female Sexual Dysfunction

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

It's not a disorder if there's not personal distress

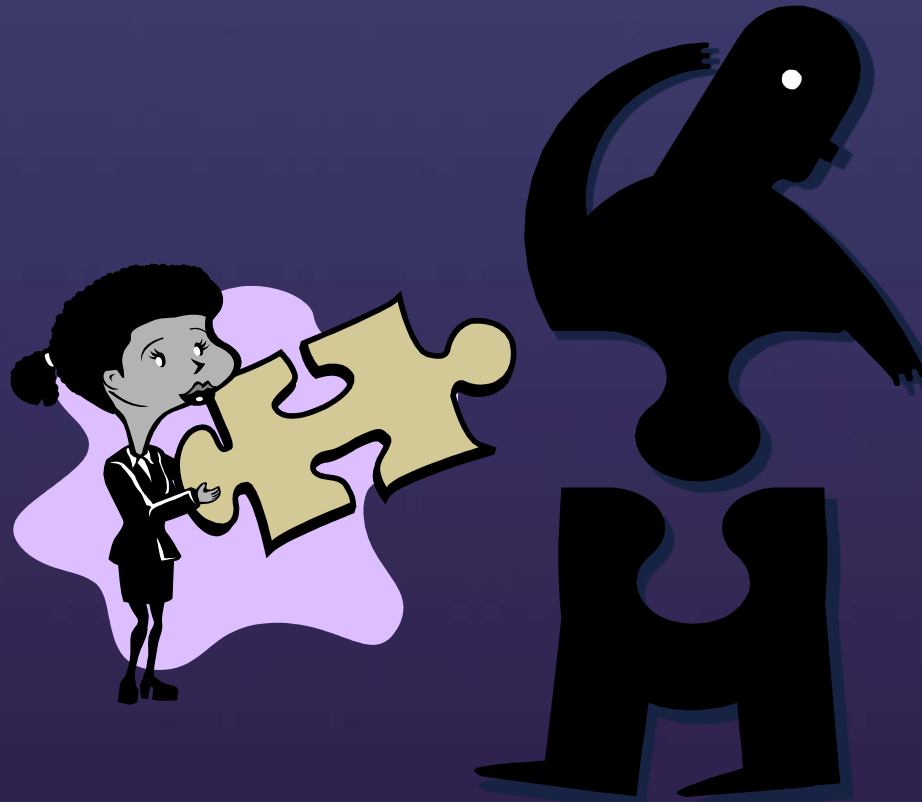
See one?...There's more

Female Sexual concerns often overlap



Solving Sexual problem...

Finding missing pieces of the puzzle



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**

Sexual Dysfunction

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
- **Emotional / Psychological**
 - Stress
 - Grief
 - Anxiety
 - Depression
 - Existential concerns
 - Self esteem
- **Relational**
 - Communication
 - Expectations
 - Changes in role - caregiving

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



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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!

