SEXUAL HEALTH & TREATMENT OF SEXUAL DYSFUNCTION IN WOMEN

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DISCLOSURES & ACKNOWLEDGEMENTS

- I have no financial relationships or affiliations to disclose.
- Language: When I use the word ‘women,’ I am referring to all women. If I am talking about genitals or biology, then I will use phrases like ‘people with vulvas or penises’ or ‘birthing parent.’
- Acknowledgements:
  - *The South Shore Sexual Health Center*

OUTLINE OF TALK

- Split into two parts:
  1. ***The Postpartum Period***
  2. ***The Peri-Menopausal Period***
- For each section, we will review:
  - *Physiological/biological changes that take place*
  - *Psychosocial and cultural factors impacting sexual and emotional health*
  - *Psychopharmacology & non-pharmacological interventions for sexual health*
  - *Therapeutic techniques to utilize in your practice*
- We will end with some more general clinical pearls related to sexual health in women.

PART 1: SEXUAL HEALTH IN THE POSTPARTUM PERIOD

PHYSIOLOGICAL IMPACTS OF THE POSTPARTUM PERIOD FOR BIRTHING PARENTS

- Perineal and abdominal pain
- Decreased amygdala responsiveness
  - ***Amygdala less reactive to both negative and positive stimuli, including those related to the infant***
  - ***Commonly seen in postpartum depression → manifests as numbness, difficulty connecting***
  - ***Can impact a mother's ability to perceive and respond to her baby's distress & have an impact on other relational dynamics***
- Elevated **prolactin** and oxytocin with breastfeeding → decreased sexual desire
- Vaginal/uterine prolapse → weakened pelvic floor
- Postpartum dyspareunia (***either internal/vaginal or external/superficial***), increased sexual pain, decreased vaginal lubrication

McBride, H. L., Olson, S., Kwee, J., Klein, C., & Smith, K. (2016). Women's postpartum sexual health program: A collaborative and integrated approach to restoring sexual health in the postpartum period. *Journal of Sex & Marital Therapy*, 43(2), 147–158. https://doi.org/10.1080/0092623X.2016.1141818

PSYCHOSOCIAL & CULTURAL FACTORS

- Postpartum depression
  - *Depressed mood, severe mood swings, difficulty bonding with baby, withdrawing from family/friends*
- Postpartum anxiety/OCD
- Contributors to postpartum mood changes:
  - *Young/adolescent parents*
  - *Delivering a premature infant or infant that required NICU stay*
  - *Parent(s) living in urban communities*
  - *Hormonal alterations to the immunological and endocrine systems (oxytocin, prolactin, etc.)*

Carlson K, Mughal S, Azhar Y, et al. Postpartum Depression. [Updated 2024 Aug 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK519070/

LIMITATIONS OF RESEARCH ON POSTPARTUM PROCESS

- Research often focuses on physical sensations (trauma to reproductive organs, breast tenderness, etc.) and neglects emotional and cultural contexts, such as class, queerness, etc.
- Expectation in much research that sexual satisfaction equates to intercourse and/or orgasm
- Very limited research on the impact of how same-sex couples navigate the postpartum period

Ollivier, R. A., Aston, M. L., & Price, S. L. (2020). Exploring postpartum sexual health: A feminist poststructural analysis. Health Care for Women International, 41(10), 1081–1100. https://doi.org/10.1080/07399332.2019.1638923.

POSTPARTUM SEXUAL CONCERNS

- n = 478 (239 opposite gender couples)
- 59% of parents endorsed 16-20 sexual concerns
  - *Frequency of sexual activity (96% moms, 92% dads)*
  - *Changes in your own body image (96% moms, 57% dads)*
  - *Interference of childrearing duties on time for sex (93% moms, 88% dads)*
  - *Impact of sleep deprivation on sexual desire (93% moms, 89% dads)*
  - *Impact of physical recovery from delivery on sexual activity (92% moms, 87% dads)*
  - *Impact of breastfeeding (92% moms, 89% dads)*
  - *Mismatch in sexual desire: partner has more desire than you (91% moms, 57% dads)*
  - *The tension between being a parent and a sexual person (83% dads, 64% moms)*

Schlagintweit, H. E., Bailey, K., & Rosen, N. O. (2016). A new baby in the bedroom: Frequency and severity of postpartum sexual concerns and their associations with relationship satisfaction in new parent couples. The Journal of Sexual Medicine, 13(10), 1455–1465. https://doi.org/10.1016/j.jsxm.2016.08.006.

POSTPARTUM SEXUAL CONCERNS

- Mothers endorsed higher number of sexual concerns than fathers, though relationship satisfaction decreased for both mothers and fathers
- Women with higher levels of sexual satisfaction pre-pregnancy had stronger declines of sexual satisfaction through postpartum

Schlagintweit, H. E., Bailey, K., & Rosen, N. O. (2016). A new baby in the bedroom: Frequency and severity of postpartum sexual concerns and their associations with relationship satisfaction in new parent couples. The Journal of Sexual Medicine, 13(10), 1455–1465. https://doi.org/10.1016/j.jsxm.2016.08.006.

CHILD-CENTRISM

- n = 364 (182 first time opposite sex couples)
- Child-centrism: sacrificing individual pleasures to prioritize children's needs
  - *High involvement in child's lives*
  - *Lives centered around children*
- When women have higher child-centrism
  - *Men report lower sexual satisfaction*
  - *Women report lower sexual satisfaction, lower sexual frequency, but no change in sexual desire*
- When men have higher child-centrism
  - *Women report higher sexual satisfaction and desire, but no change in sexual frequency*

Vowels, L. M., Sisson, N. M., Darwiche, J., & Impett, E. A. (2024). Placing a child's or partner's needs above my own: Impacts on a couple's sexual relationship. *Personal Relationships,* 31(3), 776–795. https://doi.org/10.1111/pere.12560

PARTNER-CENTRISM

- When women and men both higher in partner-centrism:
  - *Both report higher sexual satisfaction and desire*
- When men have higher partner-centrism:
  - *Women report higher sexual satisfaction, but not desire or frequency*
- When women have higher partner-centrism:
  - *Men reported higher sexual satisfaction and frequency, but not desire*

Vowels, L. M., Sisson, N. M., Darwiche, J., & Impett, E. A. (2024). Placing a child's or partner's needs above my own: Impacts on a couple's sexual relationship. *Personal Relationships,* 31(3), 776–795. https://doi.org/10.1111/pere.12560

PHARMACOLOGIC INTERVENTIONS FOR POSTPARTUM MOOD DISORDERS

- Antidepressant medications (SSRIs, SNRIs, Wellbutrin, atypical antidepressants)
- Neurosteroid therapy– 1st line for severe postpartum clinical depression
  - *Brexanolone (Meltzer-Brody et al. 2018)*
    - Administered as a 60-hour infusion at a health care facility
    - 5% of patients have adverse effects (LOC, flushing, sedation, dry mouth)
    - Recommended that patients cease breastfeeding until 4 days have elapsed
  - *Zuranolone (ACOG 2023)*
    - GABA-A modulator
    - Easy to administer, provides a relatively rapid response, and is usually well tolerated, taken orally, compatible with breastfeeding
    - 50 mg each evening for 14 days, either as monotherapy or combined with another antidepressant
- Interventional psychiatry (ECT, TMS)

Meltzer-Brody S, Colquhoun H, Riesenberg R, et al. Brexanolone injection in post-partum depression: two multicentre, double-blind, randomised, placebo-controlled, phase 3 trials. Lancet 2018; 392:1058.
The American College of Obstetricians and Gynecologists. Zuranolone for the Treatment of Postpartum Depression. Practice Advisory. August 2023. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/08/zuranolone-for-the-treatment-of-postpartum-depression?

NON-PHARMACOLOGIC INTERVENTIONS

- Individual therapy (Misri et al. 2004)
  - *Monotherapy or combined therapy depending on clinical picture*
  - *Combination therapy is somewhat more efficacious than pharmacotherapy alone in patients with severe postpartum mood disturbances*
- Couples therapy
- Adjunctive aerobic exercise (Morres et al., 2022)
  - *Studies recommend aerobic exercise at moderate intensity for at least 2.5 hours/week*

Morres ID, Tzouma NA, Hatzigeorgiadis A, et al. Exercise for perinatal depressive symptoms: A systematic review and meta-analysis of randomized controlled trials in perinatal health services. J Affect Disord 2022; 298:26.
Misri S, Reebye P, Corral M, Milis L. The use of paroxetine and cognitive-behavioral therapy in postpartum depression and anxiety: a randomized controlled trial. J Clin Psychiatry 2004; 65:1236.

WHAT SHOULD I BE ASKING MY PATIENTS ABOUT?

- Relationship quality (Doss & Rhoades, 2017)
  - *Unequal division of labor*
  - *Less time alone together as a couple, less time alone generally*
  - *Changing familial roles: ideological and functional*
- Sexual distress: female sexual distress scale
  - *Increased stress, sleep deprivation*
  - *Hormonal and physiological impact of breastfeeding*
- Sexual satisfaction: Global measure of sexual satisfaction (Tavares et al., 2024)
- Sexual desire: Hulbert Index of sexual desire scale
- Sexual frequency

Doss, B. D., & Rhoades, G. K. (2017). The transition to parenthood: Impact on couples' romantic relationships. Current Opinion in Psychology, 13, 25–28. https://doi.org/10.1016/j.copsyc.2016.04.003. *Tavares, I. M., Rosen, N. O., Heiman, J. R., & Nobre, P. J. (2024). Longitudinal associations between relational and sexual well-being in couples transitioning to parenthood. Family Process, 63(1), 192–209. https://doi.org/10.1111/famp.12859.*

VALUES FOR INDIVIDUAL THERAPY

- Agency: women are the experts of their own bodies
- Fluidity: desire and sexual engagement shifts throughout the life cycle
- Subjectivity: multiple truths exist (medical truth vs individual/relational truth)
- Power/heteronormativity: intercourse is not necessarily correlated with successful sexual relationship

FOCUSES OF THERAPY

- Transition of postpartum on individual mother/birthing parent
- Transition of postpartum on individual father/non-birthing parent
- Infant development
- Development of the mother-child relationship
- Development of the non-birthing parent-child relationship
- Development of the partner relationship

PART 2: SEXUAL HEALTH IN THE PERI-MENOPAUSAL PERIOD

FIRST, DEFINITIONS

- Perimenopause:
  - *occurs on average between 45-55 years old*
  - *Gradual decline in estrogen production by the ovaries, leading to hormonal fluctuations and various physical and emotional changes.*
- Menopause: No menses for 12 months (signals the end of reproductive years)
- Post-menopausal period: Starts once a female-bodied person has had no menses for 12 months.
- Medical/surgically-induced menopause: Menopause due to surgical removal of both ovaries, radiation or chemotherapy
- Premature menopause: Menopause prior to age 40.

PHYSIOLOGICAL IMPACTS OF THE PERIMENOPAUSAL PERIOD

- Hormonal changes include decrease in estrogen, progesterone, and testosterone
- Physiological impacts:
  - *Vasomotor symptoms (hot flashes, night sweats, irregular menses)*
  - *Vulvovaginal atrophy (lining of the vagina becomes thinner, less elastic, and dryer) // can lead to tearing, pain with penetration, and decrease in natural lubrication (Coad & Dunstale 2011)*
  - *Longer to orgasm (Winterich, 2003)*
  - *Decrease in bone density and collagen in skin and bones // breast tissue loses its elasticity (Tremayne & Norton, 2017)*

Coad, J., Pedley, K., & Dunstall, M. (2011). Anatomy and Physiology for Midwives. London: Churchill Livingstone (1st Ed., 2001).
Winterich, J. A. (2003). Sex, Menopause, and Culture: Sexual Orientation and the Meaning of Menopause for Women's Sex Lives. Gender & Society, 17(4), 627-642. https://doi-org.ezp-prod1.hul.harvard.edu/10.1177/0891243203253962.
Tremayne P, Norton W. Sexuality and the older woman. Br J Nurs. 2017 Jul 27;26(14):819-824. doi: 10.12968/bjon.2017.26.14.819. PMID: 28745971

PSYCHOSOCIAL & CULTURAL FACTORS

- Occupational stressors: Unhappy with work outside the home
- Relationship issues: Health of the partner relationship, communication patterns
- Physical health and body image
- Sense of identity
- Loss of fertility
- Empty nest
- Ailing parents
- Lesbian and queer culture
  - *Coutts (2019) reported that nearly twice as many queer and lesbian women were reporting more sex than they had 10 years prior. Also noted was less of a negative impact on body image and sexual satisfaction.*
- Heteronormative culture in the U.S.
  - *Higher negative body image, feel more unattractive and report less sexual desire*

Coutts, H. M. (2019). *A Study of the Relationship between Body Image and Sexual Response Changes in Midlife Lesbians and Queer Women*. ProQuest Dissertations & Theses.

HORMONAL TREATMENT

- Systemic estrogen
- Progesterone-estrogen combination treatment
- Topical vaginal estrogen therapy
- DHEA (dehydroepiandrosterone), a sex steroid produced by the adrenal glands

NON-HORMONAL TREATMENT

- Pelvic floor physical therapy (Whicker et al. 2017)
- Acupuncture
- Laser therapy such as Mona Lisa Touch procedure (Mension et al. 2022)

Whicker, Margaret, MD, Black, Jonathan, MD, Altwerger, Gary, MD, Menderes, Gulden, MD, Feinberg, Jacqueline, MD, & Ratner, Elena, MD. (2017). Management of sexuality, intimacy, and menopause symptoms in patients with ovarian cancer. American Journal of Obstetrics and Gynecology, 217(4), 395–403. https://doi.org/10.1016/j.ajog.2017.04.012.

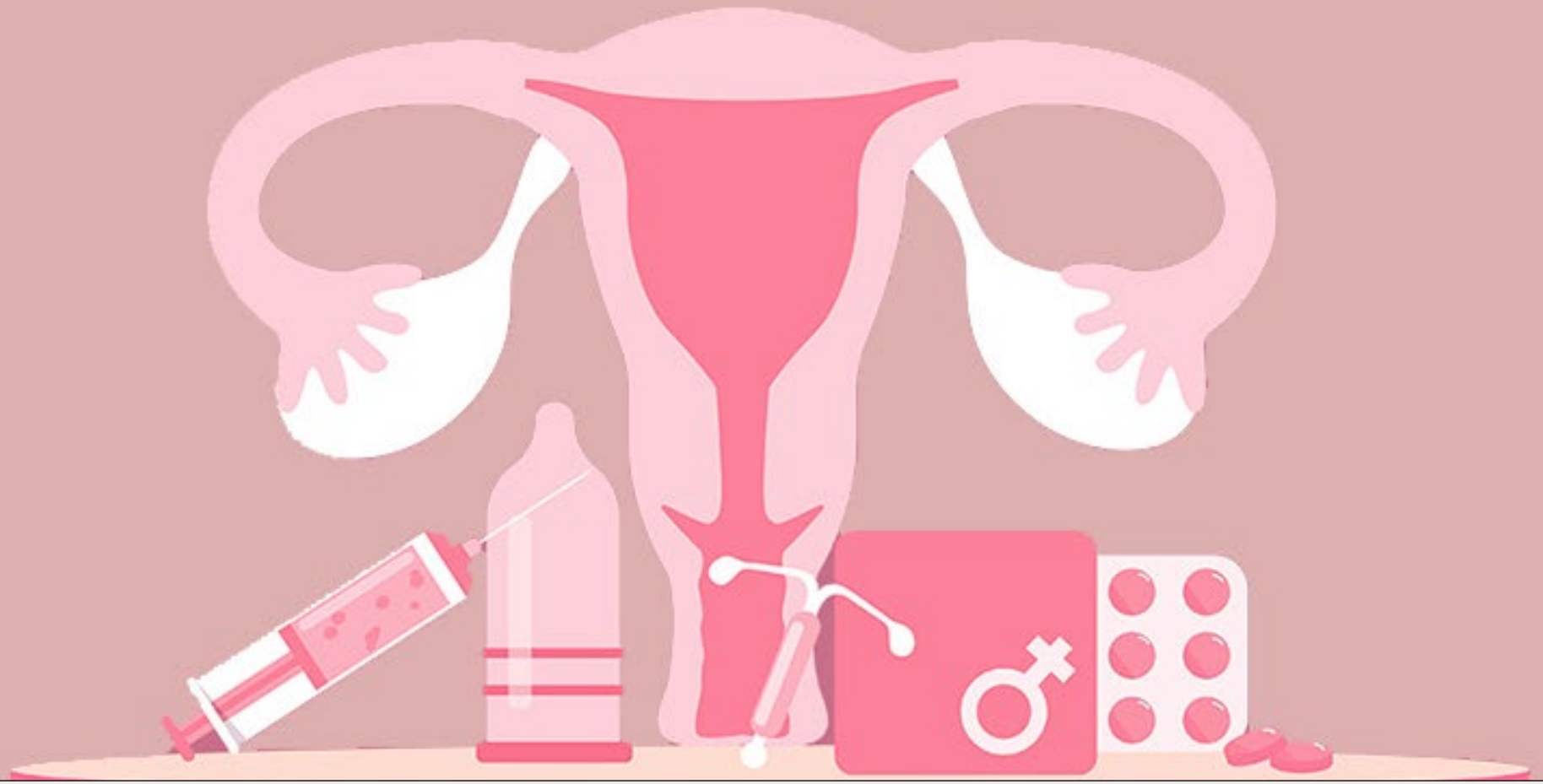
Mension, E., Alonso, I., Tortajada, M., Matas, I., Gómez, S., Ribera, L., Anglès, S., & Castelo-Branco, C. (2022). Vaginal laser therapy for genitourinary syndrome of menopause – systematic review. Maturitas, 156, 37–59. https://doi.org/10.1016/j.maturitas.2021.06.005.

ADVICE FOR PATIENTS

- Address sexual pain:
  - *For enjoyable sex to be possible, whether self-pleasuring or partnered, it is important to first eliminate any pain.*
  - *This might require a local (topical) form of hormone therapy, or simply the use of a good lubricant.*
- Use of lube or oral sex as lubrication
- Use of vibrators (increase blood flow to tissues, may boost sensitivity, help achieve orgasm)
- Cool room

THERAPEUTIC TECHNIQUES

- Focus on sexual pleasure can be very empowering to shift the sexual script from a goal-oriented one focused on mutual orgasm, to a pleasure-oriented one focused on mutual enjoyment
  - *There is no "right" or "only" way to have sex*
- Focus on sensation, pleasurable touch
  - *Added benefit of increased connection to partner*



PART 3: CLINICAL PEARLS

SSRIS & SNRIS

- Lead to decreased sexual functioning in 40% of individuals
  - *Prior to starting a serotonergic medication, recommend conducting full sexual health assessment and educating patient on sexual side effect risk*
  - *If sexual side effects occur, explore impact on patient, assess for comorbid factors (substance use, medical factors such as systemic illness), and explore relationship issues as a contributing factor*
  - *Treatment recommendations include medication options (lowering SSRI/SNRI dosage, adding Wellbutrin) or exercise.*
  - *OTC medications with inconsistent results in studies (yohomine, gingko, biloba, ginseng, saffron)*

POST-SSRI SEXUAL DYSFUNCTION (PSSD)

- Rare syndrome that can occur with SSRI use
  - *Sexual dysfunction persists **even after** discontinuing SSRIs*
- Symptoms: genital anesthesia, erectile dysfunction, and pleasure-less orgasm (Tarchi et al. 2023)
- Incidence is unclear
- No treatment recommendations, more research is needed

Tarchi, L., Merola, G. P., Baccaredda-Boy, O., Arganini, F., Cassioli, E., Rossi, E., Maggi, M., Baldwin, D. S., Ricca, V., & Castellini, G. (2023). Selective serotonin reuptake inhibitors, post-treatment sexual dysfunction and persistent genital arousal disorder: A systematic review. Pharmacoepidemiology and Drug Safety, 32(10), 1053–1067. https://doi.org/10.1002/pds.5653.

SEXUAL & REPRODUCTIVE EFFECTS OF SUBSTANCES ON WOMEN

- Cannabis (Ryan et al. 2021)
  - *Enhances sexual desire, orgasm, satisfaction, and decreases sexual pain but limits coital "performance"*
  - *May lead to infertility problems*
  - *Increased risk of preterm birth and small for gestational age infants*
- Alcohol (Peugh & Belenko 2001)
  - *Small amounts: increased sexual desire and responsiveness*
  - *Large amounts: lack of lubrication (64%), lack of orgasm (46%), and pain with intercourse (24%)*
- Nicotine (Lockett, 2023)
  - *Reduces genital arousal by activating the sympathetic nervous system, constricting blood flow to sexual organs*
  - *Nicotine dependence can decrease sexual arousal, libido, and orgasm in all genders*

Ryan KS, Bash JC, Hanna CB, Hedges JC, Lo JO. Effects of marijuana on reproductive health: preconception and gestational effects. Curr Opin Endocrinol Diabetes Obes. 2021 Dec 1;28(6):558-565. doi: 10.1097/MED.0000000000000686. PMID: 34709212; PMCID: PMC8580253.
Peugh J, Belenko S. Alcohol, drugs and sexual function: a review. J Psychoactive Drugs. 2001 Jul-Sep;33(3):223-32. doi: 10.1080/02791072.2001.10400569. PMID: 11718315.
Lockett, C., Shah, S., Rizzo Liu, K., Towns, S., Smith, R., & Mooney-Somers, J. (2024). Unpacking vaping in schools: Voices from the school community. Health Education Journal, 83(5), 453–466. https://doi.org/10.1177/00178969241246170

QUESTIONS?

- Please feel free to email me: **nhaddad1@mgb.org**