A General Approach to Female Sexuality and Assessment

Stanley E. Althof, Ph.D.
Executive Director
Center for Marital and Sexual Health of South Florida
Professor Emeritus
Case Western Reserve University School of Medicine

Disclosures

Dr. Althof serves as a Principal Investigator, Consultant or Member of an Advisory Board to:
- Allergan
- Eli Lilly
- Evidera
- Ixchelis
- Palitan
- Pfizer
- Promescent
- Sprout
- St Pharma
- SSI
- Vyrix

Observations About Female Sexuality

- In general, women are quite resilient and responsive—both physically and sexually
- Sexual problems occur along a continuum from dissatisfaction (with or without significant distress) to frank dysfunction (with or without significant distress)
- There exists tremendous individual variability across women in terms of sexual desire, arousal, and orgasmic ease
- Women do report more sexual difficulties and complaints than do men in almost every survey or study.
Female Sexual Dysfunction: Definitions and Classifications

Overlap of Female Sexual Disorders

Comorbidity of HSDD With Other Sexual Disorders

Female Sexual Dysfunction
Female Sexual Dysfunction: Changes from DSM-IV-TR to DSM-5

- Hypoactive Sexual Desire Disorder (HSDD)
- Female Sexual Arousal Disorder (FSAD)
- Female Sexual Interest/Arousal Disorder (FSIAD)

Diagnostic Criterion for FSIAD

- Lack of, significantly reduced, or absent sexual interest/arousal as manifested by 3 of the following:
  1. Interest in sexual activity
  2. Sexual/erotic thoughts or fantasies
  3. Initiation of sexual activity and unreceptive to partner’s attempts to initiate
  4. Sexual excitement/pleasure during sexual activity in almost all or all (75%-100%) sexual encounters
  5. Sexual interest/arousal in response to any internal or external sexual/erotic cues (written, verbal, visual)
  6. Genital or non-genital sensations during sexual activity

Symptoms persisted a minimum of 6 months and not better explained by a non-sexual mental disorder or consequences of severe relationship distress or other significant stressors and not due to the effect of a substance/medication or other medical condition.


Female Sexual Dysfunctions: DSM-5

- Female Orgasmic Disorder
- Female Sexual Arousal Disorder
- Hypoactive Sexual Desire Disorder
- Female Sexual Interest/Arousal Disorder
- Female Sexual Painful Sexuality Disorder

Symptoms persisted a minimum of 6 months and not better explained by a non-sexual mental disorder or consequences of severe relationship distress or other significant stressors and not due to the effect of a substance/medication or other medical condition.

Use of this material is subject to accepted, generalized co-relation, severity, level, incidence, sexism.


“I was on hormone replacement for two years before I realized that what I really needed was Steve replacement.”
Defined by Onset

- **Lifelong**: Sexual dysfunction has been present since the onset of sexual functioning
- **Acquired**: Sexual dysfunction develops only after a period of normal functioning

Defined by Context

- **Generalized**: Sexual dysfunction is not limited to certain types of stimulation, situations, or partners
- **Situational**: Sexual dysfunction is limited to certain types of stimulation, situations, or partners

Subtypes of FSDs Described by DSM-IV-TR

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**Female Sexual Dysfunction: Epidemiology**

**Percentage of Men and Women with Sexual Complaints**

National Health and Social Life Survey

- **Women**: 43%
- **Men**: 31%


**FSD Prevalence By Decade**

- Any
- Desire
- Arousal
- Orgasm

Sexual pain was not measured in this survey.


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**Prevalence From the PRESIDE Study**

- OBJECTIVES: Estimate the prevalence of self-reported sexual problems (sex, desire, arousal, and orgasm), the prevalence of problems accompanied by personal distress, and describe related correlates.
- NOT DETERMINED: Whether low desire with sexually related personal distress was primary or secondary to another illness; pain was not assessed.
- POPULATION: 31,581 US female respondents ≥ 18 years of age from 50,002 households.
- RESULTS*: Response rate was 63% (n=31,581/50,002).

*All results are US population age-adjusted.


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**Sexual Life in Older Adults**

- Included U.S. adults (1550 women and 1455 men) 57 to 85 years of age.
- The prevalence of sexual activity declined with age: 73% among respondents who were 57 to 64, 53% among respondents who were 65 to 74, 26% among respondents who were 75 to 85.
- Women were significantly less likely than men at all ages to report sexual activity.

Sexual Life in Older Adults

- Men and women who rated their health as being poor were less likely to be sexually active and, among respondents who were sexually active, were more likely to report sexual problems.

- A total of 38% of men and 22% of women reported having discussed sex with a physician since the age of 50 years.


The Role of the Partner

Sexual Problems Do Not Occur in a Vacuum

Interpersonal Dimension

“There is no such thing as an uninvolved partner in a marriage where sexual dysfunction exists.”

Masters & Johnson, 1970
The Partner As a Precipitating Factor for Sexual Dysfunction

- The partner's role as a precipitating or maintaining factor has been overshadowed by focusing on individual medical, psychological, or interpersonal factors upon sexual function.

- There is a dynamic and reciprocal relationship of one partner's sexual function, sexual satisfaction, physical and mental health to the other partner's sexual health and satisfaction.


The Paradox of Sexuality

Reconciling passion and intimacy, or the erotic and domestic, is about bringing together two sets of human fundamental needs: the need for safety and security with the need for adventure and novelty.

Love and Desire - they relate and they conflict.

**Security**
- Safety and reliability
- Permanence and grounding
- Love seeks closeness
- Predictability
- Knowing your beloved

**Adventure**
- Novelty, mystery, unexpected
- Risk, quest for the unknown
- Freedom
- Difference - otherness
- Passion and uncertainty


Male and Female Sexual Dysfunctions

**Women**
- Hypoactive Sexual Desire Disorder
- Female Sexual Arousal Disorder
- Female Orgasmic Disorder
- Sexual pain disorders

**Men**
- Hypoactive Sexual Desire Disorder
- Male Erectile Disorder
- Premature Ejaculation
- Delayed Ejaculation
- Sexual pain disorders

Assessment

- Overview of sexual life
  - History and course of presenting sexual problem
  - Assess all phases of function
  - Desire, arousal, orgasm and satisfaction
  - Why is the patient presenting now?
  - In-depth review of last sexual encounter
  - Partner's response

- Quality of relationship
- Life stresses/Contextual issues
- Biomedical factors
- Mental health screen
  - Depression, anxiety, substance abuse, prior MH contacts
Techniques for Discussing Patient’s Sexual History

Inquiry techniques include
- Starting with general questions about sexual activity then becoming more specific
- Using 2 types of questions:
  - **Direct**: “Do you have any problems related to sex?”
  - **Ubiquity style**: “Many women over age __ note some problems with sexual activity”


Variety of Validated Tools Can Be Used for Assessing FSD

Examples of Validated Tools Available to Assess FSD

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<th>Assessment Area</th>
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<td>Brief diagnostic tool for HSDD</td>
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Office Based Counseling for Sexual Problems: Follow PLISSIT Model

**Permission** to talk about sexual issues, reassurance and empathy

**Limited Information**
- e.g., educational resources, partner dysfunction, resources, realistic expectations

**Specific Suggestions**
- e.g., use of lubricants, altering position, date night, novelty, plan sexual activity when energy is highest and pain is lowest

**Intensive Therapy**
- e.g., referral for psychotherapy/sex therapy

Questions/Comments
Multiple Models of Female Sexual Response

Linear Model: 1, 2, 3*
- Plateau
- Orgasm
- Resolution
- Arousal
- Desire

Circular Model: 3†
- Sexual arousal
- Emotional and physical satisfaction
- Seeking out and being receptive to sexual stimuli
- Emotional intimacy
- Seeking and being receptive to emotional intimacy

*Called the Masters & Johnson Model with Kaplan Modifier (Desire). †Called the Basson Model.


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