

Female Sexual Dysfunction: The Secret Garden - A Discussion on Female Sexual Dysfunction

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The content of my material/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated: 1. Testosterone transdermal is not FDA approved for Female Sexual Interest/Arousal Disorder. 2. Bupropion is not FDA approved for treatment in SSRI-induced female sexual dysfunction. 3. Viagra (Sildenafil) is not FDA approved for treatment in SSRI-induced female sexual dysfunction.



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Dr. MacGilvray is a graduate of the Medical University of South Carolina in Charleston. She completed her family medicine residency at the University of Vermont, and a fellowship with the National Institute for Program Director Development. Dr. MacGilvray previously served as the designated institutional official for graduate medical education at Naval Hospital Camp Lejeune (NHCL) and as NHCL's residency program director. Under her leadership, the program received a perfect score from the Accreditation Council for Graduate Medical Education (ACGME) family medicine residency review committee, receiving a zero-hit, five-year accreditation, a first for Navy family medicine graduate medical education. She was the NHCL site principal investigator in the ACGME Length of Training Pilot study, evaluating the length of family medicine residency training. Dr. MacGilvray practices obstetrics with high levels of continuity and maintains an active outpatient gynecology procedure clinic, providing colposcopy and loop electrosurgical excision procedure services, in addition to all forms of reversible contraception.



Learning Objectives

1. Identify the underlying physiological and psychological factors that can influence female sexual dysfunction.
2. Educate and counsel patients on sexuality and the disorders that can arise from sexual dysfunction and make referrals to mental health professionals as necessary.
3. Analyze symptoms and conduct a thorough medical and sexual history to determine when sexual dysfunction may be a symptom of an underlying illness and recommend additional testing as necessary.
4. Develop collaborative care plans with patients for the treatment of sexual dysfunction; emphasizing patient education, treatment options, and coordination of care with a mental health or sexual dysfunction specialist as necessary.



Audience Engagement System

The image displays three sequential screenshots of the Audience Engagement System app. Step 1 shows the home screen with various icons for navigation. Step 2 shows a list of CME activities with a red arrow pointing to a specific activity. Step 3 shows the details of a CME activity, including the title 'CME001 Acute Coronary Syndromes: Unchain My Heart', the location 'Houston, TX', the date 'Thursday, Sep 21 8:00 AM', and the duration '1 hour'. A red arrow points to the 'CME Report / Evaluation' button.



AES Question

How many women in the general population report sexual concerns **overall**?

1. <10%
2. 10-25%
3. 25-50%
4. 50-75%
5. 75-100%

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Female Sexual Dysfunction

- 6+ month history
- Symptoms are recurrent and/or persistent
- Cause significant personal distress

- Not better explained by a nonsexual mental disorder, severe relationship distress (abuse), and is NOT attributable to a substance/medication or other medical condition

American Psychiatric Association. Sexual Dysfunctions. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing;2013:429-440.

FMX

DSM-IV → DSM-V

DSM-IV disorders

- Desire
 - Hypoactive sexual desire
 - Sexual aversion
- Arousal
- Orgasm
- Pain
 - Dyspareunia
 - Vaginismus

American Psychiatric Association. Sexual Dysfunctions. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing;2013:429-440.

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DSM-V disorders

- Desire/Arousal
- Female Orgasm
- Genito-pelvic pain/penetration

Female Sexual Dysfunction

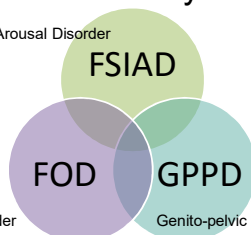
- **Female sexual interest or arousal disorder**
 - The most common with 12% prevalence
 - Reduced or absent sexual interest, desire, initiation, or sensations
- **Female orgasmic disorder**
 - Absent, delayed, infrequent, or reduced intensity of orgasm
- **Genito-pelvic pain penetration disorder**
 - Pain with insertion or vaginal penetration
 - Fear or anxiety about intercourse due to pain
 - Tensing of pelvic floor during attempted penetration

American Psychiatric Association. Sexual Dysfunctions. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing;2013:429-440. Kinsberg S,Woodard T. Female sexual dysfunction: focus on low desire. *Obstetrics and Gynecology*. 2015;125(2):477-484.

FMX

Female Sexual Dysfunction

Female Sexual Interest / Arousal Disorder



Female Orgasmic Disorder

Genito-pelvic Pain/Penetration Disorder

American Psychiatric Association. Sexual Dysfunctions. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing;2013:429-440.

FMX

AES Polling Question:

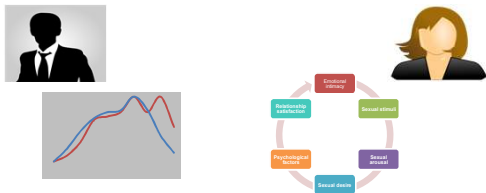
What is **your** #1 barrier in discussing FSD with patients?

1. Discomfort with the topic
2. Lack of clinical time
3. Perceived limited treatment options
4. Lack of knowledge with the subject

Wright J, O'Connor K. Female Sexual Dysfunction. *Med Clin N Am*. 2015;(99):607-628. Bachmann G. Female sexuality and sexual dysfunction: are we stuck on the learning curve? *J Sex Med* 2006;3(4):639-645.

FMX

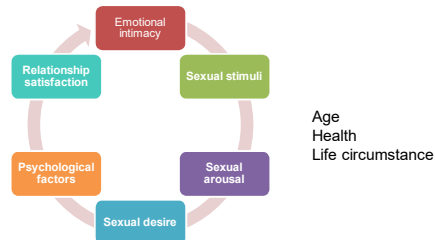
Normal Female Sexual Response



Masters W, Johnson V. Human Sexual Response. Boston: Little, Brown and Company;1966.
Kaplan H. Disorders of Sexual Desire and Other New Concepts and Techniques in Sex Therapy. New York: Brunner/Hazel Publications;1979.
Basson R. Human Sex-Response Cycles. *J Sex Marital Therapy* 2001;27:33-43.

FMX

Cyclical Sexual Response Cycle



Basson R. Human Sex-Response Cycles. *J Sex Marital Therapy* 2001;27:33-43.

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Brief Sexual Symptom Checklist for Women

- Are you satisfied with your sexual function?
(if yes – end screen)
- How long have you been dissatisfied with your sexual function?

- The problem is: (circle all that apply)
 - Little or no interest in sex
 - Decreased genital sensation
 - Decreased lubrication/dryness
 - Problem with orgasm
 - Pain with sex
- Which of the above is the MOST bothersome (circle)
- Would you like to talk about it with your doctor?

Hatzichristou D et al. Recommendations for the clinical evaluation of men and women with sexual dysfunction. *J Sex Med* 2010;7:337-45.

FMX

AES Question

Mrs. A is a 26 yr-old G3P3 12 weeks postpartum, exclusively breastfeeding, and using the norethindrone progesterone-only pill for contraception. She complains of **low desire** which is causing marital stress and she requests the “female Viagra” pill. She is tearful. Should she be diagnosed with FSIAD?

- Yes
- No

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Female Sexual Interest / Arousal Disorder (F52.22)

- Absent or reduced **interest**
- Absent or reduced erotic **thoughts/fantasies**
- Absent or reduced **initiation** AND unreceptive
- Absent or reduced **excitement/pleasure** in all or almost all encounters
- Absent or reduced interest/arousal in **response** to ANY internal or external cues
- Absent or reduced genital or non-genital **sensations**
- Specify:
 - Lifelong/acquired
 - Generalized/situational
 - Mild/Moderate/Severe
- 6+ months; +3/6 criteria

American Psychiatric Association. Sexual Dysfunctions. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing 2013:429-440.

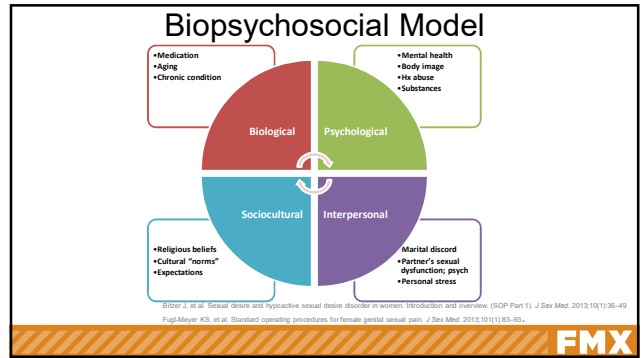
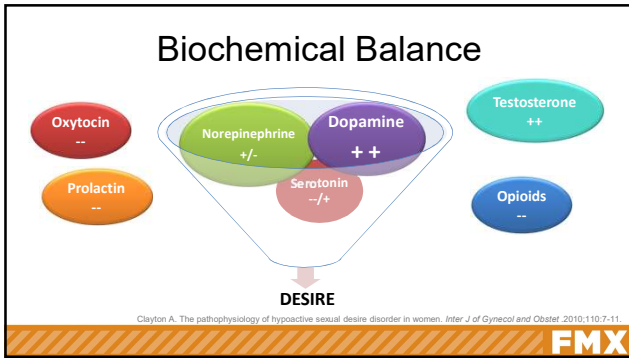
FMX

AES Question

Mrs. A understands that she does not meet criteria for FSIAD, but requests treatment for her complaints of **low desire**. Which of the following is **supported by evidence** for treatment?

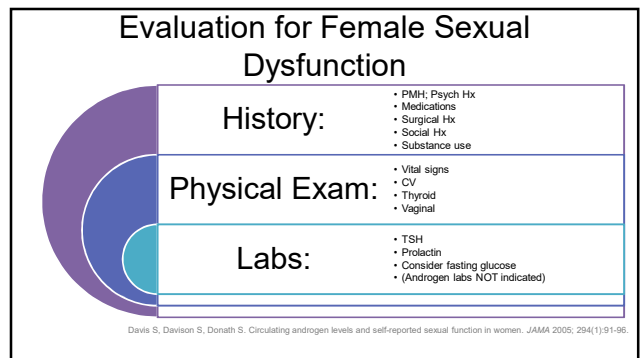
- Transdermal testosterone
- Flibanserin (Addyi) 100mg QHS
- Bupropion (Wellbutrin) 150mg BID
- Sildenafil (Viagra) 50mg prior to intercourse
- Group CBT

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Conditions and Medications that Impact Female Sexual Dysfunction

Psychological	Medications	Biological	Sociocultural	Interpersonal
Depression Anxiety OCD	Psych: SSRIs, SNRIs, Antipsychotics, Anxiolytics	GYN – STIs, Endometriosis Vulvar dermatoses	Competing interests for time	Partner conflict
PTSD Bipolar d/o	Anticonvulsants: carbamazepine, phenytoin, primidone	Spinal cord injury Neuromuscular d/o Myalgia/Neuralgia	Incompatible work schedule with partner	Sleep deprivation
Chronic Pain Sexual abuse	CV: Anti-hypertensives, lipid-lowering agents	CV disease	Cultural norms / expectations	Partner sexual dysfunction (ED, premature ejac)
PMDD	Hormonal: Antiandrogens, GnRH, OCPs	Hypothyroidism Hyperprolactinemia Diabetes	Religious influences	Financial stress Occupational stress
Substance abuse	Abuse: alcohol, amphetamines, cocaine, heroin, marijuana	Menopause Urinary Incont.		Lack of privacy Co-bedding
Body image	Antihistamines NSAIDs, opioids	Malignancy and treatment		



- ### Female Sexual Interest / Arousal Disorder (F52.22)
- Absent or reduced **interest**
 - Absent or reduced **erotic thoughts/fantasies**
 - Absent or reduced **initiation** AND unresponsive
 - Absent or reduced **excitement/pleasure** in all or almost all encounters
 - Absent or reduced interest/arousal in **response** to ANY internal or external cues
 - Absent or reduced genital or non-genital **sensations**
 - Specify:
 - Lifelong/acquired
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 - 6+ months; +3/6 criteria
- American Psychiatric Association. *Sexual Dysfunctions*. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing 2013:429-440.
- FMX**

- ### Treatment for Female Sexual Interest / Arousal Disorder (F52.22)
- **Office-based counseling**
 - Education on 'what is normal'
 - Medication review and adjustments
 - Counseling on healthy lifestyle
 - Intimacy promotion and partner communication
 - Psychological counseling
 - Pharmaceutical interventions
- Herbenick D, Reece M, Schick V. Sexual behaviors, relationships, and perceived health status among adult women in the United States: results from a national probability sample. *J Sex Med* 2010;7(5):277-290.
- FMX**

Treatment for Female Sexual Interest / Arousal Disorder (F52.22)

- Office-based counseling
- **Psychological counseling**
 - Partner relationship discord
 - Sexual or physical abuse
 - Therapy may include:
 - CBT
 - Mindfulness-based interventions
 - Sexual therapy
- Pharmaceutical interventions

Silverstein B, Brown A, Roth H, Willoughby B. Effects of Mindfulness Training on Body Awareness to Sexual Stimuli: Implications for Female Sexual Dysfunction. *Psychosomatic Medicine* 2011;73:817-825.
Pereira V, Arias-Carron O, Machado S. Sex therapy for female sexual dysfunction. *Int Arch Med* 2013;6(1):1-7.

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Treatment for Female Sexual Interest / Arousal Disorder (F52.22)

- Office-based counseling
- Psychological counseling
- **Pharmaceutical interventions**
 - FDA-approved:
 - Low-dose vaginal estrogens and ospemifene (Osphena) 60mg daily are approved in women with decreased sexual desire due to pain resulting from vaginal atrophy. FDA recommends use of opposing progestin.
 - Flibanserin (Addyi) 100mg QHS for premenopausal patients with decreased sexual desire *

Wright J, O'Connor K. Female Sexual Dysfunction. *Med Clin N Am*. 2015;(99):607-628.
Holt H, Tingen J. Flibanserin (Addyi) for Hypoactive Sexual Desire Disorder in Premenopausal Women. *American Family Physician*. 2016;93(10):826-28.
PL Detail -Document, New Drug: Addyi (Flibanserin). *Pharmacist's Letter/Prescriber's Letter*. October 2015.

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Treatment for Female Sexual Interest / Arousal Disorder (F52.22)

- Office-based counseling
- Psychological counseling
- **Pharmaceutical interventions**
 - Non-FDA approved:
 - Testosterone not approved due to concerns about long-term side effects
 - Numerous blinded RCT approx. 3000 postmenopausal women HSDD
 - » Dose-related increase in desire with 300 mcg/d patch
 - Limited data in premenopausal women
 - » Off-label use includes transdermal 1% testosterone cream (0.5g cream = 5 mg testosterone daily)
 - Bupropion for SSRI-induced FSD*

ACOG Practice Bulletin No. 119: Female Sexual Dysfunction. *Obstet Gynecol* 2011;117(4):996-1007.
Wright J, O'Connor K. Female Sexual Dysfunction. *Med Clin N Am*. 2015;(99):607-628.

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FDA Approved Treatments for FSI/A Disorder

Premenopause

- Flibanserin (Addyi) 100mg PO QHS (08/2015)
 - Serotonin agonist (5-HT 1A)
 - Serotonin antagonist (5-HT 2A, 5-HT 2B, 5-HT 2C)
 - Dopamine antagonist (D4)
- Increases Dopamine and Norepinephrine
- Decreases Serotonin
- Effectiveness
 - 3 RCT: 2375 premenopausal women, baseline SSE 2.5-3.0/mo
 - Treatment group: increase of 1.6-2.5 additional SSE
 - Placebo group: increase of 0.8-1.5 additional SSE
 - Net increase in SSE by 0.5-1/month
 - NO improvement in intensity or frequency of desire

Holt H, Tingen J. Flibanserin (Addyi) for Hypoactive Sexual Desire Disorder in Premenopausal Women. *American Family Physician*. 2016;93(10):826-28.
PL Detail -Document, New Drug: Addyi (Flibanserin). *Pharmacist's Letter/Prescriber's Letter*. October 2015.

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Flibanserin (Addyi)

- | | |
|---|---|
| <ul style="list-style-type: none"> • Significant Risks <ul style="list-style-type: none"> – Hypotension (2%) – Syncope (0.4%) • Contraindications <ul style="list-style-type: none"> – Moderate or strong CYP3A4 and CYP2C19 inhibitors <ul style="list-style-type: none"> » Fluconazole » OCPs » Erythromycin » Ciprofloxacin » grapefruit, etc. – ANY alcohol use – Hepatic impairment | <ul style="list-style-type: none"> • Significant side effects <ul style="list-style-type: none"> – Dizziness (11%) – Nausea (10.4%) – Somnolence (11.2%) – Fatigue (9.2%) – Insomnia (4.9%) • Risk Evaluation Mitigation Strategy (REMS) certification • Discontinue medication if no improvement seen after 8 weeks |
|---|---|

Holt H, Tingen J. Flibanserin (Addyi) for Hypoactive Sexual Desire Disorder in Premenopausal Women. *American Family Physician*. 2016;93(10):826-28.
PL Detail -Document, New Drug: Addyi (Flibanserin). *Pharmacist's Letter/Prescriber's Letter*. October 2015.

FSI/A Disorder Multidisciplinary Treatments

<u>Premenopause</u>	<u>SORT</u>	<u>Postmenopause</u>	<u>SORT</u>
1. Group CBT	C	1. Group CBT	C
2. Mindfulness-based interventions	B	2. Mindfulness-based interventions	B
		3. Transdermal testosterone +/- estrogen	B

Faubion S, Rullo J. Sexual Dysfunction in Women: A Practical Approach. *American Family Physician*. 2015;92(4):281-288.

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AES Question

Mrs. O is a 32 yr-old female on an SSRI for depression for the last 8 years. She is concerned about worsening difficulty with orgasm quality and quantity. What do you suggest?

1. Transdermal testosterone
2. Flibanserin (Addyi) 100mg QHS
3. Bupropion (Wellbutrin) 150mg BID
4. Sildenafil (Viagra) 50mg prior to intercourse
5. Group CBT

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Female Orgasmic Disorder (F52.31)

- Marked delay, infrequency, or absence
- Decreased intensity
 - 75-100% interactions
 - 6+ months
 - **WITH DISTRESS!**
- Lifelong or acquired
- Generalized or situational

American Psychiatric Association. Sexual Dysfunctions. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing;2013:429-440.

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Treatment Female Orgasmic Disorder (F52.31)

- **Lifelong**
 - Directed masturbation
- **Acquired**
 - Mindfulness-based interventions

SORT

A

B

Faubion S, Rullo J. Sexual Dysfunction in Women: A Practical Approach. American Family Physician. 2015;92(4):281-288.

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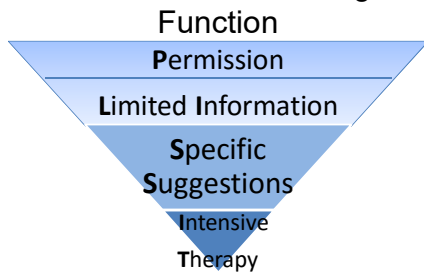
Female Orgasmic Disorder (F52.31)

- | | |
|--|--|
| <p>Education</p> <ul style="list-style-type: none"> – Adequate stimulation, lubrication – Self-stimulation / masturbation <p>Sex Therapy</p> <ul style="list-style-type: none"> – Sensate focus – Sexual exercises | <p>FDA approved therapy</p> <ul style="list-style-type: none"> – Eros Clitoral Therapy device <ul style="list-style-type: none"> • FDA approved 04/2000 • Hand-held vacuum device • Increases clitoral blood flow <p>Non-FDA approved therapy</p> <ul style="list-style-type: none"> – Sildenafil (Viagra) 50mg prior to intercourse in patients with SSRI/SNRI-induced FSD (SORT B) |
|--|--|

ACOG Practice Bulletin No. 119: Female Sexual Dysfunction. Obstet Gynecol. 2011;117(4):996-1007.
Faubion S, Rullo J. Sexual Dysfunction in Women: A Practical Approach. American Family Physician. 2015;92(4):281-288.

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PLISSIT Model of Addressing Sexual Function



Annon J. The PLISSIT Model: A Proposed Conceptual Scheme for the Behavioral Treatment of Sexual Problems. J Sex Ed Ther. 1976;2(1):1-15.

AES Question

Mrs. D is a 55 yr-old female with complaint of painful intercourse. She describes her pain beginning with initial penetration and causing significant distress throughout intercourse. Menopause occurred 3 years ago. Which of the following do you suggest initially?

1. Vaginal moisturizers
2. Vaginal estrogen
3. Ospemifene (Osphena) 60mg daily
4. Vaginal physical therapy
5. Vaginal dilators

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Genito-pelvic Pain/Penetration Disorder (F52.6)

- Difficulty with vaginal penetration
- Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts
- Marked fear or anxiety about pain
- Marked tightening or tensing of abdominal and pelvic muscles during attempted vaginal penetration
- Persistent (1+) and/or recurrent for 6+ months
- Lifelong or acquired

American Psychiatric Association. Sexual Dysfunctions. DSM, 5th edition. Arlington (VA): American Psychiatric Publishing;2013:429-440.

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Treatment GPPD (F52.6)

- | | |
|---|--------------------|
| Menopausal pain | <u>SORT</u> |
| – Local vaginal estrogen +/- progesterone | A |
| – Ospemifene (Osphena) | B |
| Premenopausal pain | |
| – Comprehensive multi-disciplinary approach | C |

Faubion S, Rubin J. Sexual Dysfunction in Women: A Practical Approach. American Family Physician. 2015;92(4):281-288.

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Causes of GPPD

Categories	Examples
Irritative	Vaginal dryness Atrophic vaginitis Vulvar dermatoses Vulvodinia/vestibulitis
Anatomic	Endometriosis Fibroids Uterine/bladder prolapse Scarring from pelvic surg and/or episiotomy GYN malignancy
Infectious	STIs Vulvovaginal candidiasis PID

Wright J, O'Connor K. Female Sexual Dysfunction. Med Clin N Am. 2015;(99):607-628.

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Recommended Practice Changes

- Screen using brief symptom checklist
- Physician comfort = Patient comfort
- Use DSM-V terminology and incorporate a multi-disciplinary approach
- Consider the use of bupropion and/or sildenafil in patients with SSRI/SNRI-induced FSD (SORT B)
- Consider vaginal estrogen (SORT A), ospemifene (SORT B), and/or short-term transdermal testosterone +/- estrogen therapy (SORT B) in postmenopausal women with FSD

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Questions?

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Additional Resources

- Decreased Sexual Desire Screener
 - (http://www.obgynalliance.com/files/fsd/DSDS_Pocketcard.pdf)
- North American Menopause Society
 - www.menopause.org
- International Society for the Study of Women's Sexual Health
 - (www.ISSWSH.org)
- International Pelvic Pain Society
 - (www.pelvicpain.org)
- American Association of Sexuality Educators Counselors and Therapists
 - (www.AASECT.org)
- The Society for Sex Therapy and Research
 - (www.SSTARNET.org)

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References

1. Faubion S, Rullo J. Sexual Dysfunction in Women: A Practical Approach. *American Family Physician*. 2015;92(4):281-288.
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3. ACOG Practice Bulletin No. 119: Female Sexual Dysfunction. *Obstet Gynecol*. 2011;117(4):996-1007.
4. Knaflitz S, Woodard T. Female sexual dysfunction: focus on low desire. *Obstetrics and Gynecology*. 2015;125(2):477-484.
5. Masters W, Johnson V. *Human Sexual Response*. Boston: Little, Brown and Company;1966.
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8. Basson R. Female sexual response: the role of drugs in the management of sexual dysfunction. *Obstet Gynecol* 2001;98(2):351.
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10. Hatzichristou D et al. Recommendations for the clinical evaluation of men and women with sexual dysfunction. *J Sex Med* 2010;7:337-48.
11. Bitzer J, et al. Sexual desire and hypoactive sexual desire disorder in women. Introduction and overview. (SOP Part 1). *J Sex Med*. 2013;10(1):36-49.
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16. Clayton A. The pathophysiology of hypoactive sexual desire disorder in women. *Inter J of Gynecol and Obstet*. 2010;110:7-11.
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18. Pereira V, Arias-Carron O, Machado S. Sex therapy for female sexual dysfunction. *Int Arch Med* 2013;6(1):37.
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20. PL Detail –Document, New Drug: Addyi (Flibanserin). *Pharmacist's Letter/Prescriber's Letter*. October 2015.
21. Annon J. The PLUSITT Model: A Proposed Conceptual Scheme for the Behavioral Treatment of Sexual Problems. *J Sex Ed Ther*. 1976;2(1):1-15.
22. Sivegg J, Zolnoun D. Evaluation and Treatment of Dyspareunia. *Obstet Gynecol* 2009;113(5):1124-1136.
23. CDER FDA. The Voice of the Patient – Female Sexual Dysfunction. Public Meeting: Oct 27, 2014. Report Date: June 2015.

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Contact Information

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Billing & Coding

When services performed in conjunction with:

Office Visit 992xx *

*Time-based selection documentation criteria:

- Face-to-face time
- greater than 50% spent counseling/coordinates care

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Associated Session

- Female Sexual Dysfunction: PBL

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Interested in More CME on this topic?
aafp.org/fmx-womens-health

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