Female Sexual Dysfunction: PBL
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Learning Objectives
1. Practice applying new knowledge and competencies gained from sexual dysfunction sessions, and receive feedback from expert faculty.
2. Interact collaboratively with peers to solve complex and challenging case-study scenarios.
3. Develop problem-solving skills that promote effective reasoning to manage sexual dysfunction within the context of professional practice.

Audience Engagement System
Step 1
Step 2
Step 3
CASE 1

Chief Complaint
22 year old female, G1P1, complaining of absent sexual desire.

What additional information would be helpful prior to your encounter?

Brief Sexual Symptom Checklist for Women
1. Are you satisfied with your sexual function? NO
2. How long have you been dissatisfied with your sexual function? 7 months
3. The problem is: (circle all that apply)
   a. Little or no interest in sex
   b. Decreased genital sensation
   c. Decreased lubrication/dryness
   d. Problem with orgasm
   e. Pain with sex
4. Which of the above is the MOST bothersome (circle)
5. Would you like to talk about it with your doctor? YES

History of Present Illness
Patient complains of absent desire which is causing marital stress. This has been ongoing for 7 months, since the birth of her son. Her husband returned from deployment 4 months ago and demanded she “get her hormones checked to determine what is wrong.”

History of Present Illness
What additional questions do you have at this point regarding the HPI?

Please structure your questions within the framework of the biopsychosocial model.
**History of Present Illness**

She and her husband married at the time he enlisted in the USMC two years ago. She denied any difficulty with desire or arousal when they first married. Now, she has no desire in sex, never experiences erotic thoughts, states that she does not ever initiate sex, and is unresponsive to her husband’s attempts to have sex. She denies overall difficulty with orgasm, but stated she doesn’t desire it.

He deployed shortly after discovering she was pregnant and the patient stated he “is different” since his return home.

She has no local support in the area.

She is exclusively breastfeeding and sleeping well.

Her lack of desire IS causing personal distress.

**PMH:**
- G1P1001
- Generalized Anxiety Disorder
- Body Dysmorphic Disorder
- Allergic rhinitis
- Surg: none

**Medications:**
- OCP (EE/drosperinone) daily
- Fluoxetine 20mg daily
- Cetirizine 10mg daily
- NKDA

**FHx:**
- HTN, DM

**Soc Hx:**
- ½ PPD cigarette use
- Rare alcohol use
- Denies Hx physical or sexual abuse

**ROS:** neg

**Physical Examination**

VS: 98.2, 122/88, 88, 14, 175 lb, 5’1”

Exam: unremarkable, including vaginal exam

**Assessment and Plan**

1. What is your diagnosis?

2. What treatments are available for this patient? Is Flibanserin a consideration? Why or why not?

3. Please explain in detail your professional advice to this 22 yr old patient using a patient-centered approach (PLISSIT).

Would you like to order any labs? If so, which ones and why?

Remember, the patient stated her husband wanted her “hormones” checked.
CASE 2

Chief Complaint
65 year old female here to discuss sexual concerns.

Brief Sexual Symptom Checklist for Women

1. Are you satisfied with your sexual function? NO
   (If yes – end screen)
2. How long have you been dissatisfied with your sexual function? 5 years
3. The problem is: (circle all that apply)
   a. Little or no interest in sex
   b. Decreased genital sensation
   c. Decreased lubrication/dryness
   d. Problem with orgasm
   e. Other
4. Which of the above is the MOST bothersome (circle)
5. Would you like to talk about it with your doctor? YES

What are your initial thoughts?

History of Present Illness
Patient has been postmenopausal for 12 years. She was the primary caregiver of her disabled husband until his death 8 years ago. She began dating again a few years ago and is fearful she will never have a normal sex life again.

History of Present Illness
What additional questions do you have at this point regarding the HPI?
History of Present Illness

Patient stated she attempted sexual intercourse five times with the same partner over the last 3 months. She describes pain on penetration and is unable to continue due to discomfort. Home remedies include: vaginal moisturizers (olive oil) and OTC lubricants without significant improvement. She denies vaginal bleeding or discharge, fever, or foul odor.

PMH:
DM
HTN
Osteoporosis

Surg:
s/p TAH-BSO 06/2002
s/p ORIF tibia-fibula fx 04/2008

Medications:
Metformin 1000mg ER PO QPM
Bydureon (exenatide) 2mg SC Qwk
Lisinopril 10mg PO QAM
Ibandronate 150mg PO Qmo
Calcium w/ vit D PO BID

History

FHx:
Breast cancer, mother deceased age 80
DM, multiple
HTN, multiple

Soc Hx:
Denies tobacco
Occasional alcohol use

ROS:
GU: recurrent dysuria, frequently incontinent with cough/sneeze
CV: neg
Endo: increased thirst
Otherwise, neg.

Physical Examination

VS: 98.0, 130/78, 76, 14, 125 lb, 5’3”

Exam:
CV, Resp, Abd, Breast exams all neg.
Vaginal exam: labial atrophy, pallor of urethra and vagina, narrow introitus, loss of vaginal rugae. No plaques, papules, or fissuring noted. Unable to tolerate a speculum exam. Mild pain noted with vaginal insertion of single finger.

Labs

U/a: neg
BMP: remarkable for glucose 205
HGB A1C: 8.0%

Vaginal pH: 6.0
Assessment and Plan

1. What is your diagnosis?
2. What multidisciplinary and pharmacologic treatments are available for this patient?
3. Please explain in detail your professional advice using a patient-centered approach (PLISSIT).

Additional Resources

- Decreased Sexual Desire Screener
- 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]

References