

Female Sexual Dysfunction: PBL

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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.

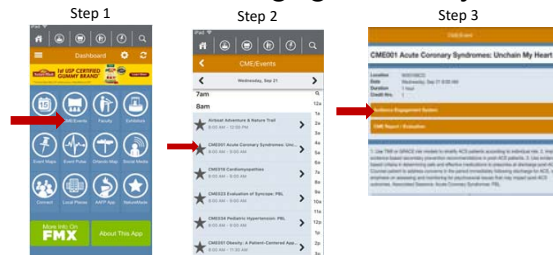


Learning Objectives

1. 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



CASE 1

FMX

Chief Complaint

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

FMX

What additional information would be helpful prior to your encounter?

FMX

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? 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

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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.”

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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.

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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.

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History

PMH:

G1P1001
Generalized Anxiety Disorder
Body Dysmorphic Disorder
Allergic rhinitis

Medications:

OCP (EE/drospirone) daily
Fluoxetine 20mg daily
Cetirizine 10mg daily

NKDA

Surg: none

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History

FHx:

HTN, DM

ROS:

neg

Soc Hx:

½ PPD cigarette use
Rare alcohol use
Denies Hx physical or sexual abuse

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Physical Examination

VS: 98.2, 122/88, 88, 14, 175 lb, 5'1"

Exam: unremarkable, including vaginal exam

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

Remember, the patient stated her husband wanted her "hormones" checked.

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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).

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CASE 2

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Chief Complaint

65 year old female here to discuss sexual concerns.

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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. **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**

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What are your initial thoughts?

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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.

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History of Present Illness

What additional questions do you have at this point regarding the HPI?

FMX

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.

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History

PMH:

DM
HTN
Osteoporosis

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

Surg:

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

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History

FHx:

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

ROS:

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

Soc Hx:

Denies tobacco
Occasional alcohol use

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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.

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

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Labs

U/a: neg

BMP: remarkable for glucose 205

HGB A1C: 8.0%

Vaginal pH: 6.0

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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).

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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.
2. American Psychiatric Association. *Sexual Dysfunctions DSM, 5th edition*. Arlington (VA): American Psychiatric Publishing;2013:429-440.
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.
6. Kaplan H. *Disorders of Sexual Desire and Other New Concepts and Techniques in Sex Therapy*. New York: Brunner/Hazel Publications;1979.
7. Basson R. Human Sex-Response Cycles. *J Sex Marital Therapy* 2001;27:33-43.
8. Basson R. Female sexual response: the role of drugs in the management of sexual dysfunction. *Obstet Gynecol* 2001;98(2):351.
9. Wright J, O'Connor K. Female Sexual Dysfunction. *Med Clin N Am*. 2015;99:607-626.
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.
12. Fugl-Meyer KS, et al. Standard operating procedures for female genital sexual pain. *J Sex Med*. 2013;10(1):83-93.
13. Herbentick D, Reeves 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):277-286.
14. 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;73:517-525.
15. Davis S, Davison S, Donath S. Circulating androgen levels and self-reported sexual function in women. *JAMA* 2005; 294(1):91-96.
16. Clayton A. The pathophysiology of hypoactive sexual desire disorder in women. *Int J of Gynecol and Obstet*. 2010;110:7-11.
17. Bachmann G. Female sexuality and sexual dysfunction: are we stuck on the learning curve? *J Sex Med* 2006;3(4):639-645.
18. Pereira V, Arias-Carron O, Machado S. Sex therapy for female sexual dysfunction. *Int Arch Med* 2013;6(1):1-7.
19. Holt H, Tinigen J. Flibanserin (Addyi) for Hypoactive Sexual Desire Disorder in Premenopausal Women. *American Family Physician*. 2015;93(10):826-28.
20. PL Detail—Document, New Drug: Addyi (Flibanserin). Pharmacist's Letter/Prescriber's Letter. October 2015.
21. Armon J. The PLISSIT Model: A Proposed Conceptual Scheme for the Behavioral Treatment of Sexual Problems. *J Sex Ed Ther*. 1976;2(1):1-15.
22. Steege 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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Associated Session

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

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

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