

# Sexual Health

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## Sexuality & Intimacy

- Sexuality-intrinsic multidimensional, dynamic characteristic that is individually defined & experienced. The sense of being male or female. Collective characteristics relating to sex and love.
- Intimacy-“process by which two people attempt to move toward complete communication on all levels” -Hatfield, 1982, In Fisher & Stricker (Eds.), *Intimacy*

# Sexual Health

- Overall health is monumentally important
- “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.” -WHO,  
[http://www.who.int/reproductivehealth/topics/gender\\_rights/sexual\\_health/en/](http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)
- Safe Sex- protecting yourself and partners against sexually transmitted diseases through barriers such as condoms

# Sexual Response

- Arousal involves communication/nervous conduction between brain and the rest of the bodies (genitals included).
- Genital arousal involves blood flow to the genitalia in response to sexual stimulation
- Hormones are chemical mediators that play a major role in sex drive and desire for sex
- Chemicals in like dopamine also play a role in sex drive and desire

# What Effects Sexual Health?

- Any medical condition that can impact nervous conduction/communication (for example- chronic head, neck or back issues, diabetes, stroke, Parkinson's disease and other neurological disorders), any medical condition that can impact blood flow (for example- elevated cholesterol, high blood pressure, cardiovascular issues)
- Any treatment or condition that can impact hormones (for example chemotherapy for cancer and other medications)
- Psychological and relationship issues

# Sexual Dysfunction

- The persistent impairment of a couple's normal or usual patterns of sexual interest and/or response
  - AFUD consensus conference, 1998 (Basson, et al, 2000)

# Classifications/Categories for SD

- Sexual Desire Disorders
  - Hypoactive Sexual Desire Disorder (HSDD-decrease Libido)
- Sexual Arousal Disorder- erectile dysfunction, premature ejaculation, lack of lubrication
- Orgasmic Disorder – delayed/diminished climax
- Sexual Pain Disorder-dysparenia and vaginismus
- Persistent Genital Arousal

-Basson,R et al, (2004). Revised definitions of women's sexual dysfunction. Journal of Sexual Medicine, 354,:1497-1505



# Male Sexual Dysfunction

- Desire disorder- decreased libido
- Ejaculation Disorders: Retarded (delayed) or Rapid Ejaculation-Ejaculation that occurs too early during sexual relations
- Peyronie's Disease- Curvature
- Orgasmic disorder- Inability to reach orgasm. Decreased Sensation to penis
- Erectile Dysfunction-“The consistent or recurrent inability to attain and/or maintain a penile erection sufficient for sexual performance.”
  - WHO-ISIR. 1st International Consultation on ED, 1999



# Hardwired for Connection-Not Optional



Daniel Goleman. (2007). Social Intelligence. Bantam Publishing.

# Daring Greatly-Being Authentic and Connecting with Others

- You are beautifully made and broken and your authentic self is enough!
- We are all hard wired for connection to others- it is not optional!
- Vulnerability is scary and we shield ourselves from hurtful emotions
- You can't selectively shield or avoid vulnerability- you numb and shield everything when you do that
- Vulnerability is also the path to connectedness, love and creativity
  - Brown, Brene. The Gifts of Imperfection, Daring Greatly and Rising Strong

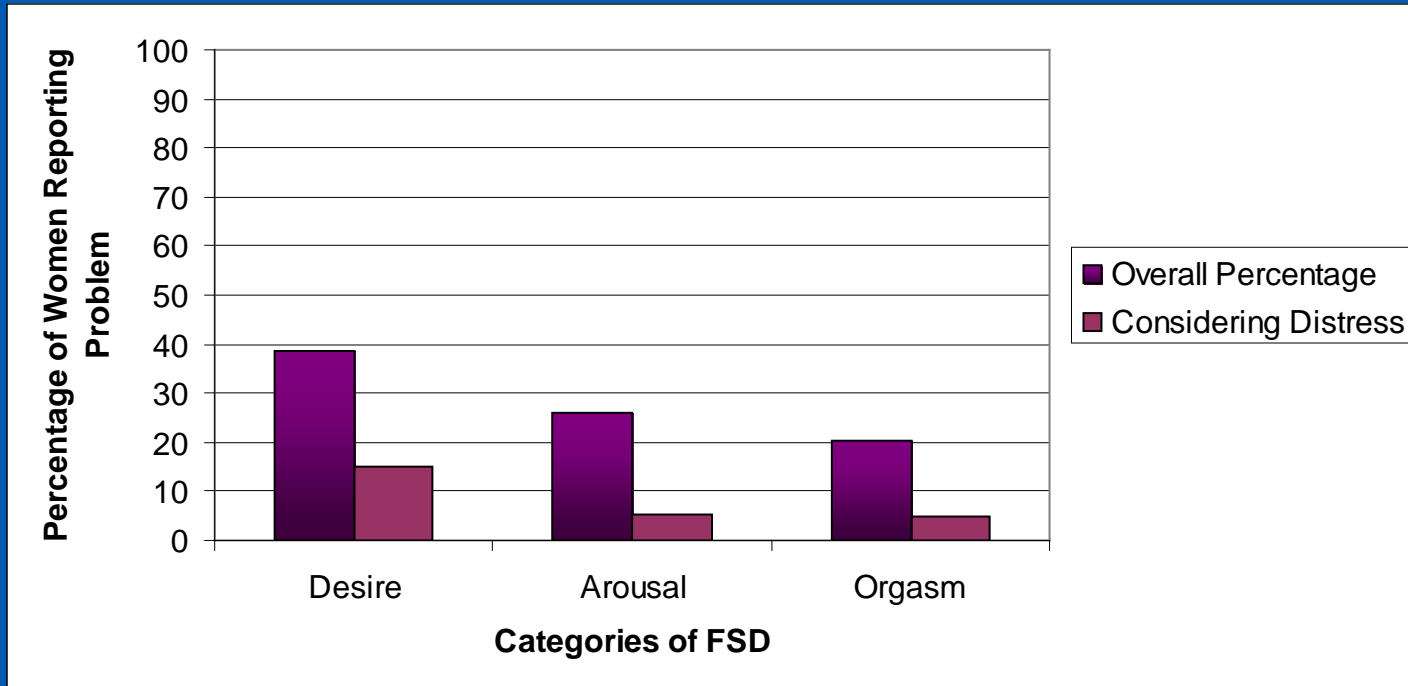
# National Health & Social Life Survey

- 3000 men & women
- Ages 18-59
- 31% of men reported sexual dysfunction & 43% of women
- Most common-desire disorder
  - Lauman, E. Paik, A. & Rosen, R. (1999). Sexual dysfunction in the United States: Prevalence and predictors. Journal of the American Medical Association, 281, 537-544.

# Sexual Dysfunction During Last Sexual Encounter (Age 18-59)

- Men: Erectile dysfunction 17%. Unable to orgasm 8.7%
- Women: 34% had some issues with lubrication; 30.3% reported some pain with only 9.3% reporting moderate or greater pain; 35.6% reported no orgasm
  - Herbenick, et al. (2010). An event-level analysis of the sexual characteristics & composition...Journal of Sexual Medicine, 7(Supp 5), 346-361.

# Prevalence & Correlates of Female Sexual Disorders and Determinants of Treatment Seeking (PRESIDE) Survey-43% reported FSD



- 31,581 US Women (63% response rate)
  - Shifren et al. (2008). Sexual problems and distress in United States women: prevalence and correlates. *Obstetrics & Gynecology*, 112(5), 970-8.

# Prevalence of ED

- Cross sectional analysis of 2126 American men from 2001/02 National Health and Nutrition Examination Survey: Overall Prevalence rate of men over 19 is 18.4% (95% CI = 16.2-20.7)- Selvin et al. (2007). Prevalence and risk factors for erectile dysfunction in the US. American Journal of Medicine, 120, 151-157.
- Approximately 40-50% of men over 60
- Approximately 23% of men 40-49 and 32% of men 50-59
  - MMAS-Feldman, H.A., Goldstein, I., Hatzichristou, D.G., et al. (1994). Impotence and its medical and psychological correlates: Results of the Massachusetts Male Aging Study. Journal of Urology, 151, 54-61.
  - Johannes, C.B., Araujo, A.B., Feldman, H.A., et al. (2000). Incidence of erectile dysfunction in men 40 to 69 years old: Longitudinal results from the Massachusetts male aging study. Journal of Urology, 163(2), 460-463.
- Comorbidities- DM, HTN, hyperlipidemia, heart disease, LUTS, & Depression
  - Rosen, R.C., Wing, R., Schneider, S. Gendrano, N. (2005). Epidemiology of erectile dysfunction: The role of medical comorbidities and lifestyle factors. Urologic Clinics of North America, 32, 403-417.



# Multiple Therapies

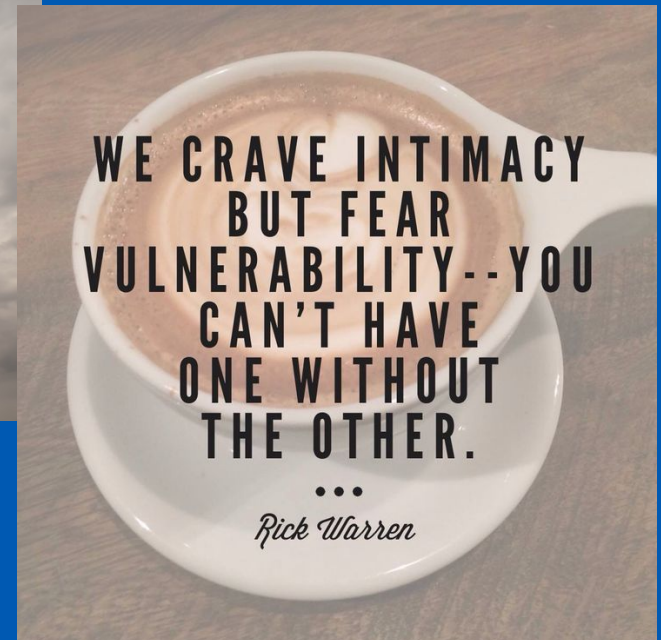
- Counseling/Behavioral Therapy
- Pelvic Floor Physical Therapy
- Hormonal
  - Estrogens
  - Testosterone
  - DHEA
- Vacuum Devices
- Pharmacological Agents
- Surgery
- Herbs



# Desire

- Definitions: “The sum of forces that lean us toward & push us away from sexual behavior” – Levine, 2003 p. 280
- “A subjective and motivating feeling state triggered by both internal and external cues, which may or may not result in overt sexual behavior” Leiblum, S., 2010, p. 4 – originally 1988
- Components:
  - Drive- biological
  - Expectations/Wishes-cultural and reflect beliefs/values
  - Motivation- psychological/relational

# Sexual Healing



# Resources for Patients

- <http://www.northshore.org/urological-health/patient-education/sexual-health-videos/>
- <http://www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient/page2>
- <http://www.middlesexmd.com/> (for women)
- <http://www.sexualhealthmatters.org>
- <https://www.aasect.org/referral-directory-> find a counselor or therapist

# Summary/Conclusion

- Sexual dysfunction is a common problem
- There are multiple treatments available for sexual dysfunction
- Help is available