Female sexual dysfunction and Interstitial cystitis

Urology Grand Rounds
November 14, 2012
Momoe Hyakutake, Urogynecology Fellow

Objectives

1) Overview of female sexual dysfunction

2) Explore the relationship between female sexual dysfunction and interstitial cystitis

3) Discuss treatment options
Normal sexual response
Hypoactive sexual desire disorder

- Persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity.
- The disturbance causes marked distress or interpersonal difficulty.
- The sexual dysfunction is not better accounted for by another Axis I disorder and is not due exclusively to the direct physiological effects of a substance or general medical condition.
Sexual arousal disorder

*Persistent or recurrent inability to attain, or to maintain until completion of sexual activity, an adequate lubrication-swelling response of sexual excitement*

*The disturbance must cause marked distress or interpersonal difficulty*

*The dysfunction is not better accounted for by another Axis I disorder*

Orgasmic disorder

*Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase*

*The disturbance must cause marked distress or interpersonal difficulty*

*The dysfunction is not better accounted for by another Axis I disorder and is not due exclusively to the direct physiological effects of a substance or a general medical condition*
Sexual pain disorders¹

- Dyspareunia
  - Recurrent or persistent genital pain associated with sexual intercourse
- Vaginismus
  - Recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse

Female sexual response cycle²
Available evidence suggests that there are problems with existing definitions of sexual desire, arousal, and orgasmic disorders in women.
Hypoactive sexual desire disorder

- Persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity.
- The disturbance causes marked distress or interpersonal difficulty.
- The sexual dysfunction is not better accounted for by another Axis I disorder and is not due exclusively to the direct physiological effects of a substance or general medical condition.

Sexual desire / interest disorder

- There is absent or diminished feelings of sexual interest or desire, absent sexual thoughts or fantasies, and a LACK OF RESPONSIVE DESIRE.
- Motivations (reasons/incentives) for attempting to become sexually aroused are scarce or absent.
- Lack of interest is considered to be beyond the normative lessening with lifecycle and relationship duration.
Sexual arousal disorder

 Persistent or recurrent inability to attain, or to maintain until completion of sexual activity, an adequate lubrication-swelling response of sexual excitement

 The disturbance must cause marked distress or interpersonal difficulty

 The dysfunction is not better accounted for by another Axis I disorder

Arousal

 Subjective arousal
 Physiological arousal
Arousal disorder

- Subjective arousal disorder
- Genital sexual arousal disorder
- Combined genital and subjective arousal disorder
- Persistent genital arousal disorder
Causes of female sexual dysfunction

- Interpersonal and contextual factors
- Personal psychological factors
- Biological

Sexual dysfunction and Quality of life
Sexual dysfunction and Quality of life

137 patients with sexual dysfunction
- General Health Questionnaire-28
- Personal Wellbeing Index-Adult
  - Measures quality of life in adults

Table 4. Comparison between patients and controls' mean scores in general health dimensions on the basis of student t test for independent groups.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Group</th>
<th>Mean difference</th>
<th>Standard error difference</th>
<th>df</th>
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*GHQ-28 indicates General Health Questionnaire-28.*

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Table 5. Comparison between patients and controls’ mean scores in CQL dimensions on the basis of student t test for independent groups

<table>
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<th>Dimensions</th>
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<td>Control</td>
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<td>Feeling part of your community</td>
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</table>

CQL indicates quality of life.

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FSD in female urology patients

- Female urology clinic
- 587 women completed the modified female sexual function index
- 63% of women had FSD

Elsamra et al. 2010
Female Urology

Prevalence and Correlates of Sexual Dysfunction Among Women With Bladder Pain Syndrome/Interstitial Cystitis

Laura M. Bogart, Marika J. Suttop, Marc N. Elliott, J. Quentin Clemens, and Sandra H. Berry
IC and FSD

- 1496 women met the criteria for BPS/IC
- 985 women
  - Current partner
  - BPS / IC specific symptoms related to sexual intercourse
  - General sexual dysfunction

### BPS / IC specific symptoms

<table>
<thead>
<tr>
<th></th>
<th>Not a problem</th>
<th>Little of a problem</th>
<th>Somewhat of a problem</th>
<th>Very much a problem</th>
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<tr>
<td>Bladder pain during sex</td>
<td>32.5</td>
<td>23.2</td>
<td>23.4</td>
<td>18.9</td>
<td>1.9</td>
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<tr>
<td>Bladder pain after sex</td>
<td>33.2</td>
<td>21.9</td>
<td>23.8</td>
<td>19.4</td>
<td>1.8</td>
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<tr>
<td>Fear sex would exacerbate bladder problems</td>
<td>42.7</td>
<td>16.8</td>
<td>19.0</td>
<td>20.4</td>
<td>1.0</td>
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<tr>
<td>Urge to urinate during sex</td>
<td>40.4</td>
<td>22.1</td>
<td>21.1</td>
<td>14.8</td>
<td>1.6</td>
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<tr>
<td>Pain in genital area</td>
<td>47.1</td>
<td>19.3</td>
<td>20.7</td>
<td>11.7</td>
<td>1.4</td>
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<tr>
<td>Lack of sensation in genital area</td>
<td>65.2</td>
<td>13.7</td>
<td>13.9</td>
<td>6.1</td>
<td>1.1</td>
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</table>
**General symptoms**

<table>
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<tr>
<th></th>
<th>Not a problem</th>
<th>Little of a problem</th>
<th>Somewhat of a problem</th>
<th>Very much a problem</th>
<th>NA</th>
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</thead>
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<tr>
<td>Lack of sexual interest</td>
<td>35.3</td>
<td>19.2</td>
<td>22.7</td>
<td>22.3</td>
<td>0.5</td>
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<tr>
<td>Cannot relax and enjoy sex</td>
<td>38.2</td>
<td>21.4</td>
<td>18.4</td>
<td>20.7</td>
<td>1.3</td>
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<tr>
<td>Difficulty becoming sexually aroused</td>
<td>37.9</td>
<td>23.5</td>
<td>20.1</td>
<td>17.7</td>
<td>0.7</td>
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<tr>
<td>Difficulty having orgasm</td>
<td>39.6</td>
<td>18.3</td>
<td>18.1</td>
<td>22.8</td>
<td>1.2</td>
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<tr>
<td>Dryness/poor lubrication</td>
<td>42.6</td>
<td>16.5</td>
<td>20.4</td>
<td>19.3</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**IC and FSD**

- 88% reported ≥ 1 general sexual dysfunction symptom
- 90% reported ≥ BPS/IC specific sexual dysfunction symptom
- Only one quarter of the women reported seeking medical help for their sexual dysfunction symptoms
IC and FSD

- BPS/IC specific sexual dysfunction was significantly associated with
  - More severe BSP/IC symptoms
  - Younger age
  - Worse depression symptoms
  - Worse perceived general health

Adult Urology

Interstitial Cystitis and Female Sexual Dysfunction

Derek P. Otten, Lesley K. Carr, Alexandra E. Perks, Patricia Lee, and Joel M. H. Telchman

- 97 patients
  - 75 with newly diagnosed IC
  - 22 controls
  - Sexually active within the past month
Vulvar discomfort, most often described as burning pain, occurring in the absence of relevant visible findings or a specific clinically identifiable neurologic disorder.  

60% of women with IC have vulvodynia +/- levator pain. 

IC and Vulvodynia

<table>
<thead>
<tr>
<th>Domain</th>
<th>Patients with IC</th>
<th>Controls</th>
<th>P Value</th>
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</thead>
<tbody>
<tr>
<td>Desire</td>
<td>3.1 ± 1.5</td>
<td>4.1 ± 1.2</td>
<td>0.004</td>
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<tr>
<td>Arousal</td>
<td>3.4 ± 1.9</td>
<td>5.1 ± 1.4</td>
<td>0.0002</td>
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<tr>
<td>Lubrication</td>
<td>3.7 ± 2.1</td>
<td>5.2 ± 1.3</td>
<td>0.003</td>
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<tr>
<td>Orgasm</td>
<td>3.5 ± 2.0</td>
<td>5.1 ± 1.3</td>
<td>0.0008</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>3.6 ± 1.9</td>
<td>4.8 ± 1.4</td>
<td>0.006</td>
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<tr>
<td>Pain</td>
<td>2.9 ± 1.9</td>
<td>5.6 ± 1.3</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

IC = Interstitial Cystitis.
Screening

○ Female sexual function index
  ○ 19 item questionnaire
  ○ Desire, subjective arousal, lubrication, orgasm, satisfaction, pain
○ Menopausal sexual interest questionnaire
  ○ 10 item questionnaire
  ○ Three domains (desire, responsiveness, satisfaction)

Treatment

○ Depends on the individual, current situation, well being, interpersonal relationship etc.
Referral

- BC centre for sexual medicine
  - [http://psychiatry.vch.ca/bccsm.htm](http://psychiatry.vch.ca/bccsm.htm)

- Multidisciplinary vulvodynia program
  - [http://mvprogram.org/](http://mvprogram.org/)

Take home points

- Female sexual dysfunction is highly prevalent among patients with interstitial cystitis
- It is crucial to ask these patients about sexual dysfunction
- Etiology is multifactorial
- Treatment is highly individualized, multidisciplinary and multimodal
- Refer!
References


Questions?