

Sensitive questioning during consultation is essential.



Addressing **SEXUAL ISSUES**



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A sensitive approach is needed when dealing with this potentially embarrassing subject.

TREATING sexual issues in general practice needs a sensitive but forthright attitude. Sexual dysfunction, while common across the female lifespan, increases towards midlife and menopause. An estimated 10–15% of perimenopausal women report no sexual desire at all, with 20–30% of women reporting an inability to reach orgasm during sexual intercourse.

STIs are the main cause of infertility in women. Chlamydia is the most reported STI in Australia, with a 131% increase in the diagnosis rate for women between 2003 and 2012.

Sexual issues negatively impact on quality of life, self-esteem, mood and the ability to engage fully in sexual relationships. Access to resources within the clinic waiting room and online are

an essential component of patient education, followed by sensitive questioning during consultation.

INVESTIGATING SEXUAL ISSUES DURING A CONSULTATION

Questions can be changed depending on the patient's age, and their response will inform further inquiry regarding contraception, Pap smear status, STI awareness, menopause symptoms and relationship status.

HISTORY

Are you still sexually active?

If no:

Is that a problem for you? Is it a problem for your partner (if appropriate)? Have you discussed this with your partner?

For those not having sex with their partners, one option is to consider 'outercourse' instead of intercourse. Suggesting they engage in cuddling, kissing, manual pleasuring or oral sex may offer a route to returned intimacy and increased emotional wellbeing.

If yes:

Do you experience any pain or discomfort? Do you ever experience dryness, bleeding or other unusual symptoms?

Dyspareunia (painful sexual intercourse) affects up to 22% of women and is relatively common

in younger females, often due to their partners' lack of technique.

Post-menopausal women are also at risk due to atrophic vaginal changes.

Differentiate the cause, i.e. vestibulitis, vulvodynia, vaginismus or vaginal dryness.

What happens if you say no?

A number of women feel they cannot refuse sex. This raises concerns about their partner being controlling.

LIBIDO

Open questions about sexual response and difficulties with arousal are also worth asking. Many women are initially shocked to be asked about arousal and initially may be too embarrassed to discuss it. This conversation allows them to investigate their own sexuality.

These can include:

Do you regularly achieve orgasm?

Many patients respond with, "No one has ever asked me that before!" especially in areas where more traditional roles are observed such as rural and remote regions.

Have you ever/do you masturbate? Does your partner masturbate? If so, how do you feel about this?

Have you considered using sex

toys? Would your partner like this/have you ever discussed this? Have you or your partner ever been screened for STIs?

This opens up a discussion about STI risk, contraceptive use, Pap smears and opportunistic chlamydia screening.

INCONTINENCE

Have you ever experienced incontinence?

An estimated 65% of women (30% of men) report some form of incontinence.

This common yet embarrassing condition discourages many women from having sexual intercourse for fear of leakage.

Opening a dialogue about pelvic floor strengthening exercises, avoidance of caffeine or other diuretics and emptying their bladder just before intercourse is of value.

Refer to continence.org.au for extensive patient resources.

CLINICAL POINTERS

Common factors linked to female sexual dysfunction:

- Psychotropic medications: antidepressants (up to a third of women taking SSRIs), mood stabilisers and antipsychotics.
- Psychosocial: stress (financial, work, home or relationship-related); adult children or relatives living at home;

bereavement; anxiety; depression; inability to relax; poor body image; previous sexual assault.

- Hormonal: OCP, oestrogen fluctuation during menopause, surgical or early menopause.
- Urinary incontinence, chronic disease, pelvic disorders, trauma and surgery.

MANAGEMENT

Management of sexual issues will vary greatly, depending on the women's personal circumstances, health history and sexual experience.

- Physical examination of genital and pelvic region to determine cause of dyspareunia, loss of sensitivity or other symptom.
- Identify health-related factors – mental, physiological, physical issues – with partner.
- Increase patient's sexual health knowledge, provide resources for partner if lack of knowledge is evident.
- Refer for sexual counselling if deemed appropriate.
- Initiate follow-up consultation to check on progress.

Jean Hailes for Women's Health is a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au