With the “Viagratization” of America, more women are talking about female sexual health and wondering when their needs will be fulfilled.

These women are talking to their friends. They are listening to television and radio advertisements. They are even talking to the clerks at health food stores. The one person they are not discussing their concerns with is their physician. This is a curious phenomenon. It seems only natural that a woman would discuss her sexual health with the person who cares for her obstetrical and gynecological needs.

Most women would like to discuss their sexual functioning with their physicians, but fear prevents them from doing so. Most women also believe that their physicians do not want to talk with them about their sexual functioning or do not have the time to discuss it. Women tend to worry that they will embarrass their physicians if they discuss their sexual health. In addition, most women believe there is no point in discussing their sexual dysfunction because there is no treatment available.1,2

Other reasons patients do not discuss their sexual dysfunctions with their physicians include fear of a nonempathetic or judgmental response, concern about their conversation remaining confidential, and lack of cultural sensitivity. This is especially true of lesbian women. One might initially think that lesbian women would pose unique issues to this problem. In fact when you look at it, all the comments in the article apply to all women regardless of their sexual preference.

Physicians cite a number of reasons for not discussing sexual health with their patients. Time is precious to physicians. They find that addressing sensitive health issues takes time to do well. They feel torn between addressing these issues and seeing patients efficiently.

Some physicians are uncomfortable discussing sexual function and dysfunction issues with their patients because they are not totally comfortable with their own sexuality. As a result, it is difficult to address their patients’ sexual health. Compounding this is a lack of training. The majority of medical schools provide fewer than 10 hours of education on human sexuality.3

Finally, the lack of clear-cut, FDA-approved treatment options makes some physicians reluctant to address sexual dysfunction. Some physicians feel uncomfortable using medications off label because doing so puts them at risk.

As a result, women may be relying on information from many nontraditional sources. They may be suffering in silence or may be easy prey to opportunists.

If we are to help the estimated 43% of women who experience sexual dysfunction, we need to change our approach.

Breaking the Ice

To begin an open discussion with patients about sexual well-being, physicians must get in touch with their own feelings about sexual function and dysfunction.
Taking a Sexual History

Physicians can begin taking the sexual history with general questions. Incorporate these questions into the general history or the gynecologic portion of the history. Ask such questions as:

- Do you have any concerns you would like to discuss?
- Are you satisfied with your sexual life?
- Are you sexually active with men, women or both?
- As women enter menopause, they sometimes experience changes in their sexuality. Have you noticed any changes?
- Menopausal women sometimes experience vaginal dryness that can make intercourse uncomfortable. Are you experiencing any problems?
- Since your ovaries were removed, have you experienced any change in your desire for sex or any change in your sexual activity?
- Are you concerned about your current level of desire for sex? Remember, if the woman is content with her sexual life, there is nothing that needs to be addressed.

If specific issues are identified, explore them further.

- How long have you had a loss of desire?
- Has this lack of desire always been a problem?
- Is your lack of desire a problem only at certain times or in certain situations?
- Has the problem changed over time? If so, how?
- Does anything appear to improve your desire or to make it worse?
- How does this problem affect you?
- Are you bothered by it?
- How is your loss of desire affecting your relationship?
- Does your partner have any sexual difficulties?
- Have you seen anyone else about this problem?
- If so, what steps were taken?

Legitize the problem by assuring each patient that her feelings are reasonable. Educate and inform. Often, validating a woman’s feelings is all that is needed.

Once the type of sexual dysfunction is identified, treatment should be initiated. This might include counseling, education, hormones, sex therapy or medication. If the physician is uncertain or uncomfortable, the patient should be referred.

Bibliography

Books for Physicians


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