Clinical Education Initiative
Support@ceitraining.org

SEXUAL MEDICINE AND SEX THERAPY

Speaker: Pebble Kranz , MD, FECSM

1/13/2021

[Sexual Medicine and Sex Therapy]

00:08
Thank you. So, thinking about that case and pleasure, one thought I had was about practices, sexual practices. Certainly, discharged with some topicals but then also with some sexual behaviors. So, for instance, "sounding" which is putting a small device into the urethra for pleasure. And could that be a part of what is causing a persistent discharge, but. So, that was my one pleasure, my one pleasure related thought here. But so, I am so happy to be here with you today to talk about pleasure.

01:03
I just want to report I have no industry affiliations, I do have some other affiliations. I'm a member of excellent communities of professionals who care deeply about improving people's sexual experiences using the best scientific and social science evidence available. These are also, many of these are organizations that really value and prioritize social and racial justice, which is important in sexual pleasure, as well. University of Rochester is my academic home and I'm super honored to be a part of this multidisciplinary team at the Rochester Center for Sexual Wellness. I'm also associated, affiliated with these folks, this is my family. And I do want to give a disclaimer, I hope that someday I won't need to make this disclaimer, every time I give a talk, but I'm going to be trying to use nongendered language in my presentation.

02:12
But I do have to be clear that most research that's been conducted in the field of Sexual Medicine, sex therapy has been done with cisgender heterosexual couples. That is changing, but we're still left with some thorny issues of language. So, for a few seconds here in the chat, throw out a few words. So, when you think sexual health, what are some words that you, that come to mind? If anybody would be willing to just throw some through some words in the chat. What do you think of when you define sexual health in your practice and your thoughts?

03:03
I see we have responsibility and relationships, yes, often happening within the context of relationships, sexual health. So, let's keep on thinking about this. You know, thinking about health overall, for sure, well being a sense of well being. So here is one definition of sexual health. Hopefully, you're already familiar with this World Health Organization definition from 2006. This was actually a pretty bold statement, and it continues to be so in 2021, related to the inclusion of just one word, pleasure. Other large medical organizations, including the CDC, have historically avoided this word when addressing issues of sexual health. In fact, a quick search this morning on the CDC website didn't yield more than one reference to sexual pleasure that I could find pretty quickly and so I'm really happy that CEI is seeing sexual health in this more holistic way.

04:19
And there was a wonderful presentation in January that talked about pleasure. But beyond that talk and this title of this talk today, I didn't find many references to the word pleasure on the CEI

website and that's okay, because it's still controversial. So, we get a pretty good overall training in the reproductive, whoops that went ahead too much, we get a pretty good overall training and reproductive health in medicine. And while there's a lot of work still to do on the infectious disease aspect of the definition, we get pretty good training there.

05:09
And we get modestly good training and helping with people with session sexual safety. But I'm going to go out on the line here, and say that few medical providers were taught to consider pleasure as an aspect of sexual health. And some would even argue that our patients sexual pleasure is none of our business. So, why consider sexual pleasure when there is this other really important work before us about preventing disease, making sure that children who come into the world are healthy and wanted, and that people are not being coerced or having non-consensual sex? And then there's also the work of getting clear information to young people about the consequences of so called risky sexual behavior.

05:58
And just for a moment, note, that in this phrase, there's this unstated but implicit message that sexual pleasure in young people might be kind of dangerous and overall, might best be avoided. So, humans find themselves being sexual, for the most part because it feels good. And while pleasure is definitely not the only reason to engage in sexual behavior, it's a prime motivator. And the motivation for pleasure can often override motivations for health. Pleasure in all its many forms is a key element of the human experience. Importantly, sexual pleasure also requires honoring sexual rights. Mutual sexual pleasure between two or more people requires an environment of safety. Sex therapists Doug Brown, Harvey distills the wh o sexual health definition in this way. He utilizes these six key principles, which he emphasizes are deeply interdependent.

07:05
So, let's think about teens and sex for a second. Wouldn't it be a wonderful world where we acknowledge and honor the motivator of pleasure for young people? It might even make it easier to make the case for protection, consent and non-exploitation. And that all of those aspects are vital elements to achieve the goal of mutual pleasure. There was actually an October 2020, systematic review in the Journal of adolescent health of 30 years of literature on comprehensive sex education, concluding that evidence really points to the effectiveness of approaches that address a broad definition of sexual health and take a positive affirming inclusive approach to human sexuality. So, what about disease prevention? Does a focus on pleasure help us in any way?

08:00
So, a 2019 paper on the efficacy of pleasure inclusive sexual interventions. The authors concluded that these interventions have improved knowledge attitudes. And these event interventions were more effective at achieving disease related goals of the programming eroticizing condom, use promoting lubricants, making consent sexy, and helping people have conversations about pleasure and sexual satisfaction can be a very effective tool. Pleasure also, it gets our attention, it helps us and if this, if pleasure can help us move in a direction of other

aspects of health, why not harness this powerful tool? So why has pleasure been taken out of the conversation?

08:53
So, it maybe because pleasure gets equated with hedonism, this idea that pleasure is sort of an uncontrollable gateway drug to harm. It's possible that we avoid the idea of pleasure because of its association to masturbation, which I prefer to call self-stimulation. If there's any activity out there that is more focused on sexual pleasure as it's solo aim, it's really self stimulation. And while we've come a really long way, with advertisements for vibrators, and seeing magazines where we see compression stockings, we still, culturally, have many prohibitions regarding this sexual behavior. Some people may also see pleasure as the antithesis of responsibility, leading to I would argue a false either or dynamic either I'm responsible, no pleasure, or I do whatever I want, have pleasure.

09:59
So, Sexual functioning changes, meaning changes in desire, arousal, orgasm or sexual pain may also have an impact on sexual behaviors. Any of these changes that could be experiences inhibitors of pleasure, may drive behaviors that could increase the risk of sexually related infections. So, thinking about distress about sexual experience, this may be due to cultural, personal or relational expectations, changes to what was previously experienced in a person's body, or simply related to age in life circumstance, or related to medical problems or treatments.

10:54
And individuals attempts to address this distress can lead to changes in sexual behaviors that might prioritize pleasure over other aspects of sexual health. I see people sometimes it's checking for sexual function like sort of picking a scab to see if the skin underneath is healed. For example, a person with erectile function concerns might be led to make choices they might not otherwise not using a condom, finding new partners more partners in order to see if the problem can be solved by a change in circumstance or an increase in arousing stimuli. A person with sexual pain or early at orgasm. For instance, premature ejaculation might use sedating medications or alcohol to mitigate their pain or delay ejaculation so that they can have the sexual experience they want, leading to altered decision making regarding safer sex.

11:53
So if we're not addressing distress about sexual functioning, if we're not addressing those issues that may be in getting in the way of a person's pleasure, we might have difficulty achieving other goals regarding their safety. So, how do you find out as patients have these concerns about pleasure, we just need to ask, and we need to ask specifically. So, this here is a crowd who isn't afraid to ask about partners about practices about protection, so why not pleasure? Starting these conversations isn't really as hard as you might think. There are a few simple tools.

12:35
The most important tool is permission, permission to discuss sexual pleasure, and this permission really needs to come from us as healthcare providers. If we wait for patients to bring

these concerns up, they just won't. They're predicting our discomfort or judgment or lack of resourcefulness on this topic. A majority of sexual function concerns can really be entirely resolved by simply talking with an open minded, non -shaming informed healthcare provider. Most people just need to know they're okay. That their pleasure is important and that there's cause for hope.

13:13
As an example, many people are quite conflicted about self stimulation. But in many ways, self stimulation is a healthy practice physiologically as well as for sexual release and pleasure. Using normalizing and universalizing statements can be tremendously useful, and provides an efficient and easy way to put people at ease and elicit their concerns. A statement such as many people notice changes to their sexual desire, arousal or orgasm over time, and some even have pain with some aspect of sexual play. Has anything like this happened with you?

13:54
Often providers are concerned that these discussions will be time consuming and wide ranging opening up a can of worms. A direct way to get to the point is assessment of impact and distress. What impact has this sexual pain had on your relationship? How much distress is this problem a desire problem causing you? Finally, it's really helpful to let patients know that these problems are worth our time. And this may mean you need to make a follow up appointment if you're in a setting that where that's a possibility to more fully address their concern and take time to get to know the whole story. So, when somebody encounters a problem with sexual functioning, to whom do they go? Well, they might try a medical doctor first, their primary care provider gynecologist, urologist, psychiatrist, all of whom may have had little education regarding sexual anatomy and physiology, let alone education on solutions for sexual concerns beyond Viagra. They might try their therapist, even a specialist in couples therapy. But these providers two have not routinely been provided training in sexual functioning concerns. And it's actually highly likely that a couples therapist might not even broach the subject of sex.

15:17
Someone might go to the internet where there is some good information increasingly, but still more bad information than good. And they might end up feeling more hopeless and broken as Internet and media tend to reinforce the cultural scripts about sexual functioning that are unrealistic, even harmful. For example, in movies, the orgasm that's produced by three thrusts that occurs in the broom closet after a 30-second passionate kiss. So, the truth of the matter is that sex, the interplay between biology, psychology, and interpersonal aspects in sex, these interactions are complex. And as a medical and perhaps a mental health providers in the audience, you might be familiar with the housing of sexual dysfunction concerns as outlined in the DSM.

16:14
But the DSM as a Bible of psychiatric illness does not address the fact that there are often biological aspects to symptoms, and reflects of now outdated mindset that sexual problems are simply psychological. This is whoops, sorry. This is, it's just not the case. And it's not reflective of the last 25 years of sexual science. international medical societies devoted to the study of

sexual issues have come together to describe a diagnostic classification system that's more reflective of the current scientific evidence and best practices and that will be in the ICD 11. This new classification system recognizes that aspects of many sexual concerns are not significantly different between genders. And it's really more reflective of this mind body social reality of sexual concerns.

17:13
Additionally, the ICD 11 chapter on sexual health which is summarized here, eliminates past guidelines that impose a normative standard for sexuality and remove all categorizations that selectively target people with same sex orientation or gender diversity. So, when concerns about sexual function and pleasure remain unresolved sex therapy can be a useful tool. Certification in sex therapy requires a chunk of additional knowledge, techniques and skills that a general mental health professional might not have. It's therapy focused on sexual problems or sexually informed psychotherapy. For instance, for those who are new and diverse in terms of gender or sexuality, not only regarding sexual orientation, but also regarding diverse sexual practices, such as those with kink interests, or polyamorous relationships.

18:10
It also may be general mental health treatment when a sexual concern is an aspect of their experience such as bipolar disorder with manic phase sexual symptoms, or Generalized Anxiety manifesting as difficulty with arousal. Aasect, the American Association of sexuality educators, counselors, and therapists is the most prominent certifying body in the United States. Sex therapists use a wide variety of techniques, including helping people in those in relationships, develop sexual communication skills, and it often begins with making sure that patients have accurate information about sexual functioning, breaking down many of the myths that exist with our cultural sexual script. There may be prescriptions of home play on increasingly mindfulness as a focus of treatment interventions, helping patients become more attuned to what's occurring in their bodies, and decreasing distracting thoughts.

19:09
approach [inaudible]

19:11
is also important as trauma, while it's actually not the source of the vast majority of sexual concerns might be a contributor. And systemic approaches and systemic ways of thinking about sexual problems are often important in providing effective treatments. What sex therapy is not, it's not being a sexual surrogate. It doesn't include touch of any kind. It's a talk therapy. So, what's the Sexual Medicine Specialist? And first what Sexual Medicine anyway. Briefly, Sexual Medicine is a branch of medicine concerned with human sexuality and its disorders or as Dr. Charles Mosier puts it, "the medical aspects of sexual problems in the sexual aspects of medical problems."

20:00
Once certification is available available in Europe, the fellows of European committee on Sexual Medicine that's the certification that I have. And this trains physicians in a variety of specialties.

In the US, we have no board certification available. In fact, the practice of medicine here in the United States tends to be siloed in the largely surgical fields of gynecology and urology despite the fact that sexual concerns are often similar among genders and rarely require a surgical solution. residency programs in urology and gynecology get little medical education in sexual function and dysfunction. And Sexual Medicine is really about understanding what's going on in an individual or a relationship from a biopsychosocial, sometimes even spiritual perspective. So, sexual pain is an example of a concern where a medical provider who has expertise in this area should be involved.

21:08
Many biological causes of sexual pain exists and it can have profound individual psychological as well as relational effects. Only one quarter of those with sexual pain pursue treatment, and most women who have pursued treatment see an average of seven providers before they arrive at a useful diagnosis and treatment plan. Lifelong early orgasm premature ejaculation often doesn't respond to behavioral interventions alone. And when behavioral interventions are combined with medical interventions, there's real hope of improvement. Many chronic medical conditions as well as the medications used to manage them affect various aspects of the sexual response cycle. A Sexual Medicine specialists can start to untangle these knots with a deeper knowledge of the impact of these factors.

22:05
Persistent genital arousal disorder is an extremely distressing condition in which a person has a persistent unwanted feeling of genital arousal that may or may not be relieved by orgasm. There are some neurological causes that can be explored and medications can be helpful. We have two FDA approved medications for pre-menopausal women with low desire and highly effective and safe, while not FDA approved, testosterone supplementation for postmenopausal women, sexual desire is often the first thing to go for men who have low testosterone and testosterone replacement can really be a game changer.

22:50
Cancer, more specifically, cancer treatments, have myriad effects on sexual function. And oncologists often don't address these issues. And treatments exist even when hormone therapy is off the table. There's really no reason to, for patients with cancer to endure suffering about the loss of sexual pleasure on top of the suffering of a cancer experience. And sometimes people just don't want to pursue a psychological fix. So, most of what I do is education, a lot of mythbusting about physiology, and sometimes the most healing intervention I perform is telling people they're not broken. I also collaborate with other medical providers to find a medication regimen that will allow a client to meet their sexual goals.

23:42
There are some medications that may be helpful with a wide variety of sexual concerns. And pelvic floor physical therapy is a very important tool. When we fully explored other options, sometimes procedures or surgical interventions are necessary. But, in the vast majority of cases I see we do not require these more aggressive interventions. So, how can you find this help? There are some provider listings with some of those national and international organizations I

mentioned at the beginning. Ish wish, ISSWSH, is the International Society for the Study of Women's Sexual Health. ISSM is the International Society for Sexual Medicine, SMSNA is a Sexual Medicine Society of North America.

24:38
And so far I can never stands for but that they all have provider listings and these are people who there are some certifications available. But people who are a member of these organizations have at least identify this as an area of their interest and focus. Rochester Center for Sexual Wellness is here in New York State. We're very happy to help. And please do reach out. I love to talk with professionals about patient sexual function concerns. So, how do we know we've accomplished what we set out to do in sex therapy and sexual medicine? What is our patient oriented outcome measure? Well, it's pleasure. It's not a side effect. It's not a side issue. It's the evidence of cure. So, I would, I know there's not much time here, but I would love to talk with you if anybody has questions or other thoughts?

[end]