

# Female Sexual Health : Updates for Primary Care

**OAAPN Statewide 2023**



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# agenda

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OBJECTIVES  
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REVIEW OF 2 COMMON  
DISORDERS  
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PIPELINE THERAPIES  
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SUMMARY  
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# introduction

- ❖ Develop skills to improve sexual history assessments
- ❖ Discuss A-T-A and PLISSIT model
- ❖ Describe the steps in a sexual health female exam
- ❖ Identify office screening tools for sexual health
- ❖ Describe the stages of female sexual response
- ❖ Identify 2 common sexual health disorders and their management / treatment plans.



“Sexual health is a state of physical, mental and social well-being in relation to sexuality. “ (W.H.O. Definition )

\* It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence







## SEXUAL HEALTH TOPICS ....

- ❖ Sexual Health Hx, PE, Screening Tools
- ❖ Hypoactive Sexual Desire Disorder ( HSDD )
- ❖ Neuroproliferative Disorders ( pain disorders )
- ❖ Sexual Identity / Transitions
- ❖ Lubricants, Moisturizers, & Devices
- ❖ Menopausal Sexual Health (GSM)
- ❖ Vulvar Lesions/Dermatoses
- ❖ Hypertonus
- ❖ Pelvic Floor Disorders
- ❖ Orgasm Disorders
- ❖ Persistent Genital Arousal Disorder ( PGAD )

# Why do we care about sexual health...?



HELPS BOOST  
IMMUNITY



COUNTS AS  
EXERCISE !  
5 calories per minute



IMPROVED BLADDER  
& PELVIC TONE



LOWERS SYSTOLIC  
BLOOD PRESSURE  
IC, not self pleasuring



## **OTHER HEALTH BENEFITS OF SEX...**

- ❖ May improve sleep – female orgasm surges prolactin
- ❖ Decreases certain pain – female orgasm can block pain signals, increases endorphins, vaginal stimulations ease chronic back & leg pain.
- ❖ Genital self stim – lessens menstrual cramps, HA, & arthritis
- ❖ Reduces stress & anxiety – consistency maximizes benefits. Touching, hugging, intimacy elevate serotonin & endorphins



# When should we screen for sexual health concerns ...?

Written intake forms

Patients may share more easily about intimate concerns with written questions.

GYN ROS

Normalizes the questions & discussions. Staff may need training....

Before / after surgery or procedures

LEEP, hysterectomy, back/ spine surgeries

Exam for Disability

Can significantly impact sexual desire and pain.



\* Life events such as puberty, postpartum, menopause !

# A difficult topic for some...

- ❖ Screen for Sexual Assault / Abuse History
- ❖ Religion
- ❖ Privacy
- ❖ Family of Origin (FOO)
- ❖ Cultural Background
- ❖ Lack of information / folklore
- ❖ Perception of disinterest from provider



# Sexual Health Interview ...

- ❖ Normalize the sexuality and ask open-ended questions : “I usually ask everyone...”
- ❖ ASK-TELL-ASK
- ❖ PLISSIT



# PLISSIT Model

## ❖ Permission

to talk about sexual issues, reassurance and empathy

## ❖ Limited Information

i.e. education about genital anatomy or resources

## ❖ Specific Suggestions

e.g., use of lubricants, altering position, sexual aides / “toys”

## ❖ Intensive Therapy

e.g., referral for psychotherapy/sex therapy



# PLISSIT MODEL – TRY IT !

❖ **Permission** – open ended questions

“ I usually ask some questions about sexual health. Any concerns you want to discuss today? “

❖ **Limited Information / Specific Suggestions**

Don't give more than THREE pieces of information

\*\*Remember to balance PERCEIVED need vs YOUR concern for treatment ( i.e. sexual retirement) !

❖ **Intensive Therapy** – REFERRALS (PFT, CBT, Therapist)



# HOW TO ASK ....

- ❖ “ I ask all of my patients the next few questions...”
- ❖ “ Are you having any sexual health concerns ?”
- ❖ “ A lot of women in ( situation ) have sexual difficulties or problems....”
- ❖ “ Any sexual health problems you want to talk about today ?”



# Approach to treating female sexual health concerns

- ❖ Complete Evaluation and Diagnosis : multifactorial etiology, and therefore a complex assessment
- ❖ Assess the woman's goals (? discordant desire, DV )
- ❖ Treat associated conditions ( meds, depression, body image, alcoholism)
- ❖ Use a TEAM approach ( PT, Sex Therapy, ?partners dx)
- ❖ Make a treatment plan (pharm, non-pharm methods)
- ❖ Hormone / Medication therapy



# Research-based tools –legitimize it!

## Tools

- ❖ Female Sexual Function Index (FSFI)
- ❖ Profile of Female Sexual Function Index (PFSF-B)
- ❖ Female Sexual Distress Scale (revised) FSDS
- ❖ Magill Genital Pain Score
- ❖ Decreased Sexual Desire Screen (DSDS)

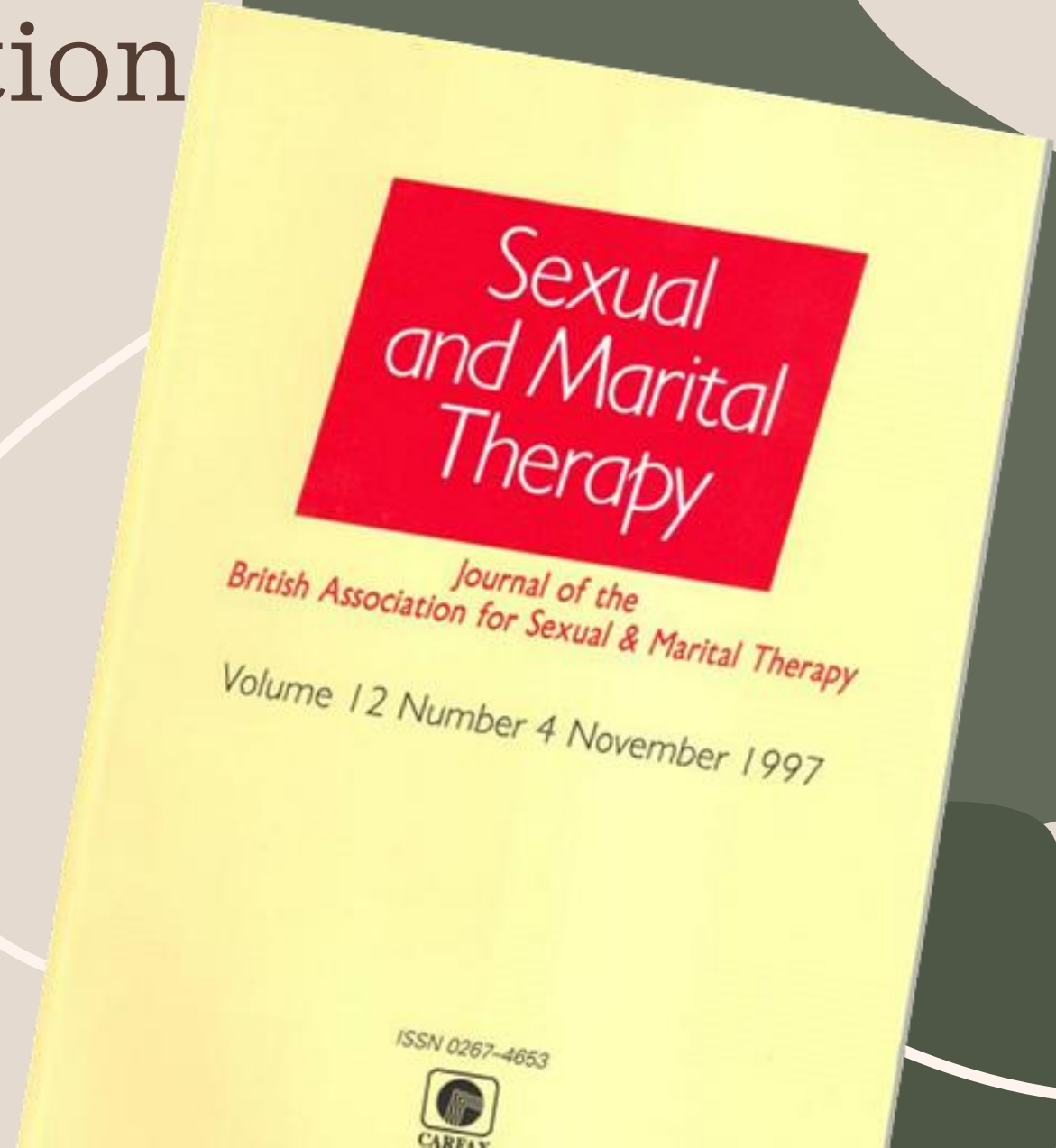
## Assessment Area

- ❖ Desire, Arousal, Lubr, Orgasm, Satisfaction, Pain
- ❖ - PMP Desire Scale
- ❖ - Distress/ QOL
- ❖ - Genital Pain (NPD)
- ❖ - Brief Dx Tool for HSDD

# Female Sexual Function Index - FSFI

- ❖ Dr Rosen, Prof of Psychiatry, RWJ Med
- ❖ Psychometric evaluation
- ❖ Sensitive, reliable
- ❖ 4-week ROS
- ❖ Assesses 6 “Domains”

Desire, Arousal, Lubrication,  
Orgasm, Satisfaction, Pain



# Sexual Health Physical Exam.

Routine PE with special attention to :

Overall appearance

Skin (bruising, marks, defensive injuries, bondage)

Thyroid

Breast tissue / Nipple tissue

Spine

External genitalia (Q tip test, This image by [Fotofest](#) Author is licensed under [CC BY-SA](#)

Quantitative Sensory Test)

Pelvic - refer for detailed exam

/ testing if needed

Vulvoscopy





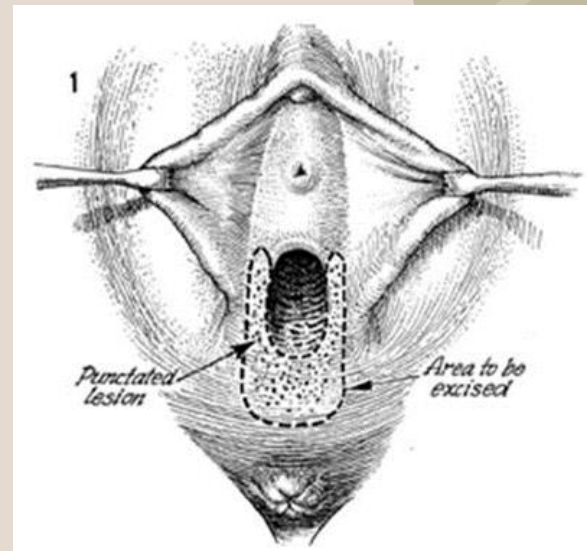
# Sexual Health History..outside the usual questionnaire

- RECORDED BY THE PATIENT, IN THEIR WORDS
- Current Sexual HEALTH should be assessed
- Basic history –
  - COC usage / Meds (i.e. tamoxifen, OTC herbs )
  - Age of sexual debut
  - Current SQOL
  - Hx birth gender, sexual identity, sexual activity
  - Exercise (esp. bike rider), nutrition, Rx / OTC
  - Prior treatment for sexual dysfunction
  - Disabilities / Back Injury
  - Childbirth – Trauma, Pudendal block, Lactation
  - GYN Surgeries : LEEP , Hyst, Myomectomy, Rejuv



# Knowing the anatomy ...

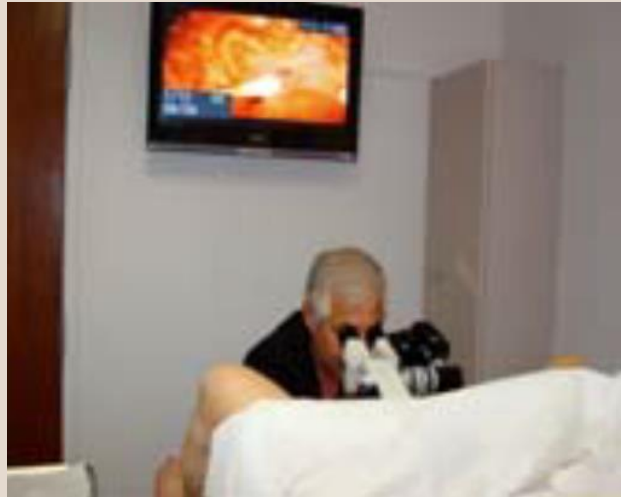
- ❖ Outside of Hart's Line = VULVA
- ❖ Within Hart's Line and the Hymen = VESTIBULE
- ❖ Between the Hymen and the cervix = VAGINA



# Vulvoscopy ...

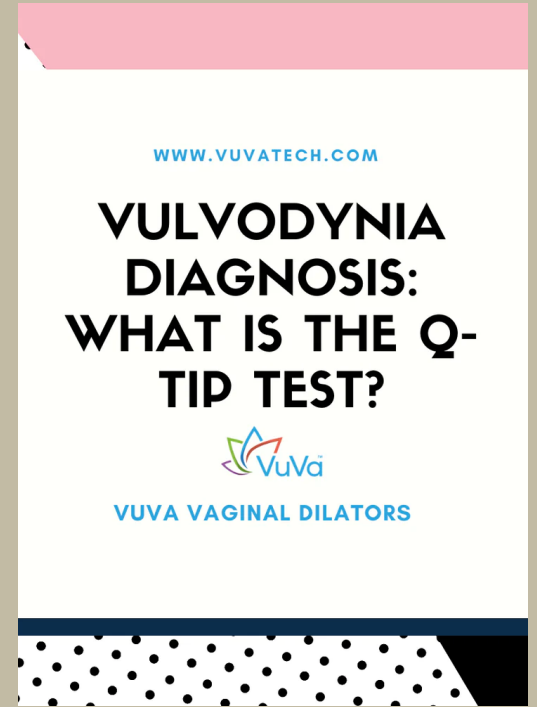
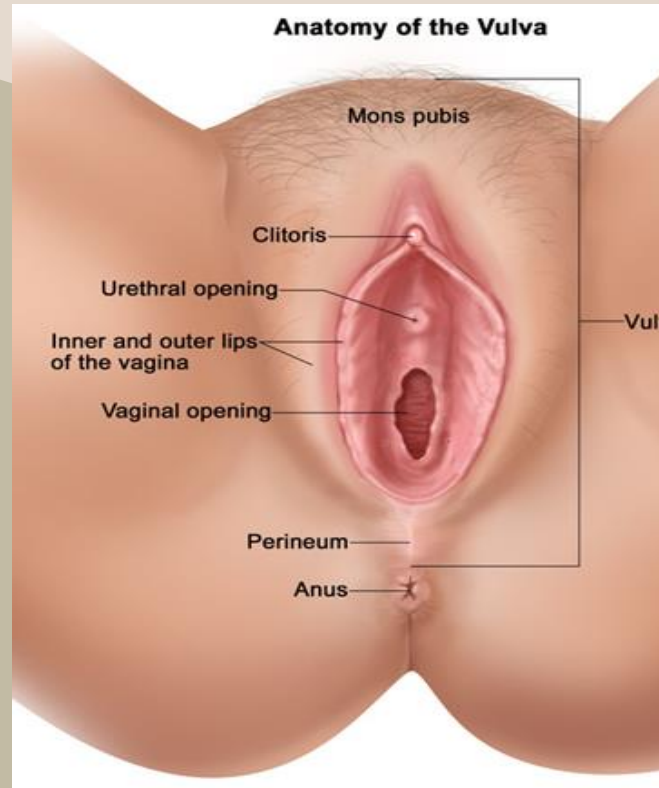
Magnified assessment of the genital region using a vulvoscope

Ideally the patient can view the genital anatomy simultaneously with the health care provider



# Q-tip test

PROPRIOCEPTION ON THE VULVA IS POOR –  
PLEASE DON'T POINT OR USE YOUR FINGER



# Q tip test performance

## Vulvodynia Assessment

### Step 2: Cotton-Swab Examination of the Vulva

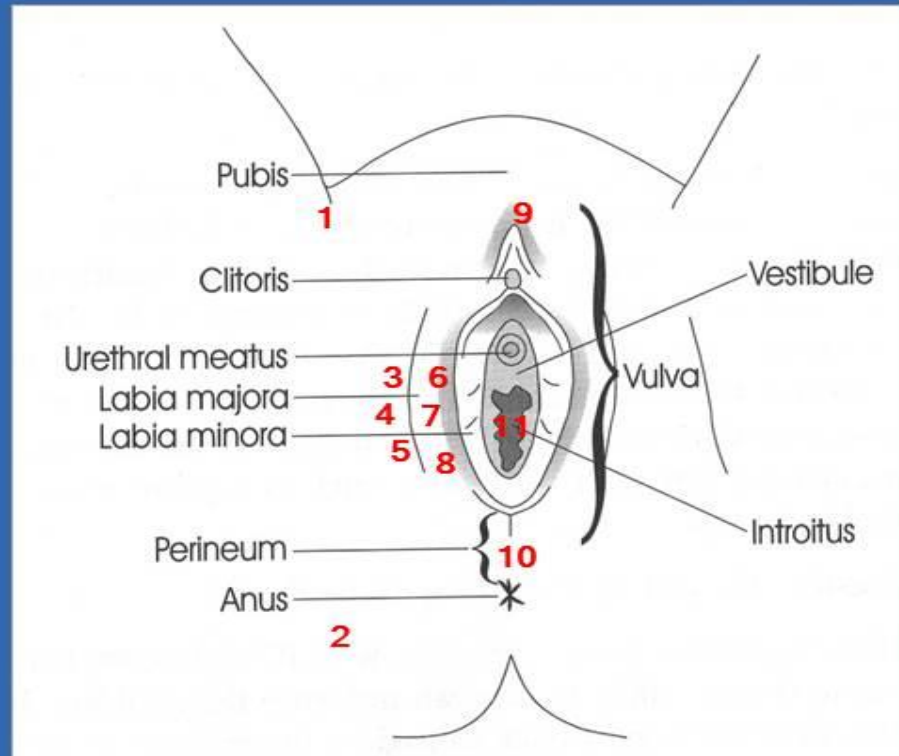
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Using a cotton swab, test for allodynia, hypo- and hyperalgesia by applying gentle pressure to the following areas:

- 1-2 inner thigh
- 3-5 labia majora
- 6-8 interlabial sulcus
- 9 clitoris, clitoral hood
- 10 perineum
- 11 sites within vestibule (next slide)

For each site, the patient:

- Rates the pain severity (VAS score)
- Describes the pain character (burning, raw, etc.)





# HSDD – Hypoactive Sexual Desire Disorder

© Randy Glasbergen  
glasbergen.com



**“Sometimes sex is just one more thing on my to-do list. That’s why I call it a chore-gasm.”**

## FEMALE SEXUAL RESPONSE : STAGES OR CYCLIC ?

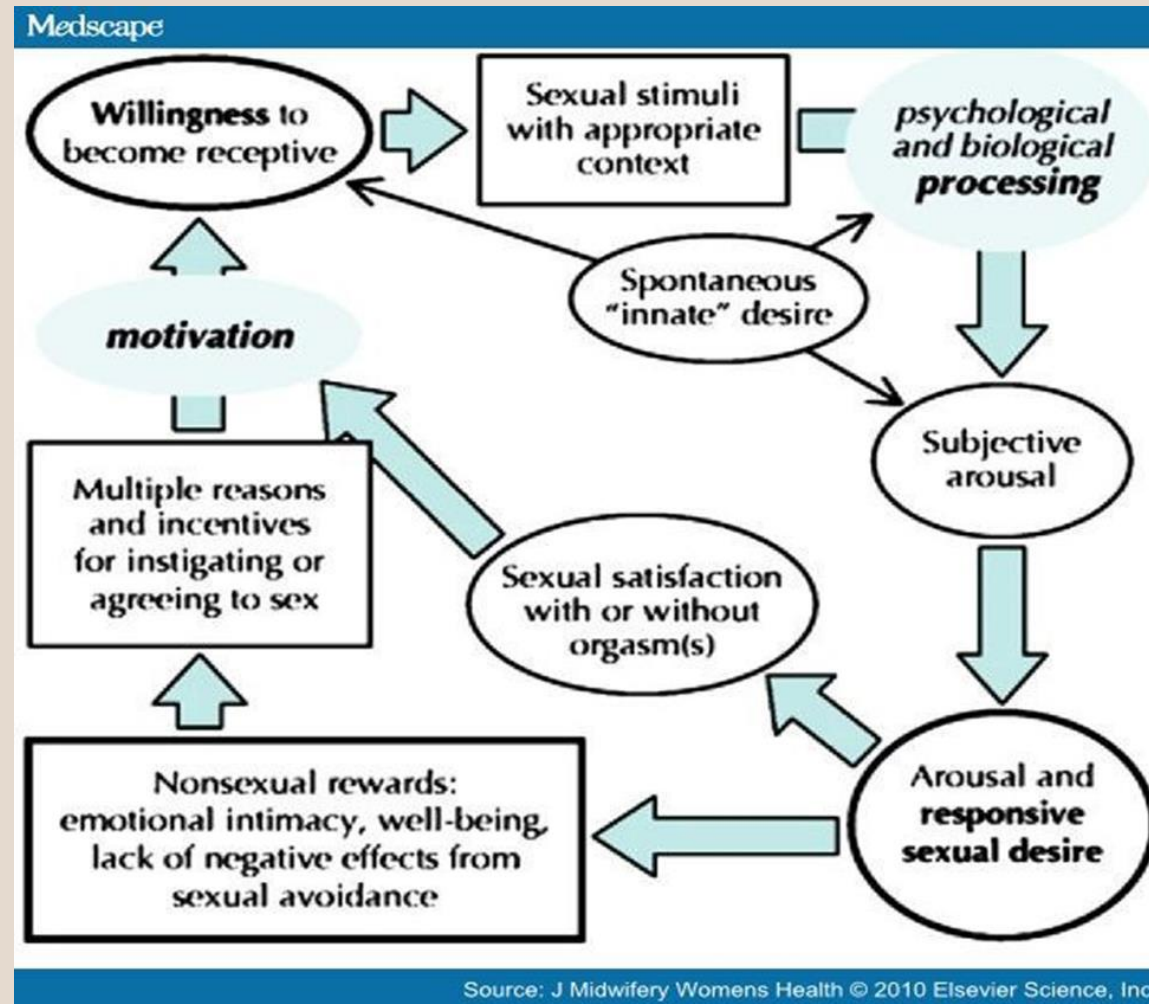
Desire : “libido” Desire to have sexual activity, including thoughts, images, & wishes. Retirement ?

Arousal : (“excitement”) Subj. sense of sexual pleasure accompanied by **physical changes**  
Genital vasocongestion, “tenting, “  
HR, BP, Resp. ↑

Orgasm : “peak”, release sexual tension with rhythmic contractions of perineal muscles and reproductive organs

Resolution : Muscle relaxation, sense of general well-being following sexual activity

# Female sexual response - Complex !

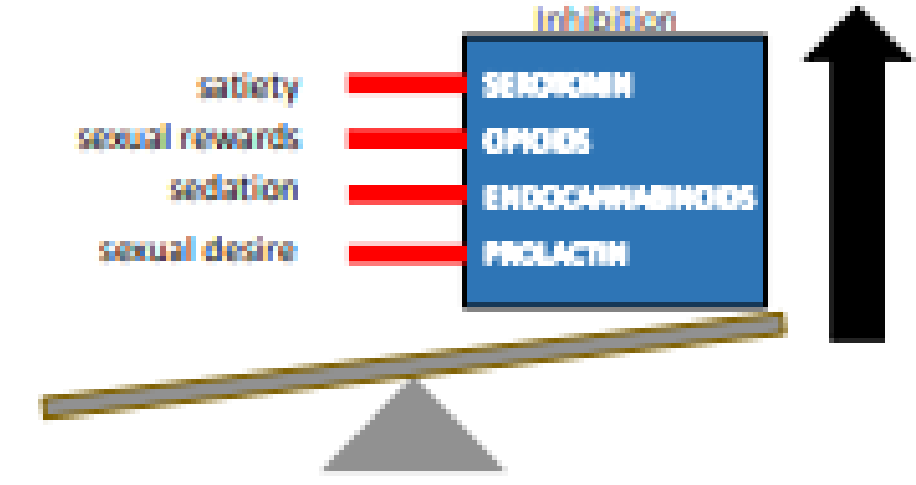


# HSDD defined (DSM-IV)

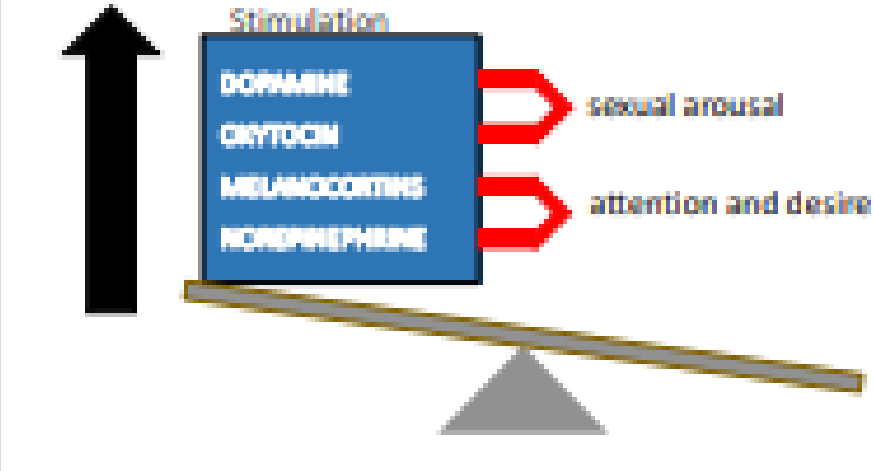
- ❖ A persistent or recurrent absence of sexual fantasies and desire for sexual activity.
- ❖ Must be accompanied by marked personal distress or interpersonal difficulties.
- ❖ Symptoms are not better explained by another Axis I diagnosis
- ❖ Symptoms NOT d/t the direct physiologic effects of a drug or other medical condition.
- ❖ Lifelong vs Acquired ( ISSWSH – requires 6-month duration )
- ❖ Generalized vs Situational

# Neurobiology of sexual desire

## Neurobiology of Sexual Dysfunction



## Neurobiology of Sexual Dysfunction





# HSDD : Differential Diagnosis

\* ACOG PB # 213, 2019

Anxiety / Depression

Diabetes

Genital mutilation

Hx sexual abuse

HTN

Hysterectomy / LEEP

Intimate Partner Violence

Medications ( esp SSRI, histamine blockers, AND COCs !!!! )

Neg sexual attitudes

Neurological diseases

Postpartum ( esp lactation/OB trauma

Premature Ovarian Failure (POF)

Cancer (esp. GYN or Breast)

Stress / Insomnia

Stress Urinary Incontinence

Substance use disorder

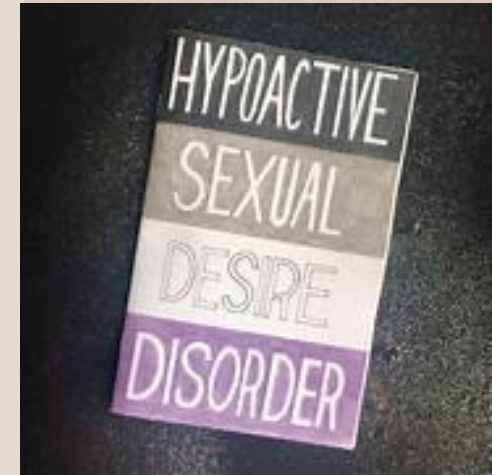
# HSDD - The Exam



- Body composition
  - Estrogen status – breasts, vagina, skin tone
  - Thyroid – size, goiter, mass
  - Genital exam – escutcheon, tone, turgor of vagina, clitoral hood/glans
  - Consider Laboratory Exam :
    - TSH mIU / L
    - Estradiol pg/ml
    - Progesterone ng/ ml
    - Testosterone ( total ) ng/ml
    - SHBG nmol/dl
    - Vit D ( deficiency / insufficiency
- \*\*\* FSDS , IPV, GAD screen, PHQ-9**

# HSDD – Management

- ❖ Counseling – CBT, Couples Tx, ETOH, sleep therapy
- ❖ Reframing – “ sexual receptiveness “ or initiation
- ❖ Improved body image – exercise, nutrition, yoga
- ❖ Communication – assess for resentment, power issues, relationship issues, refer PRN.
- ❖ Tx underlying medical condition ( pt. and partner )
- ❖ If PMP, REVIEW CHANGES in female sexual response
  - \*\*\* Arousal may precede Desire \*\*\*
  - \*\*\* Agree on goals ! \*\*\*



# HSDD : Pharmaceutical approach



Estrogen – oral therapy NOT effective ( unless vasomotor symptoms are the culprit !)

Estrogen – low dose vaginal cream ??  
Prasterone suppository. Works!

Bupropion – 150-300 mg SR / day  
Improved sexual satisfaction ( SSE ),  
arousal, AND orgasm scores.

Tibolone – synthetic steroid (E2 /  
Prog Test) For PMP women, not  
available in US, is available in Europe.

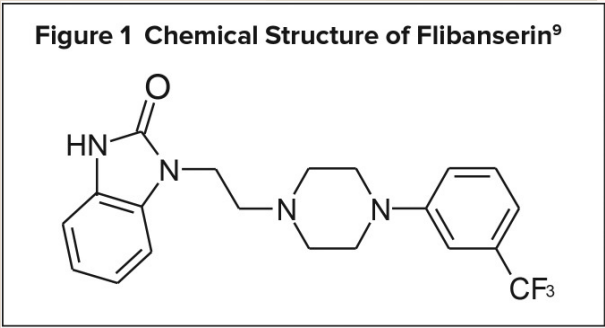
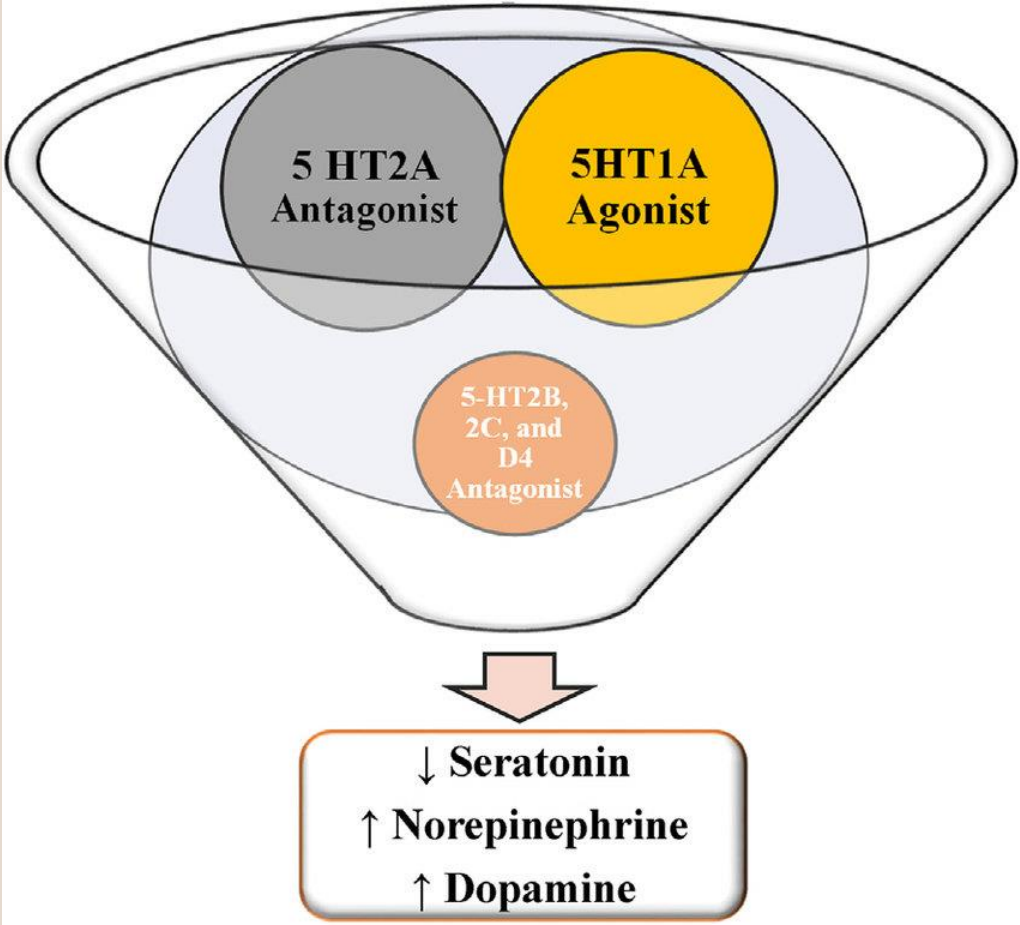
# HSDD – PREMENOPAUSE TX

- ❖ Flibanserin -“ Addyi “ FDA approved 8-2015(2denials)
- ❖ Improves desire and Sexually Satisfying Events (SSE)
- ❖ 100 mg po q day – effect after 4 weeks
- ❖ D/C rate from Adverse Events (AE) = 8-13 %
- ❖ BP, syncope, dizziness, nausea, fatigue
- ❖ Baseline 2-3 SSE/mo increased by 0.4-1 additional SSE
- ❖ Alcohol precautions
- ❖ Addyi REMS program – GONE !!!!



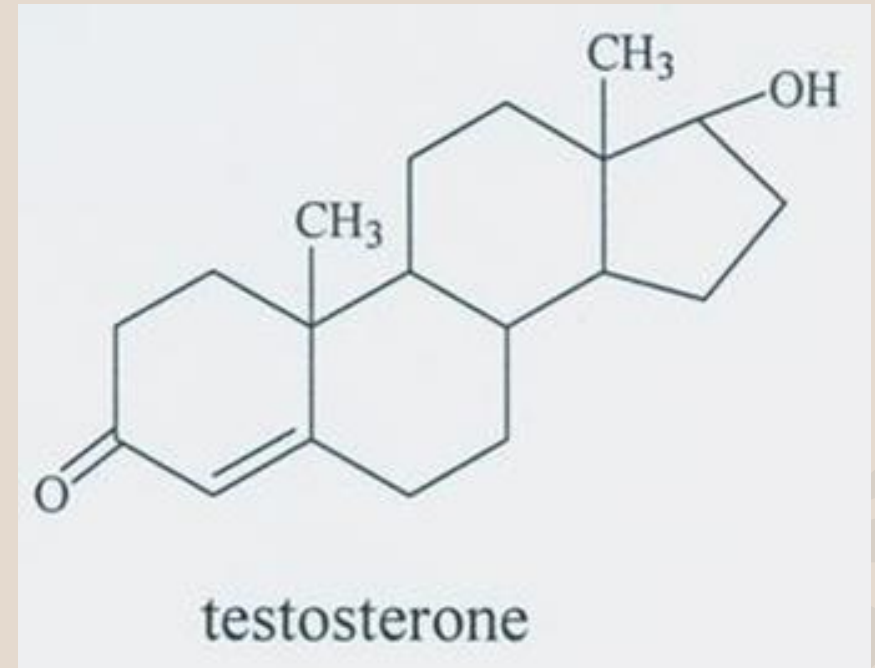


# Flibanserin



# WHAT ABOUT TESTOSTERONE ?

- ❖ PMP women – Improves sexual function in DAO. Requires careful counseling !
- ❖ Cream, gel or pellets
- ❖ Transdermal appears to be best but evidence mixed. NOT FDA approved for this indication.
- ❖ Supplement to upper limit of normal range
- ❖ Can trial for up to 6 months ( NAMS/Endo Soc )
- ❖ Systemic DHEA – not effective
- ❖ Insufficient evidence for use in premenopausal women



# Prasterone

- ❖ Newer option ! May impact all phases DAO and lubrication!
- ❖ 6.5 mg PV at HS : Estrogen/Androgen  
Metabolites
- ❖ Indication – Tx of MOD to SEV Dyspareunia Menop.
- ❖ CI – DUB and Breast Cancer.
- ❖ 12 week controlled trials : only AE > 2% abnormal vaginal discharge
- ❖ 52 week trial – only AE >2% - abnl pap and vaginal discharge
- ❖ ZERO \$ first month tx, then \$25./mo with Co-pay card
  
- ❖ \*\* Intrarosa has not been studied in women in breast cancer



<http://www.intrarosahcp.com/img/intrarosa-steroidogenesis-hero.png>

# PDE-5 for HSDD ?



- PDE-5 Inhibitors “Viagra”
- ACOG “Should not be used to treat HSDD-F outside of clinical trials.” ( 2019 )

Inconsistent results:

- N=800 women. 50-100 mg X 12 weeks,
- No improvement in Desire, but did improve Arousal
- ? also helpful for pts with DM, MS, spinal cord injury
- Treating the male partner may increase female desire

# Bremelanotide - injectable



- ❖ For generalized, acquired PREmenopausal women with HSDD
- ❖ Patients who have HSDD regardless of the situation, partner, or type of sexual activity.
- ❖ 1.75 mg / 0.3 ml SQ Pre-filled injectable pens
- ❖ 45 min prior to desired activity, 1 per 24 hours, 8x per month
- ❖ SE : Temp rise in BP, darkening of skin, nausea, flushing
- ❖ CI : Uncontrolled HTN, Known Cardiovascular Disease
- ❖ Cautions : Heart, liver, renal disease/impairments, pregnancy



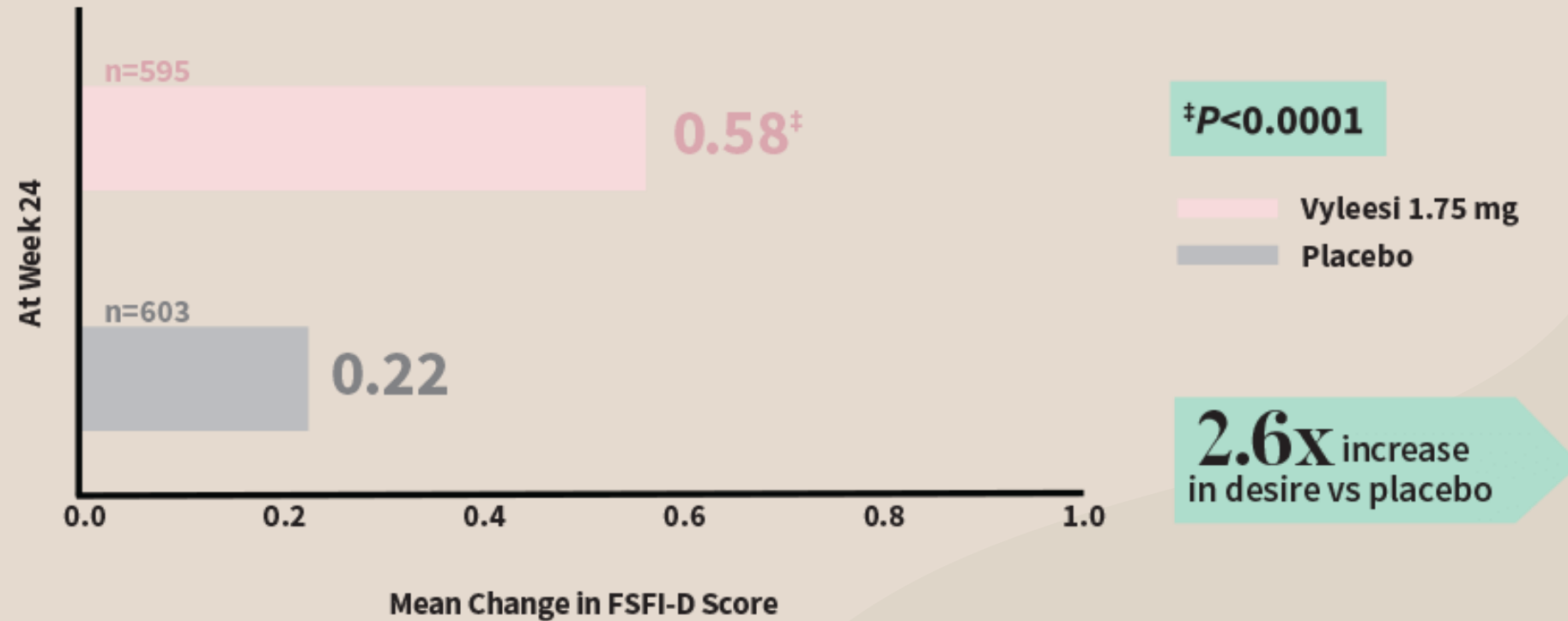
# Bremelanotide side effects

**MOST COMMON ADVERSE REACTIONS OCCURRING IN  $\geq 4\%$  OF PATIENTS TREATED WITH VYLEESI IN RANDOMIZED, DOUBLE-BLIND CONTROLLED TRIALS<sup>1</sup>**

	<b>Vyleesi</b> (n=627) %	<b>Placebo</b> (n=620) %
Nausea	40.0	1.3
Flushing	20.3	0.3
Injection site reactions*	13.2	8.4
Headache	11.3	1.9
Vomiting	4.8	0.2

# Bremelanotide- efficacy

IMPROVEMENTS IN DESIRE: CHANGE IN FSFI-D MEAN SCORES FROM BASELINE TO END OF STUDY  
(INTEGRATED STUDY DATA<sup>†</sup>)<sup>3</sup>



# HSDD – initial arousal techniques

❖ Images – books, visual images

❖ “ Reframing “

❖ Devices – vibrators, Fiera – cleaning them

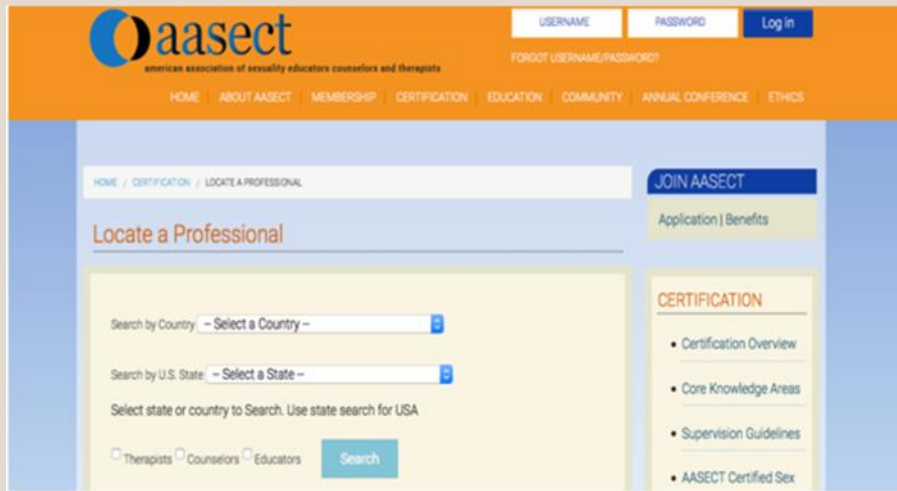


❖ Topical vasodilators - “ O “ Pure Romance



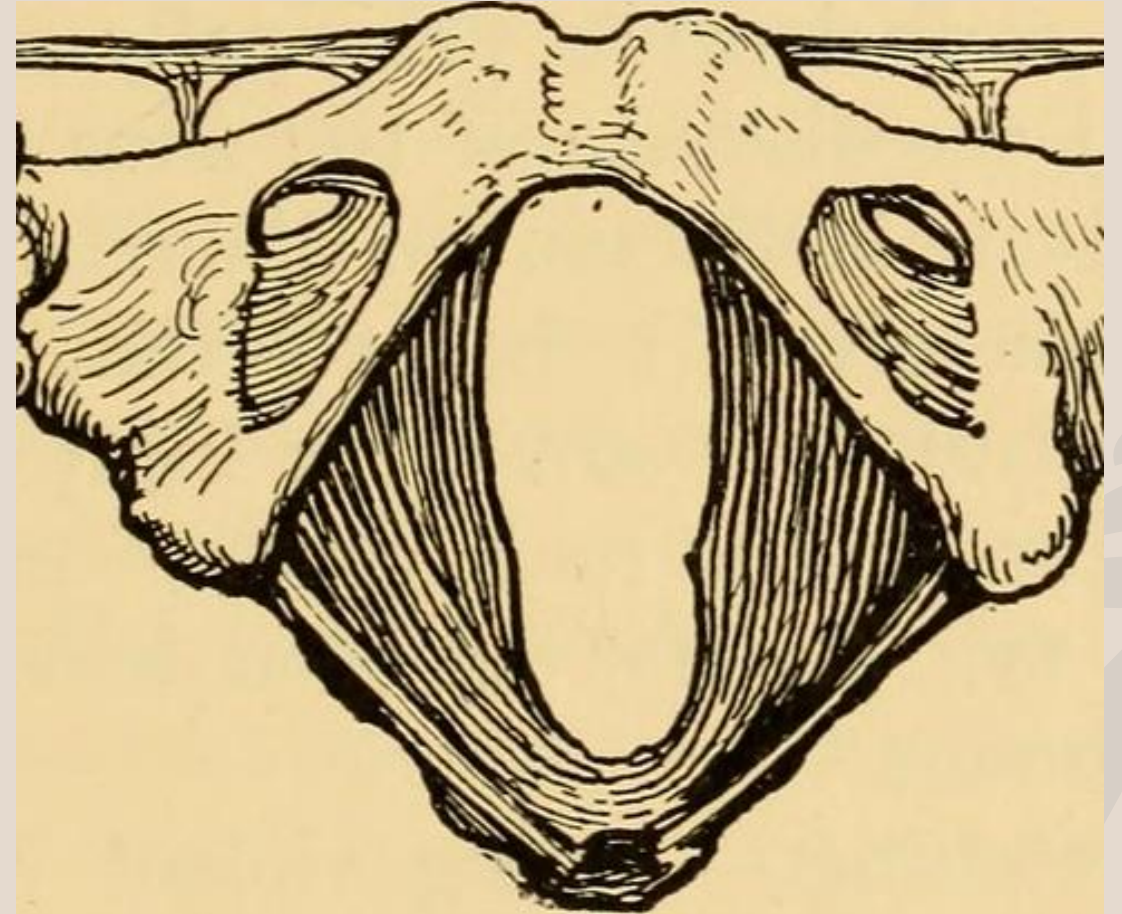
\*\* GoodVibes.com

# How to find a Sexual Health Counselor or Pelvic Floor PT :



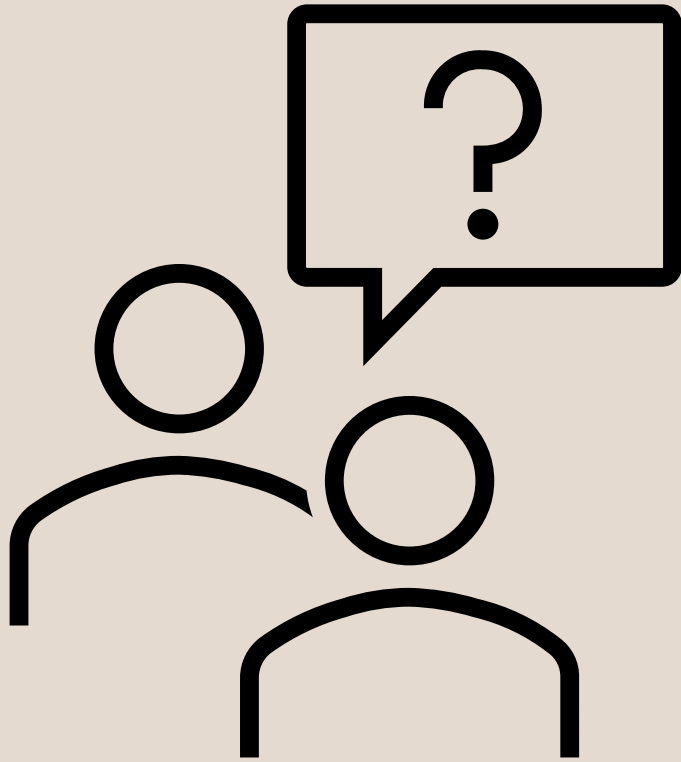
# Female Sexual Pain – Neuroproliferative Disorders

- ❖ Dyspareunia is recurrent or persistent pain with sexual activity that causes marked distress or interpersonal conflict (AAFP definition) NOT VULVODYNIA
- ❖ It affects 10% to 20% of U.S. women (>50% of menopausal women)
- ❖ Keep this in mind for all patients who have a vagina, *whether or not they identify as female*
- ❖ Significantly impacts an individual's life!
- ❖ New sexual health elective in the residency with a lot of demand





# Sexual pain - forming the differential



- ❖ Based on location of pain
- ❖ Based on age
- ❖ Acute? Chronic? Situational?
- ❖ Sexual Health History
- ❖ Sexual Health Exam
- ❖ Sexual Health laboratory exam

# Risk factors for sexual pain ...

- ❖ Back or hip injury
- ❖ Physical trauma ( ie MVA, bike riders- vulvodynia)
- ❖ Reconstructive surgery for incontinence or prolapse
- ❖ Radiation or Chemotherapy
- ❖ Childbirth ( particularly macrosomia, epis, lacerations)
- ❖ Lactation
- ❖ Medications ( ESP oral contraceptives ) Assess OTCs !
- ❖ Marital Discord ( desire discrepancy, abuse )
- ❖ Menopause
- ❖ Endometriosis
- ❖ IBS
- ❖ Testosterone therapy for transgender care



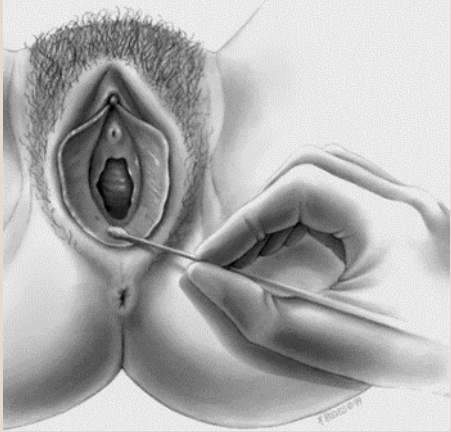
# Differential Diagnosis

- ❖ STI – esp HPV / PID
- ❖ Genitourinary Syndrome of Menopause ( GSM )
- ❖ Genital lesions / ulcers / trauma
- ❖ Crohn's / Bechet Syndrome
- ❖ Lichen Sclerosus
- ❖ Thyroid Dysfunction
- ❖ History of sexual trauma/abuse
- ❖ Dehydration
- ❖ Hypoestrogenemia
- ❖ Interstitial Cystitis
- ❖ IBS
- ❖ Endometriosis ( esp. deep dyspareunia )
- ❖ Ovarian cysts

# Vulvar Crohn's ... an overlooked DDx



# Sexual pain exam techniques



# Hormonal treatment of external sexual pain

## Targeted hormone therapy

- ❖ Glans Clitoris – Testosterone
- ❖ Labia Minora – Estradiol
- ❖ Minor Vestibular Glands – Testosterone & Estradiol
- ❖ Vagina – Estradiol
- ❖ Peri-urethral tissue - Testosterone



# Sexual pain – laboratory examination

- ❖ Vaginal pH, microscopy, vaginitis screening
- ❖ STI screening
- ❖ Assess genital ulcers – tissue biopsy if appropriate \*  
DON'T BX HALOs
- ❖ Urinalysis, urine culture



- ❖ ? TSH
- ❖ Transvaginal ultrasound
- ❖ Imaging to assess spine
- ❖ Vulvoscopy
- ❖ ? Hormone levels

# Neuroproliferative treatment

- ❖ Dryness / GSM – Prasterone , Dilators, E2 cream, hormone replacement therapy, valium / lidocaine / gabapentin cream
  - ❖ Vaginal Radiofrequency / CO2 Laser
- ❖ External genital pain – Gabapentin, topical or oral route, external E2 cream, compounded therapies, dilators.



- ❖ Pelvic Floor PT – CRITICAL component !

# Estradiol inserts for mod – severe dyspareunia due in menopause

- ❖ Low dose estrogen vaginal insert

- ❖ 4 mcg/10mcg supp.

- ❖ Q HS X 14 days

- ❖ 2-3 X / week maint

- ❖ CI : Same as PO E2

- ❖ DUB,CVD,Ca, Clots,

- ❖ Liver, Preg, Stroke



- ❖ 12 week to Tx, 2 for improvement

- ❖ Indication – Mod to Sev VVA due to Menopause

- ❖ \$ 35.00 with card






- ❖ AE >3% in trials - HA

# OTC GSM treatment options

## Bonafide

### Order Pad

Directions for patient ordering, designed to improve compliance and results.

 <p><b>Symptom recurrence after treating BV or yeast*</b></p>	<ul style="list-style-type: none"> <li>Take 1 capsule daily for 15 consecutive days each month, with or without food</li> <li>Take monthly for continued relief</li> </ul>	<p><b>3 Month Plan</b></p> <input type="checkbox"/>	<p><b>Monthly Plan</b></p> <input type="checkbox"/>
 <p><b>Menopausal hot flashes</b></p>	<ul style="list-style-type: none"> <li>Take 2 tablets, once per day, with or without food</li> <li>Take for at least 3 months and beyond for best results</li> </ul>	<p><b>3 Month Plan</b></p> <input type="checkbox"/>	<p><b>Monthly Plan</b></p> <input type="checkbox"/>
 <p><b>Vaginal dryness</b></p>	<ul style="list-style-type: none"> <li>Use 1 insert every 2-3 days at bedtime for continued relief</li> <li>Store in a cool place away from light and heat</li> </ul>	<p><b>3 Month Plan</b></p> <input type="checkbox"/>	<p><b>Monthly Plan</b></p> <input type="checkbox"/>
 <p><b>Physical arousal and orgasm</b></p>	<ul style="list-style-type: none"> <li>Take 2 tablets, once per day, with or without food</li> <li>Take for at least 2 months and beyond for best results</li> </ul>	<p><b>3 Month Plan</b></p> <input type="checkbox"/>	<p><b>Monthly Plan</b></p> <input type="checkbox"/>
 <p><b>Mood swings and irritability</b></p>	<ul style="list-style-type: none"> <li>Take 2 tablets, once per day, with or without food</li> <li>Take for at least 2 months and beyond for best results</li> </ul>	<p><b>3 Month Plan</b></p> <input type="checkbox"/>	<p><b>Monthly Plan</b></p> <input type="checkbox"/>

#### Ordering is easy:

- Open the camera on your phone and scan this QR code.
- Select the products your healthcare provider recommended



Use this code for savings on your first subscription

**HCPSAVE257**

Other ways to order: [patient.hellobonafide.com](https://patient.hellobonafide.com)  
 1-833-266-2343

\*These statements have not been evaluated by the Food & Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any diseases.

# Vaginal “rejuvenation”



MORPHEUS – VAG / SUI  
RadioFrequency /  
Microneedling



FORMA-V / VOTIVA  
Radiofrequency



V-TONE  
Electrostim



CO2 LASER

# Radiofrequency vs Ablative

- ❖ Radiofrequency vs Ablative
- ❖ Can be done in office
- ❖ May improve appearance, tone, lubrication, sensitivity, stress urinary incontinence and dyspareunia - GSM



BEFORE



AFTER



# ABC to treat refractory NP pain

- N=38 female pts with refractory Provoked Vulvodynia
- Treated with 2% amitriptyline + 2% baclofen for 33 weeks
- Responders = any improvement over 30%

29% little improvement

18% moderate improvement

53% significant improvement

Overall – 71% reported decreased pain and increased lubrication

Nyirjesy, Paul et. al (2009) Topical amitriptyline-baclofen cream for the treatment of provoked vulvodynia. Journal for the Treatment of Lower Genital Tract Diseases. Vol 13 Issue 4

# Compounded options for sexual pain

Formula # 44B: E2, DHEA, Vit E  
( GSM, Dryness, Vestibulitis )

o Formula# 49B : Diclofenac, Lidocaine  
( Post-injury, post-procedure)

\* Can add diazepam

o Formula # 45B : Amitryp, Baclofen, Estriol,  
Gabapentin, Lido, Prilocaine  
( NPD, Vulvodynia, vaginismus )

o Formula # 47 : Boric acid suppository  
( Recurrent vaginitis )

**BioMed FEMALE BHRT** Prescription Order Form  
Please Fax to: (877) 920-2211  
Secondary Fax: (512) 847-1506  
T331 Clin Lane West Chester, OH 45380

**Patient Information:** PLEASE FAX Patient Demographic Sheet & Prescription Insurance Card if available.  
FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PRIMARY PHONE # \_\_\_\_\_ CELL PHONE (WORK) \_\_\_\_\_ SECONDARY PHONE # \_\_\_\_\_ CELL PHONE (WORK) \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**Rx Medication Order:** Pharmacist Please Compound. Note: you may delete / substitute / add any additional medications for all formulas.

**FEMALE BHRT FORMULAS:**

**#41 BHRT Topical Formulation** E3: Estriol, E2: Estradiol (Amount is per 1 gram of BHRT cream)

**Bi-Est (50/50 Estriol/Estradiol)**  
 0.25mg (0.125mg E3/E2)  1.5mg (0.75mg E3/E2)  0.5mg  2mg  
 0.5mg (0.25mg E3/E2) Other: \_\_\_\_\_ DHEA  0.5mg  2mg  
Testosterone  None  2mg (local concentration 0.25-2mg)

**Bi-Est (80/20 Estriol/Estradiol)**  
 0.75mg (0.6mg E3, 0.15mg E2)  2.5mg (2mg E3, 0.5mg E2)  10mg  40mg  
 1.25mg (1mg E3, 0.25mg E2) Other: \_\_\_\_\_ Progesterone  10mg  20mg  
Compound  30gm  90gm Refill: \_\_\_\_\_

SIG. APPLY ONE GRAM TO INNER THIGH OR UPPER/INNER ARM DAILY. SKIP SUNDAY IF NEEDED. ALTERNATE SITE WEEKLY.

**#44B Formula**  
Estriol 0.05% + DHEA 0.5% + Vitamin E 1%  
QTY:  48gm  138gm Refill: \_\_\_\_\_  
SIG. Apply 1-2gm vaginally daily for 7-14 days, then 2-3 times per week.

**#45B Formula**  
Amitriptyline 2% + Baclofen 2% + Estriol 0.05% + Gabapentin 6% + Tetracaine 4%  
QTY:  180gm Other: \_\_\_\_\_ Refill: \_\_\_\_\_  
SIG. Apply 1-2gm vaginally BID-TID

**#49 Formula**  
Diazepam 8M Suppository  
Dose: \_\_\_\_\_ (local concentration 10-15mg)  
QTY: \_\_\_\_\_ Refill: \_\_\_\_\_  
SIG. Insert 1 suppository vaginally QHS.

**#47 Formula**  
Promethazine 5%  
QTY:  90gm  180gm Refill: \_\_\_\_\_  
(18 day supply) (36 day supply)  
SIG. Apply 1gm q4-6h prn nausea/vomiting

**#431 Formula**  
DHEA 0.5% + Amitriptyline 3% + Arginine 6% + Estriol 0.05% + Pentoxifylline 5%  
QTY:  40gm  120gm Refill: \_\_\_\_\_  
(18 day supply) (36 day supply)  
SIG. Apply 1-2gm vaginally 30 min before activity as needed for 30 days.

**(OPTIONAL) ADDITIONAL NOTES:**

Additional Formulas/Questions? Please contact the Pharmacist at (877) 610-6633.

**Prescriber Information:** PRESCRIBER'S SIGNATURE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: (SKIP) (TIME for ONY) \_\_\_\_\_

# Sexual Pain adjunctive therapy



- ❖ Modify sexual technique – foreplay, etc.
- ❖ Change sexual positions
- ❖ Vaginal awareness – Kegel’s
- ❖ Yoga – 5 minutes
- ❖ Good communication with partner
- ❖ Accupuncture /Accupressure

# Lubricants vs Moisturizers !



## Lubricants :

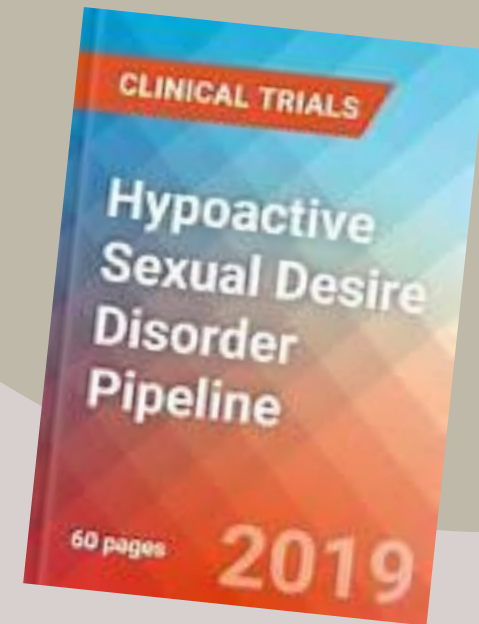
Temporarily replace moisture

- ❖ Can be water, silicone, or oil based
- ❖ Decrease friction, not absorbed
- ❖ SLIQUID – organic, oil based
- ❖ WET – water based, no paraben, no odor, no color, viscous, Kosher
- ❖ SYLK – water based. Kiwi vine extract, no scent, no paraben, no animal prod, FDA cleared, same pH as vagina, forms a film like-moisture so lasts longer, contains grapeseed extract.
- ❖ GOOD CLEAN LOVE – “Almost Naked”
- ❖ KY
- ❖ PRESEED / JUST LIKE ME / ASTROGLIDE

## ❖ Moisturizers :

- ❖ Last up to 3-4 days
- ❖ Typically silicone based
- ❖ REPLENS – contains bioadhesive, 3 days
- ❖ LUVENA – “pre-biotic”, no paraben, chlorhex, glycerin, or sulfate.
- ❖ GOOD CLEAN LOVE “Restore” – PETA approved, organic
- ❖ KY Liquibeads
- ❖ UBERLUBE
- ❖ **\*\* COUNSEL PTS TO NOT USE ESTROGEN CREAMS AS A LUBRICANT! IT TRANSFERS TO PARTNER’S SKIN**

# THE PIPELINE !



# thank you !

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