Sexual function or dysfunction?: The SOGC launches a new online application for health-care professionals to help get the conversation started

OTTAWA (Ontario) – Between ¼ to ½ of all women in Canada have sexual concerns but, due to embarrassment or unease about bringing up the subject, remain silent. They often hope that their health-care professional will begin the conversation. To help celebrate Sexual and Reproductive Health Awareness Day, the Society of Obstetricians and Gynaecologists of Canada (SOGC) is launching its new Female Sexual Health online learning module for the assessment and treatment of female sexual dysfunction in the office setting, accessible at http://www.sexualityandu.ca/health-care-professionals/sexual-dysfunction/assessment-and-treatment.

The module contains a section on the physician's role in addressing the sexual function of primary care patients, the classification and etiologies of sexual health, tips for inquiring about sexuality issues, general and specific screening questions, meeting patient concerns with information and practical suggestions, as well as treatment strategies.

This application is based on the first-ever clinical practice guideline on Female Sexual Health which appeared in the August 2012 issue of the Journal of Obstetrics and Gynaecology Canada. This guideline was designed to help health-care professionals address the complexity of female sexual function and dysfunction and provide advice about how to engage women on sexual issues in order to ensure they get the help they need.

"Sex is often a difficult topic to discuss," said Dr. John Lamont, principal author of the new application and related guideline. "Because when it comes to sexual health, there is not a 'one size fits all' approach; what is a problem for one person may not be for another. Women are constantly being bombarded with media messages about sex – how they should feel about it, how often they should have sex, and so on. It leaves women wondering if the way they feel is normal. The truth is - being ‘normal’ in a sexual health context is really a very individual thing."

Dr. Céline Bouchard, contributing author for the new application and guideline, agrees and added that "this new application should help health-care professionals initiate discussions with their patients by providing them with the tips and tools they need to appropriately counsel patients on sexual health issues, to determine if there is a problem, and if so, whether there are psychological, relationship, or socio-cultural or biological components that require assessment and treatment".

In addition to the launch of the new online application for health-care professionals, the SOGC has also produced a public education brochure on the topic of female sexual health, accessible at http://www.sogc.org/health/whatIsAHealthySexLife_e.asp.

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BACKGROUND

What do we mean by sexual health?
Most people – single, married, or living with partners – engage in a variety of sexual activities, and there is wide variation in the frequency of these activities. Regardless of whether women are in same-sex or mixed sex relationships, the decline in frequency of sexual activity, over time and with age, is not uncommon. That being said, it is important to keep in mind that decreased frequency of sexual relations does not necessarily correspond to decreased sexual satisfaction. Indeed, reduced sexual desire is not uncommon as women get older, and for many, this is not a problem; but for others, this reduction in sexual desire can be distressing.

If what you consider to be ‘normal’ sexual function changes, or a sexual dysfunction occurs, it can be the result of many factors.

What is sexual dysfunction?
Female Sexual dysfunction is a medical or physiological term used to describe a wide array of conditions or issues that can negatively affect sexual health and sexual function.

What causes sexual dysfunction?
There are biological, psychological, relationship, and social/cultural causes of women’s sexual dysfunction.

• Biological Causes. Healthy sexuality depends on nerves, blood flow, hormones and an erotic focus to allow a woman to respond positively to sexual stimulation. Disturbances in any of these can lead to sexual disorders. For example, side effects from medication may be associated with up to 25% of sexual concerns. Pelvic surgery may have a direct or indirect effect on sexual health. There are many conditions that lead to painful intercourse (dyspareunia). Vaginismus, an involuntary tightening of the pelvic floor muscle with insertion is a common problem when there is pain. The Menopause transition, when estrogen production is markedly reduced, can result in vaginal atrophy, dryness and pain with intercourse. Systemic medical illnesses can affect sexual function, such as cardiovascular disease, Diabetes, Thyroid Disorders.

• Psychological Causes. There are many lifestyle and health issues that can affect a woman’s level of interest in sexual pleasure. Past sexual trauma, mood disorder, stress, fatigue and medication can have an impact on desire. Treatment of depression often contributes to decreased desire, especially if certain kinds of medication are prescribed.

• Relationship Factors. The quality of a woman’s relationship can affect her sexual interest and function. The level of intimacy, her partner’s sexual interest and function, as well as her partner’s physical and mental health, can have an impact on a woman’s sexual interest and function.

• Social and cultural causes. Cultural and religious attitudes will affect a women’s body image, sense of her sexual self and the meaning of her being sexual. In some cultures women never meet or touch men outside
of their immediate family until their wedding day; in others, adult women choose with whom and how they want to be intimate. Religions have different views regarding heterosexual behavior. Homosexuality, masturbation, pre-marital sex, and extra-marital sex are sometimes seen as being abnormal in some religious traditions. Racism, sexism, patriarchy, slavery, and socioeconomic status all affect women’s sexuality. The dominance of men over women in most cultures, the ownership of women through slavery, or financial dependence, all impact a woman’s sense of sexual self and independence.

About the SOGC

The SOGC is one of Canada’s oldest national specialty organizations. Established in 1944, the Society’s mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information, visit www.sogc.org.