



RESTORING INTIMACY

Making the Connection between Mood Disorders, Sex, and Intimacy

WEBINAR: JULY 30, 2014

PRESENTERS: ANITA CLAYTON, M.D., AND HOLLY SWARTZ, M.D.

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Understanding the mechanics of mood and intimacy

CAUSE AND EFFECT



RESTORING INTIMACY
Making the Connection between Mental Illness, Sex, and Intimacy

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Presenter



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University of Virginia



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Overview

- ❖ Sexual dysfunction affects a significant portion of the population, especially those with mood disorders, and is an important health issue.
- ❖ Interactions of multiple factors may affect sexual functioning including genetics, neuroendocrine function, and environmental factors.
- ❖ Barriers may be overcome by active communication with healthcare providers about concerns, questions and wishes, and with partners about physical and emotional intimacy.



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Sexual Health

According to the current working definition, sexual health is:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

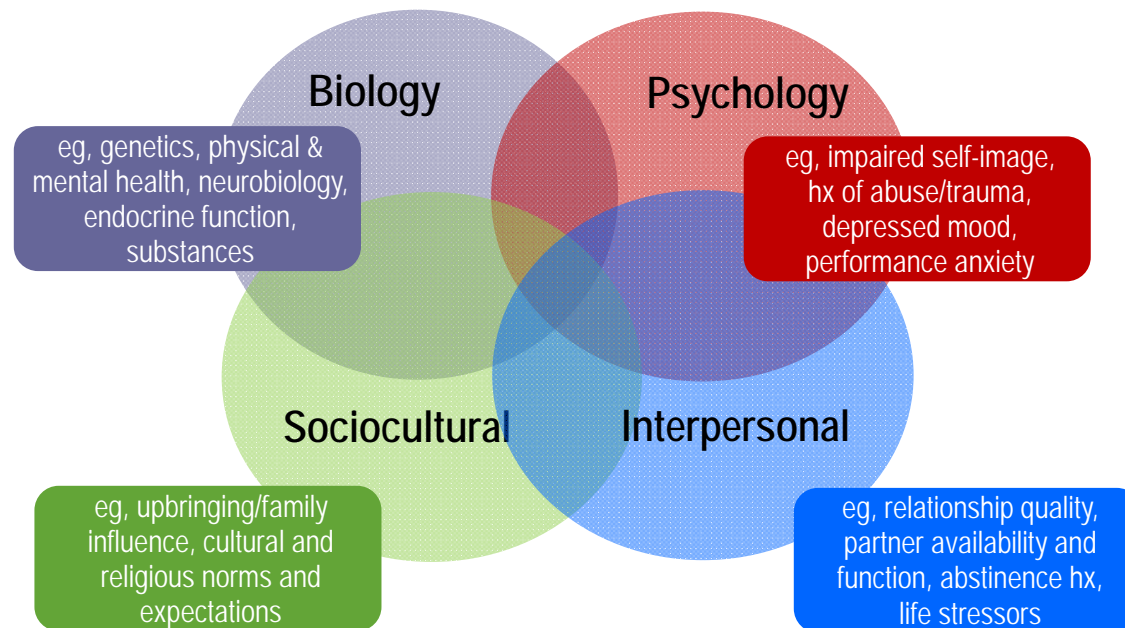
World Health Organization, Department of Reproductive Health and Research, 2006. Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002, Geneva.
http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf?ua=1



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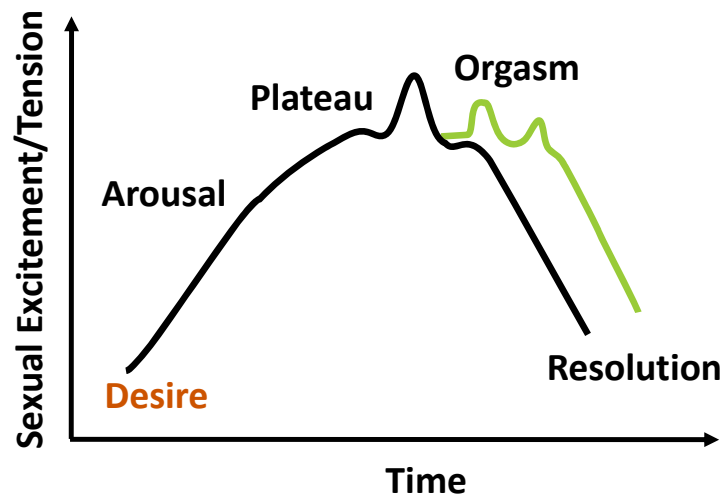
Biopsychosocial Model of Sexuality



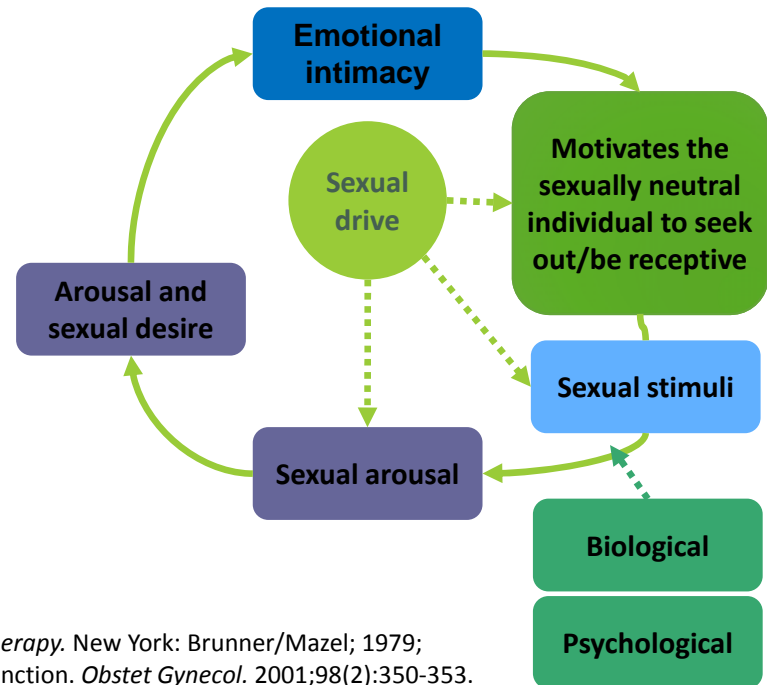
Althof SE, et al. *J Sex Med.* 2005;26:793-800. • Rosen RC, Barksy JL. *Obstet Gynecol Clin North Am.* 2006;334:515-526; Meston CM. *Western Journal of Medicine* 1997;167(4):285-290

Theoretical Models of Sexual Response

Linear Model^{1,2}



Circular Model³



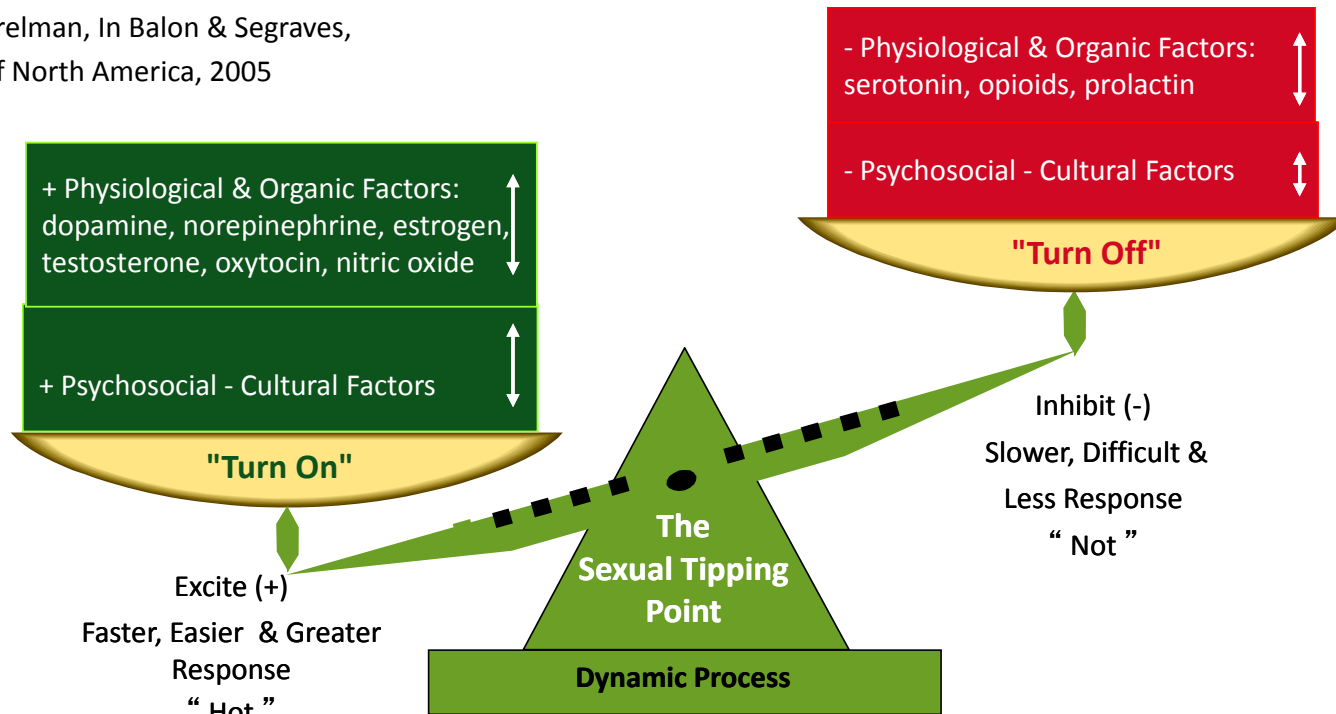
¹Masters WH and Johnson VW. *Human Sexual Response*. Boston: Little Brown; 1966;

²Kaplan HS. *Disorders of Sexual Desire and Other New Concepts and Techniques in Sex Therapy*. New York: Brunner/Mazel; 1979;

³Basson R. Female sexual response: the role of drugs in the management of sexual dysfunction. *Obstet Gynecol*. 2001;98(2):350-353.

Excitation vs. Inhibition

Adapted from: Perelman, In Balon & Segraves,
Urologic Clinics of North America, 2005



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Sociocultural Factors and Sexual Satisfaction

- ❖ Gender expectations
- ❖ Religious beliefs – primarily guilt-mediated
- ❖ Family influence
- ❖ Male (reproductive)–centered societies vs. partner-centered societies
- ❖ Media effects
 - Obsession with physical appearance (women>men) and belief we are lacking
 - Everyone has more/better sex than me!

Clayton, AH, Cantor-Cooke, R. *Satisfaction: Women, Sex, and the Quest for Intimacy*. Ballantine Books: New York, New York, 2007.



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Personal Sexual Dissatisfaction

❖ Low priority

❖ Stress

- Difficulty compartmentalizing stress
- Failure to use strategies to mitigate stress such as exercise (displacement, increased endorphins)
- Performance anxiety/unreasonable expectations

❖ Failure to communicate: e.g. fear of hurting partner limits honesty, and thus hurts the relationship, suppression of feelings leads to frustration & resentment

Clayton, AH, Cantor-Cooke, R. *Satisfaction: Women, Sex, and the Quest for Intimacy*. Ballantine Books: New York, New York, 2007.



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Relationship Issues

- ❖ Desire discrepancy
- ❖ Duration of relationship
- ❖ Periods of abstinence – use it or lose it, or at least it is hard to get it back!

Clayton, AH, Cantor-Cooke, R. *Satisfaction: Women, Sex, and the Quest for Intimacy*. Ballantine Books: New York, New York, 2007.



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Sex and Quality of Life

- ❖ Sex is important to quality of life regardless of gender, sexual orientation, social status, etc.
- ❖ Cyclic pattern – the happier people feel, the more likely they may be to engage in sexual activity, which improves mood and good feelings.

Definitions

- ❖ **Sexual complaint:** an expression of discontent related to a phase of the sexual response cycle or sexual pain
- ❖ **Sexual dysfunction:** sexual complaint plus distress
- ❖ **Sexual disorder:** persistent or recurrent complaint which causes personal distress and is not better explained by another condition

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, Washington, DC, American Psychiatric Association, 2000;
Basson R, et al. *J Urol.* 2000;163(3):888-893

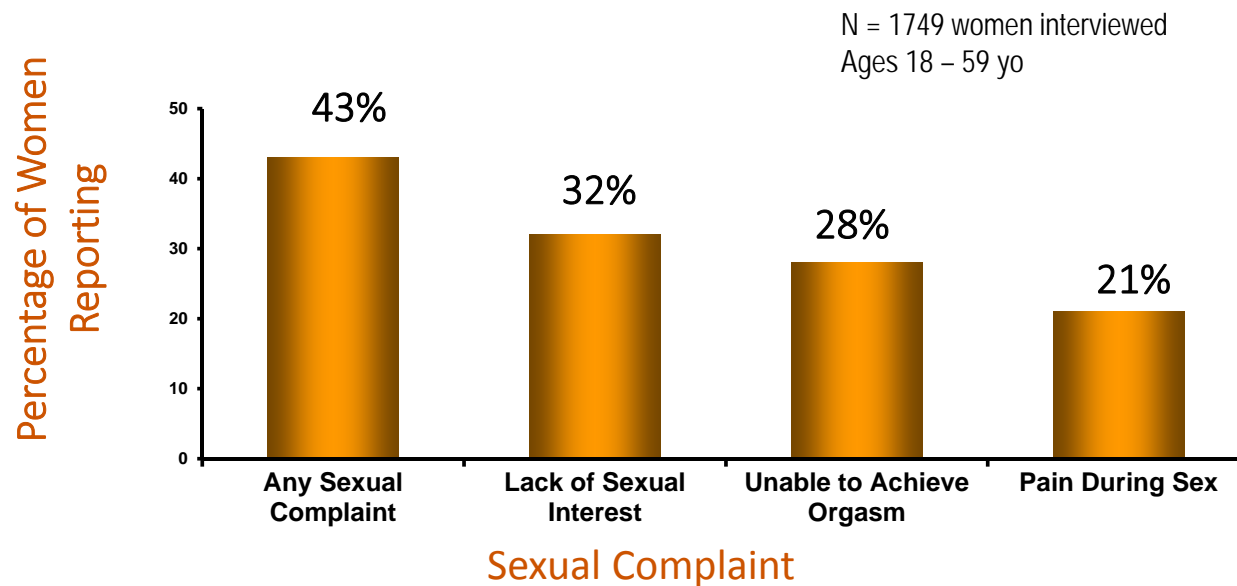


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Prevalence of Female Sexual Complaints

National Health and Social Life Survey



Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: prevalence and predictors. *JAMA*. 1999;281:537-544.

Prevalence of Male Sexual Complaints

National Health and Social Life Survey, n=1249 men, ages 18-59

Australian Longitudinal Study of Health & Relationships, n=2158 men, ages 20-64

Complaint	%	Other
Lack of interest	11-16% ^{1,2,3}	
Climax too early	7-35% ^{1,2,3}	Premature ejaculation rates (< 1 minute) 1 – 3% ⁴
Erectile dysfunction	20-48% ^{1,2,3}	
Performance anxiety	19% ¹	

¹Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: prevalence and predictors. *JAMA*. 1999;281:537-544;

²Smith et al. *J Sex Marital Ther* 2013;39(3):201-215;

³Baldwin DS. *Br Med Bull*. 2001; 57:81-99; ⁴Althof S et al. Guidelines for Premature Ejaculation. *J Sex Med* 2010;7:2947-2969



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Depression and Sexual Functioning

- ❖ Symptom of depressive illness
- ❖ Effect of antidepressant medication
- ❖ Effect of co-morbid condition
 - Medical
 - Psychiatric
 - Sexual
- ❖ Effect of substance (other meds, illicit drugs, etc.)
- ❖ Secondary effect on social/intimate relationships

Prevalence of Female Sexual Dysfunction

N=31,581. Definition of depression: Self-reported depressive sx's + AD use;
AD use without current depressive sx's; Depressive symptoms without AD use

SEXUAL COMPLAINT	SEXUAL PROBLEM	PROBLEM PLUS DISTRESS	FSD WITHOUT DEPRESSION
Desire	38.7%	10%	6.3%
Arousal	26.1%	5.4%	3.4%
Orgasm	20.5%	4.7%	3.0%
Any Dysfunction	44.2%	12%	7.6%

Shifren J et al. Sexual problems and distress in United States women: Prevalence and correlates. *Obstet Gynecol* 2008;112:970-978
 Johannes CB et al. Distressing Sexual Problems in United States Women Revisited: Prevalence after Accounting for Depression.
J Clin Psychiatry 2009;70(12):1698-1706



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Bidirectional Relationship

- ❖ Evaluation of the published literature with specific criteria yielded 8 citations:
 - 6 studies on depression for risk of sexual dysfunction (n=3,285)
 - 6 studies on sexual dysfunction for risk of major depressive disorder (n=11,171)
- ❖ Depression was associated with a 50% – 70% increased risk of developing SD
- ❖ Sexual dysfunction was associated with a 130% – 210% increased risk of developing MDD

Atlantis E and Sullivan T. Bidirectional association between depression and sexual dysfunction: A systematic review and metal-analysis.
J Sex Med 2012;9:1497-1507



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Sexual Satisfaction

- ❖ In the STAR*D study, item 9 of the Quality of Life Enjoyment and Satisfaction Questionnaire demonstrated a significant effect of antidepressant treatment.
- ❖ 64.3% of depressed patients had impaired sexual satisfaction before antidepressant treatment. The overall rate declined to 47.1% after treatment with an SSRI¹
 - In those with resolution of depressive symptoms rate of impaired satisfaction was 21.2% vs. those with continued depressive symptoms, rate=61.3%¹
- ❖ Sexual dysfunction associated with the use of antidepressant medications has been noted to reduce self-esteem and quality of life and to burden interpersonal relationships.^{2,3}

¹Ishak et al *J Clin Psychiatry* 2013;74(3):256-261.

²Baldwin DS et al. *Depress Res Treat* 2013:Article ID 256841. (<http://dx.doi.org/10.1155/2013/256841>)

³Reichenpfader et al. *Drug Saf* 2014;37(1):19-31.

Illnesses Affecting Sexual Function

Mood disorders¹

- Major depression
- Bipolar illness

Anxiety disorders^{2,3}

Psychotic illness⁴

Eating Disorders⁵

PTSD⁶

Hypertension/CAD^{7,8}

Neurological disorders⁹

Urological problems¹⁰

Sexually transmitted infections¹¹

Endocrine disorders¹²

- Diabetes^{12,13}
- Thyroid disorders¹²
- Hyperprolactinemia⁹
- Androgen deficiency¹⁴

Gynecological problems

- Pelvic floor disorders¹⁵
- Postpartum¹⁶

Other chronic illness

- Rheumatoid arthritis¹⁷
- Psoriasis¹⁸
- Cancer: breast,¹⁹ prostate, etc.

¹Casper RC, et al. *Arch Gen Psychiatry*. 1985;42:1098-1104; ² van Lankveld JJ, Grotjohann Y. *Arch Sex Behav*. 2000;29:479-498; ³ Shifren J, et al. *Obstet Gynecol*. 2008;112:970-978; ⁴ Friedman S, Harrison G. *Arch Sex Behav*. 1984;13:555-587; ⁵Morgan CD et al. *J Sex Marital Ther*. 1995;21(2):67-77; ⁶Rellini AH, Meston CM. *J Sex Marital Ther*. 2006;32(1):5-22. ⁷Okeahialam BN, Obeka NC. *J Natl Med Assoc*. 2006;98:638-640; ⁸ Doumas M, et al. *J Hypertens*. 2006;24:2387-2392; ⁹Rees PM, et al. *Lancet*. 2007;369:512-525; ¹⁰Asian G, et al. *Int J Impot Res*. 2005;17:248-251; ¹¹Smith EM, et al. *Infect Dis Obstet Gynecol*. 2002;10:193-202. ¹²Bhasin S, et al. *Lancet*. 2007;369:597-611; ¹³Yencilek F, et al. *Fertil Steril*. 2010. In Press; ¹⁴Turna B, et al. *Int J Imp Res*. 2005;17:148-153; ¹⁵Handa VL, et al. *Obstet Gynecol*. 2008;115:1045-1052; ¹⁶Baksu B, et al. *Int Urogynecol J*. 2007;18:401-406; ¹⁷Abdel-Nasser A, Ali E. *Clin Rheumatol*. 2006;25:822-830; ¹⁸Sampogna F, et al. *Dermatology*. 2007;214:144-150; ¹⁹Mathias C, et al. *Ann Oncol*. 2006;17:1792-1796.



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Pharmacotherapies and Risk of SD

PSYCHOTROPIC MEDICATIONS	SSRIs/SNRIs/TCAs Mood stabilizers Antipsychotics	Benzodiazepines Antiepileptic drugs
ANTIHYPERTENSIVES	Beta-blockers Alpha-blockers	Diuretics
CARDIOVASCULAR AGENTS	Lipid-lowering agents Digoxin	
HORMONES	Oral contraceptives (androgenic progestins) Estrogens	Progestins Antiandrogens GnRH agonists
OTHER	Histamine H2-receptor blockers Narcotics NSAIDs	

Clayton & Ramamurthy in *Sexual Dysfunction: The Brain-Body Connection*. Ed: R Balon, Karger, Basel, Switzerland, 2008;
Basson R, Schultz WW. *Lancet*. 2007;369:409-424; Kingsberg SA, Janata JW. *Urol Clin North Am*. 2007;34:497-506



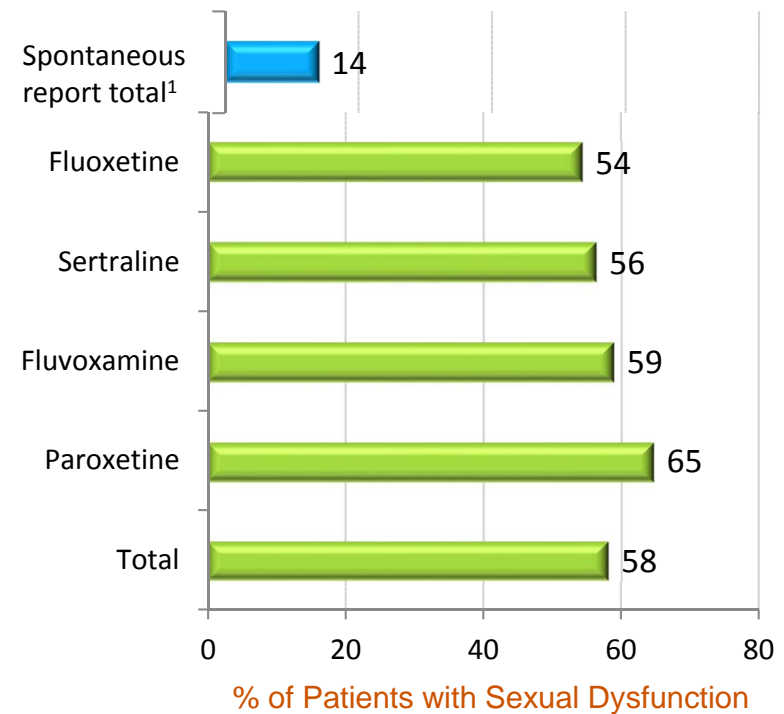
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Reporting of Antidepressant-associated Sexual Dysfunction

Spontaneously reported sexual dysfunction 14%

- When a validated scale was used to proactively measure AASD in patients taking an SSRI, ratings of sexual dysfunction were around 60%¹



Montejo-Gonzalez AL, et al. *J Sex Marital Ther.* 1997; 23(3):176-194

Rates of Sexual Dysfunction with ADs in MDD using CSFQ

- ❖ Study of 6297 adult outpatients on an antidepressant, showed drug class effect of sexual dysfunction with SSRIs/SNRIs in >35% as measured by total CSFQ score. No gender differences.¹
- ❖ In the 2/3rds of patients (n=3114) on SSRIs/SNRIs without sexual dysfunction measured by total CSFQ scores below threshold, >95% had impairment of at least 1 phase of the sexual response cycle.
 - Men were more likely than women to have desire or orgasmic dysfunction²
 - Women more likely to have arousal dysfunction²

¹Clayton AH, Pradko JF, Croft HA, et al. Prevalence of sexual dysfunction among newer antidepressants. *J Clin Psych* 2002;63:357-366.

²Clayton, AH, Keller A, McGarvey EL. Burden of phase-specific sexual dysfunction with SSRIs. *Journal of Affective Disorders* 2006;91:27-32.

Interpretation of Scores

CSFQ threshold scores indicating sexual dysfunction:

	Men	Women
Pleasure	≤ 4	≤ 4
Desire/frequency	≤ 8	≤ 6
Desire/interest	≤ 11	≤ 9
Arousal/excitement	≤ 13	≤ 12
Orgasm/completion	≤ 13	≤ 11
Total score	≤ 47	≤ 41

Reasons for Non-adherence to Antidepressant Therapy

Non-adherence (22% current)

Trouble remembering to take medication as prescribed

Gained a lot of weight

Couldn't have an orgasm

Lost sex drive

When felt better, cut down

Discontinuation (60% lifetime)

Wasn't working

Didn't like the way it made me feel

Lost sex drive

Tired during the day

Gained a lot of weight

Ashton AK et al. *Current Therapeutic Research*. 2006;66(2):96-106.



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General Management/Options

- ❖ Psychiatric/Medical conditions: maximize interventions to decrease disease effects
- ❖ Eliminate contributing factors/lifestyle changes: ETOH, medications, smoking, partner SD, exercise
- ❖ Communication/discussion about limitations to include sexual partner, alternative positions, psychosocial or relationship issues
- ❖ Specific interventions (e.g. psychotherapy, acupuncture)

Strategies for Managing Sexual Dysfunction Due to Medications

STRATEGIES	PROS	CONS
Tolerance	Simple	Low success rate
Lower dose	Simple	Relapse
Drug holiday	No additional medications	Potential discontinuation symptoms; relapse
Substitution	Single agent successful	Fear of therapeutic failure; other side effects
Antidotes	Good success rate; may help remission	Increased side effects; cost



[Not] Talking with Health Care Providers about Sex and Intimacy:

HOW TO START THE CONVERSATION



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Presenter



Holly Swartz, MD

Professor of Psychiatry

Medical Director

Depression and Manic Depression Prevention Program

University of Pittsburgh School of Medicine

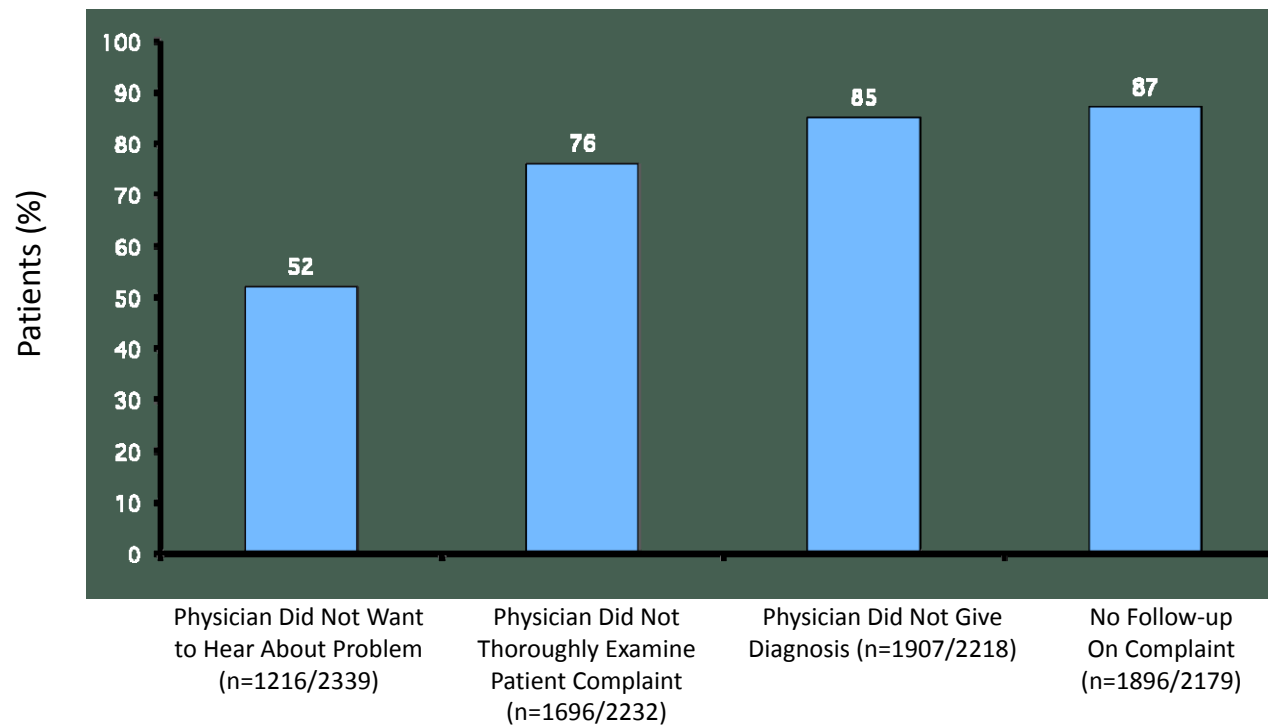


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Patients Believe HCPs Are Unconcerned About Their Sexual Problems

Patient Experience of Physician Reactions (N=3807) Berman L, et al. *Fertil Steril.* 2003;79:572-576.



Barriers to Initiating Discussion about Sexual Problems

❖ Lack of confidence in provider

- 71% were concerned the provider would dismiss their concerns
- 68% were concerned the provider would be uncomfortable
- 76% were concerned that there would be no treatment

❖ Embarrassment/stigma/taboo

Marwick C. *JAMA*. 1999;281(6):2173-2174.

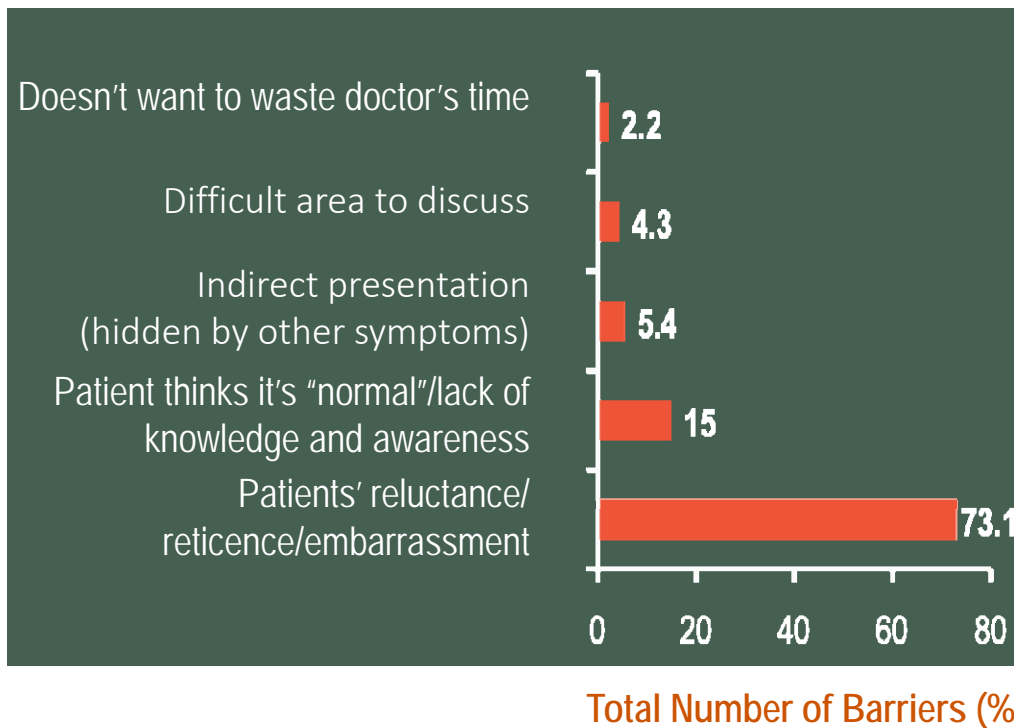


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HCPs Perceive Patients as Reluctant to Bring Up Sexual Issues

Patient Barriers Identified by HCPs in the Management of SD (n=133)



*Total number of patient barriers=93; most HCPs identified more than one barrier. Humphrey S, et al. *Fam Pract.* 2001;18(5):516-518.

HCPs Can Help to Overcome Barriers

❖ Patients more likely to discuss sex when:

- Provider initiates discussion
- Provider seems concerned about sexual wellness
- Clinician has professional demeanor
- Provider seems comfortable, kind, and understanding

Bachmann GA, et al. *Obstet Gynecol.* 1989;73(3 Pt 1):425-427.

Nusbaum MR, et al. *J Am Geriatr Soc.* 2004;52(1):117-122.



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Doctors should do [almost!] everything they can to put patients at ease, but...



*“Many women are more at ease with a female doctor.
That’s why I’m wearing the wig.”*

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...patients can help by doing their part too.



*“We’re not here to talk about what I want for Christmas—
we’re here to talk about what you want for Christmas.”*

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How to Facilitate a Dialogue about Sex with Your Doctor

- ❖ Make a list of concerns/questions about sexual functioning before your appointment with your doctor and BRING IT UP!
- ❖ What kinds of problems are you having?
 - Desire (thoughts, fantasies, motivation for sex/masturbation)
 - Arousal (excitement/lubrication/erections)
 - Orgasm
 - Relationship issues
- ❖ If you feel uncomfortable talking about sex, it may be helpful to practice your “speech” a few times before meeting with your HCP

How to Facilitate a Dialogue about Sex with Your Doctor, cont.

- ❖ Ask about the sexual side effects of medications (just like you might ask if a medication causes weight gain)
- ❖ Ask about availability of remedies for sexual side effects
- ❖ Provide context for your doctor about your sexual life
 - Gender identity
 - Primary sexual orientation
 - The context of your current sex life (Partnered? Multiple partners? Mostly masturbation?)

Consider bringing your partner with you to an appointment to discuss difficulties in your sexual and romantic relationship



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[Not] Talking with Partners about Sex and Intimacy:

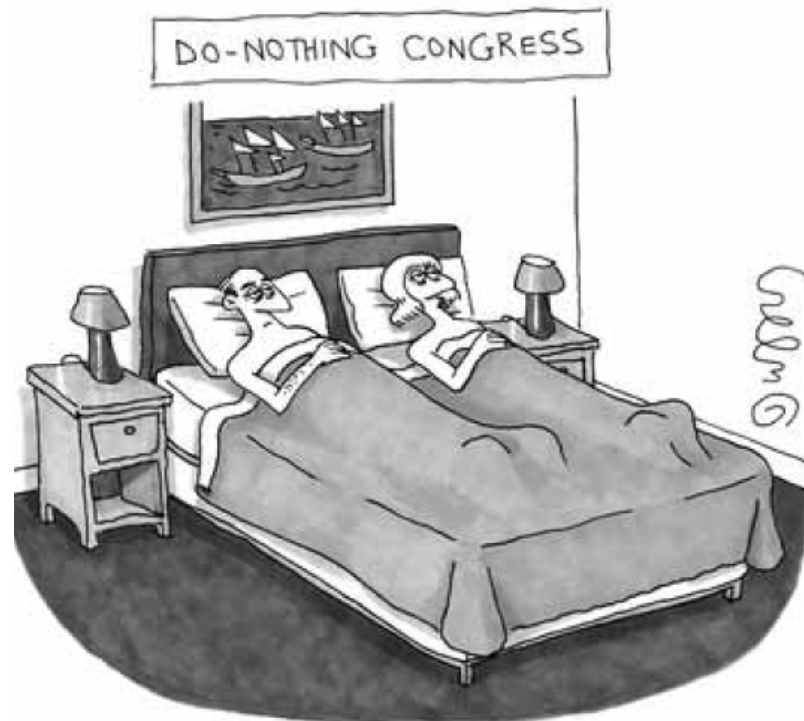
HOW TO START THE CONVERSATION



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Sex and Intimacy, for Most Couples, Go Together



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Enhancing Communication

- ❖ Express positive feelings
- ❖ Engage in active listening
- ❖ Make positive (rather than “mean” or negative) requests for change in others’ behaviors
- ❖ Learn how to express negative feelings in a constructive manner

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Expressing Positive Feelings

- ❖ Look at the Person
- ❖ Say Exactly What They Did That Pleased You
- ❖ Tell Him or Her How It Made You Feel

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Active Listening

- ❖ Look at the Speaker
- ❖ Attend to What is Said
- ❖ Nod Head, Say “Uh-Huh”
- ❖ Ask Clarifying Questions
- ❖ Check Out What You Heard

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Making a Positive Request

- ❖ Look at the Person
- ❖ Say Exactly What You Would Like Him or Her to Do
- ❖ Tell Him or Her How it Would Make You Feel
- ❖ In Making Positive Requests, Use Phrases Like:
 - “I would like you to _____.”
 - “I would really appreciate it if you would do _____.”
 - “It’s very important to me that you help me with the _____.”

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Expressing Negative Feelings about Specific Behaviors

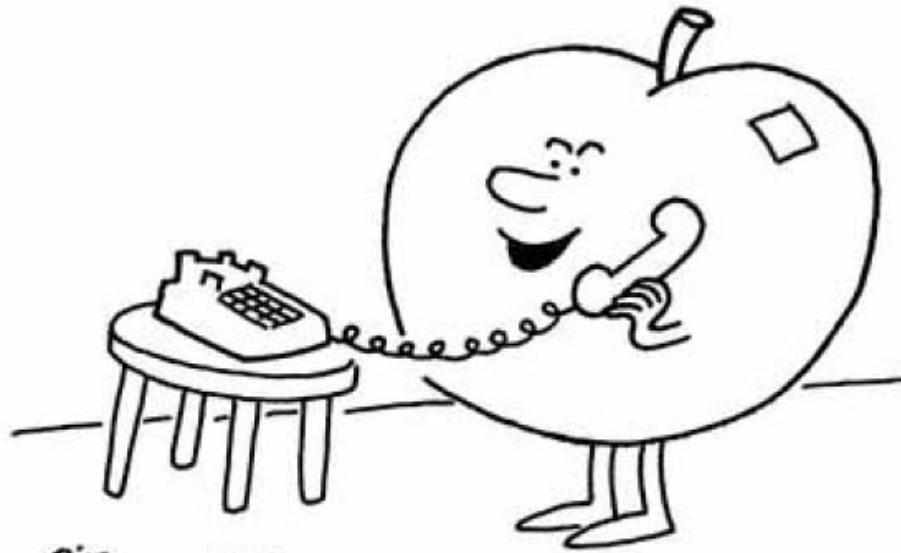
- ❖ Look at the person; speak firmly
- ❖ Say exactly what he or she did that upset you
- ❖ Tell him or her how it made you feel
- ❖ Suggest how the person might prevent this from happening in the future

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C. Bernetti

*“Oh, baby, hot caramel? You’re going to dip me
in hot caramel? I’ll be right over.”*

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Resources

- ❖ Association of Reproductive Health Professionals (ARHP) www.arhp.org
- ❖ Men's Health Network (MHN) www.menshealthnetwork.org
- ❖ National Women's Health Resource Center (NWHRC) www.healthywomen.org
- ❖ North American Menopause Society
<http://www.menopause.org/for-women/sexual-health-menopause-online>
Nonprofit organization that promotes women's health at midlife and beyond
- ❖ Sexuality and U www.sexualityandu.ca
Website maintained by the Society of Obstetricians and Gynecologists of Canada
- ❖ Urology Care Foundation www.urologyhealth.org
- ❖ The Women's Sexual Health Foundation www.twshf.org
Nonprofit corporation offering educational resources for women with sexual health problems.



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Handouts

- ❖ CSFQ-M-C and CSFQ-F-C

- ❖ Questionnaires:

- ❖ How much trouble has your partner's depression caused you and your relationship?
- ❖ Guided Questionnaire for Men
- ❖ Guided Questionnaire for Women

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Thank You!

- ❖ DBSA is very grateful to for the time and expertise provided by our esteemed presenters, Dr. Anita Clayton and Dr. Holly Swartz.
- ❖ DBSA would also like to thank Pfizer for their generous support for the production of this webinar.
- ❖ And, DBSA would like to thank you, our peers and partners, for joining us to address this delicate, but crucial component of living a thriving life. We hope you found the webinar informative and helpful and hope you'll provide us feedback about the webinar via the **survey** link that will be emailed to you following today's webinar.
- ❖ Check www.DBSAAlliance.org/webinars and/or be sure to sign up for DBSA's monthly eUpdate at www.DBSAAlliance.org/join to learn about future DBSA webinars.



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