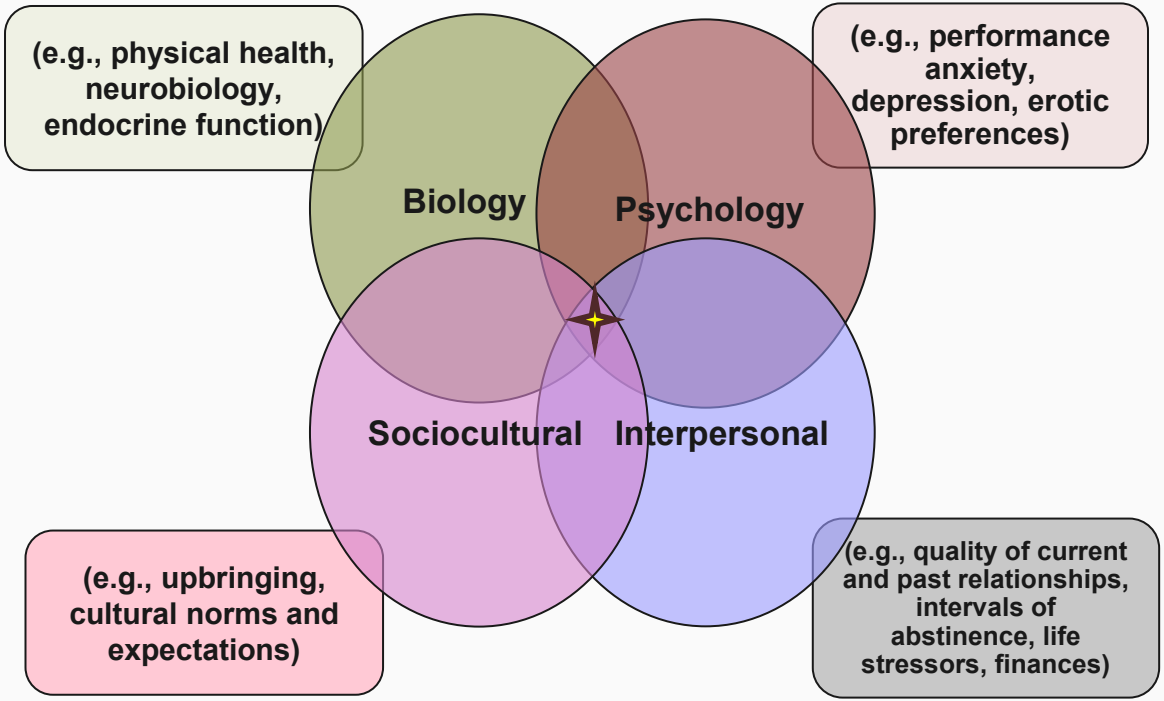
Sexual Health
&
the Menopause Transition

Amy Raad, LMSW, CST

Biopsychosocial Model



Rosen RC, Barsky JL. *Obstet Gynecol Clin North Am.* 2006;334:515-526.
Althof SE, Leiblum SR, Chevret-Measson M, et al. *J Sex Med.* 2005;26:793-800

Factors Which Shape Sexual Attitudes, Beliefs & Behaviors

You

Your Patient

How to Explain:

Desire:

It's *not* a drive, but it *is* like a car

Accelerator

- Looks for all the reasons to "Turn on!"
- Sexually relevant stimuli in the environment

Brake

- Looks for all the reasons to "Turn off!"
- Potential threats, any reason not to be aroused or pursue sex

Janssen, Erick, and John Bancroft. "The Dual Control Model: The Role of Sexual Inhibition and Excitation in Sexual Arousal and Behavior." In The Psychophysiology of Sex, edited by Erick Janssen, 197. Bloomington: Indiana University Press, 2007.

How to Explain:

Desire:
Fireworks vs. Firewood

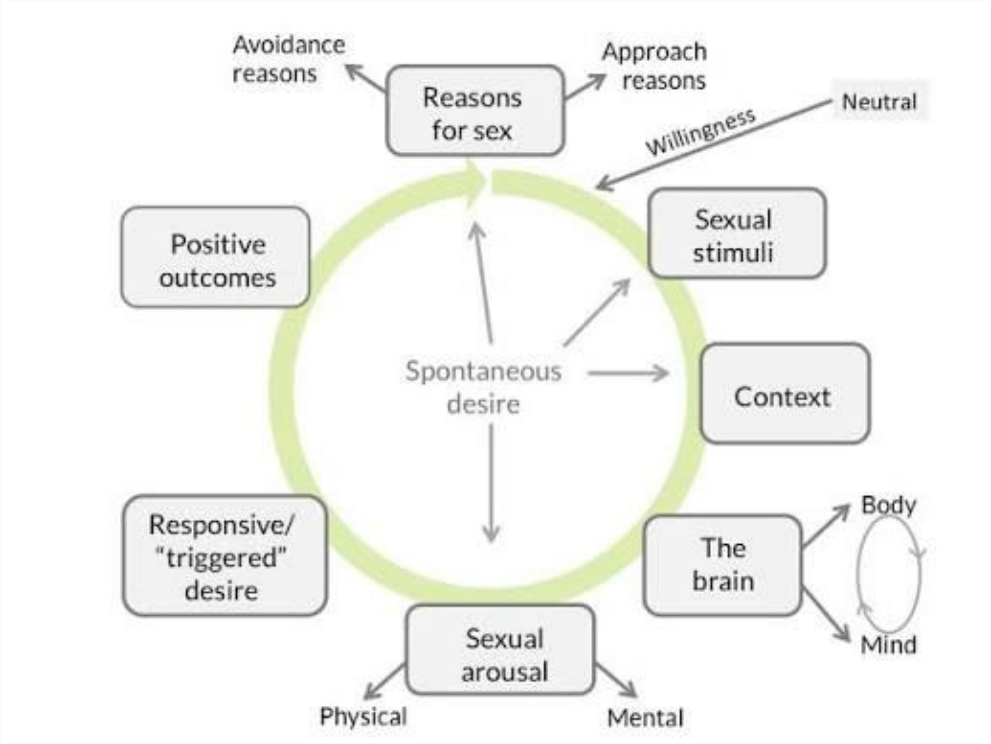
Spontaneous Desire

- Thoughts or craving for touch before physical arousal
- Often triggered by flirting, visual cues, novelty, fantasy, or having time/energy

Responsive Desire

- Often starts once relaxed, connected, and physically engaged (kissing/touching/flirting)
- Common in long-term relationships or stress
- Normal—not “broken”; needs the right conditions (time, safety, good stimulation)

The Female Sexual Response Cycle



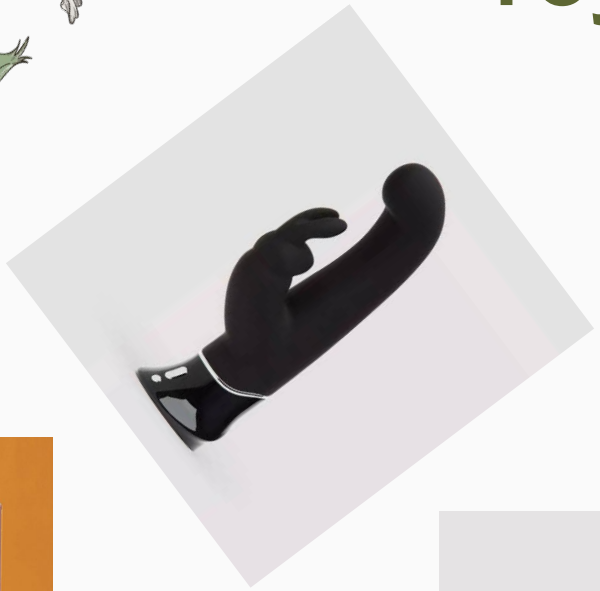
Basson, Rosemary. “Human Sex Response Cycles”. In Journal of Sex and Marital Therapy, 2001

Lubricants

- Oil-Based (coconut oil); not condom safe
- Water-Based (Sliquid H2O, Ah Yes)
- Silicone-Based (Uberlube, Sliquid Silver); not safe with silicone toys

(*Aloe: possible allergen
*THC: not much clinical evidence yet but frequently anecdotally endorsed)

Toys and Aids



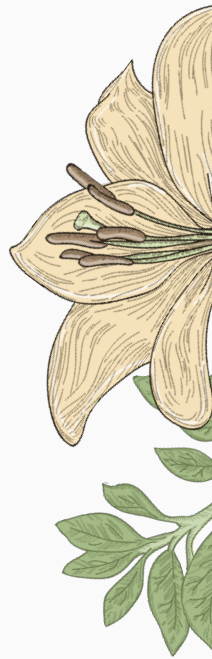
What to Say & What *not* to Say

Say

- “The goals of good sex are connection and satisfaction”
- “It’s okay to aim for ‘good enough sex’ “
- “Don’t push through pain”
- “I hear that from a lot of my patients…”
- “You are normal”
- “Using lube is good; it doesn’t mean you’re not aroused by your partner”
- “Having a good sexual relationship in a long-term partnership does require work. Some people are okay with that and some aren’t. Both are normal.”

Don’t Say

- Any version of “have a glass of wine and try to relax”



Sex Therapy:
When and How to Refer

When (some examples):

- Patient demonstrates acute/ongoing distress related to sexual health
- Patient has unresolved trauma which is impacting sexual health
- Patient demonstrates/reports sexual shame
- Patient reports low confidence or insecurity
- Martial satisfaction is low
- Desire discrepancy in relationship
- Patient is interested

How:

- Aasect.org/referral-directory
- Google “sex therapy near [city]” → click on PsychologyToday results→ look for providers with “CST” credentials or who indicate they have attended U of M’s SHCP (sexual health certificate program)

*Sex therapy is a form of talk therapy and is covered by insurance like other types of mental health counseling. There is NEVER any touching.

Questions?

amsie@med.umich.edu