how to deal with the partner of a man being treated for ED

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Disclosures

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Let’s never forget the severe consequences of sexual medicine
More Relevant Disclosures

• I DID NOT CHOOSE THE TITLE OF THIS TALK
how to DEAL WITH the partner of a man being treated for ED
How to deal with:

- anxiety
- a breakup
- depression
- a toxic sibling
- bullies
- bullies gacha life
- a narcissist
- stress
- rejection
- loneliness
DISGUST
ERECTILE DYSFUNCTION IS NOT A HARD PROBLEM
STOP
MAKING
EXCUSES
I only see male patients
No surgeries
No reimbursement
Not enough time

YUCK. Don’t the LADY doctors do this??

EYE ROLL
• You are urologists trained to take care of PEOPLE

• You can learn how to operate with a robot you can learn this

• You are better sexual medicine experts when you care about ALL sexual beings.

• Female pleasure is EQUALLY IMPORTANT as male pleasure
WOULD ANYBODY MIND IF I JUST LIE HERE?
how to EDUCATE the partner of a man being treated for ED
how to HELP the partner of a man being treated for ED
how to TALK TO the partner of a man being treated for ED
how to **SUPPORT** the partner of a man being treated for ED
how to WORK WITH the partner of a man being treated for ED
how to **INCLUDE** the partner of a man being treated for ED
how to maintain intimacy while being treated for ED
what is good sex?
what is great sex?
what is failure?
why do we do any of this?
Erectile Dysfunction ≠ the loss of pleasure and intimacy
say hello to joy.
Doctor
Latin docere
"to teach"
Don't have sex. Because you will get pregnant and die.
"Relax, it's just viagra!"
Parasympathetic Nerve Ending

$\text{L-arginine} + O_2 \xrightarrow{\text{Nitric Oxide Synthase}} \text{Nitric Oxide}$ (requires $pO_2 > 55 \text{ mm Hg}$)

1. **Adenylate Cyclase**
   - ATP → cAMP → Decreased intracellular calcium
   - Type 2, 3, & 4 Phosphodiesterase
     - 5'-AMP
   - Activates Phospholipase C
     - NorEpi

2. **Cavernosal or Arterial Smooth Muscle Cell**
   - cGMP → Relaxation of smooth muscle resulting in erection

3. **Nitric Oxide Guanylate Cyclase**
   - GTP → 5'-GMP
   - Type 5 Phosphodiesterase (PDE5)

4. **Sympathetic Nerve Ending**
   - Norepinephrine (NorEpi)

   - Increased inositol triphosphate → Increased intracellular calcium → Contraction of smooth muscle resulting in detumescence
Tips for Success
Tips for Success

New consults should be long

Get to know your patients, their partners, and their shared goals
Patients are clothed and in my office NOT an exam room
Tips for Success

LOTS of pictures!
Teach anatomy and pathophysiology

(understanding leads to compliance and partner participation)
Tips for Success

Get them comfortable talking to each other.

When you talk about sex, you have more of it.

Scientifically proven.
Things to ASK:

1) What does good sex look like for you and your partner?
Things to ASK:

2) Can your partner have an orgasm? (if yes, how?)
Things to ASK:

3) Anything religious, cultural, trauma related that is relevant to the conversation?
Things to ASK:

4) Have any of our treatments translated into better sex and intimacy?
Always remind people:

This is #sexmed. If you don’t get it right the first time, make sure you have fun trying.
Prevalence of FSD

PRESIDE Survey

Data are US population age-adjusted.
FSD, female sexual dysfunction; PRESIDE, Prevalence of Female Sexual Problems Associated With Distress and Determinants of Treatment Seeking.
Treatments for FSD

**FDA approved**
- Flibanserin
- Bremalanotide
- Multiple options for menopausal symptoms and gsm

**Off label**
- Testosterone (male products at 1/10\textsuperscript{th} the dose)
- PDE5i
- Buproprion
- Buspar
Women’s Experiences With Genital Touching, Sexual Pleasure, and Orgasm: Results From a U.S. Probability Sample of Women Ages 18 to 94

Debby Herbenick\textsuperscript{a}, Tsung-Chieh (Jane) Fu\textsuperscript{a}, Jennifer Arter\textsuperscript{b}, Stephanie A. Sanders\textsuperscript{c}, and Brian Dodge\textsuperscript{a}

\textsuperscript{a}Center for Sexual Health Promotion, Indiana University, Bloomington, IN, USA; \textsuperscript{b}OMGYes.com, San Francisco, CA, USA; \textsuperscript{c}Kinsey Institute for Research on Sex, Gender, and Reproduction, Indiana University, Bloomington, IN, USA

\textbf{ABSTRACT}

The study purpose was to assess, in a U.S. probability sample of women, experiences related to orgasm, sexual pleasure, and genital touching. In June 2015, 1,055 women ages 18 to 94 from the nationally representative GfK KnowledgePanel\textsuperscript{®} completed a confidential, Internet-based survey. While 18.4\% of women reported that intercourse alone was sufficient for orgasm, 36.6\% reported clitoral stimulation was necessary for orgasm during intercourse, and an additional 36\% indicated that, while clitoral stimulation was not needed, their orgasms feel better if their clitoris is stimulated during intercourse. Women reported diverse preferences for genital touch location, pressure, shape, and pattern. Clinical, therapeutic, and educational implications are discussed.
The prevalence of women’s vibrator use was found to be 52.5% (95% CI 50.3–54.7%).

Vibrator use was significantly related to several aspects of sexual function (i.e., desire, arousal, lubrication, orgasm, pain, overall function) with recent vibrator users scoring higher on most sexual function domains, indicating more positive sexual function.
Sexuality: *Current Commentary*

**A Clinical Reference Guide on Sexual Devices for Obstetrician–Gynecologists**

*Elizabeth S. Rubin, MD, Neha A. Deshpande, MD, Peter J. Vasquez, MD, and Susan Kellogg Spadt, PhD, CRNP*

![Diagram of sexual devices]

**Fig. 1.** Four types of vibrators. **A.** Wand, **B.** bullet, **C.** dual-stimulation, **D.** wearable. Illustration by Jonathan R. Matusky. Used with permission.

Table 3  Genitourinary syndrome of menopause (GSM): symptoms and signs

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital dryness</td>
<td>Decreased moisture</td>
</tr>
<tr>
<td>Decreased lubrication with sexual activity</td>
<td>Decreased elasticity</td>
</tr>
<tr>
<td>Discomfort or pain with sexual activity</td>
<td>Labia minora resorption</td>
</tr>
<tr>
<td>Post-coital bleeding</td>
<td>Pallor/erythema</td>
</tr>
<tr>
<td>Decreased arousal, orgasm, desire</td>
<td>Loss of vaginal rugae</td>
</tr>
<tr>
<td>Irritation/burning/itching of vulvar or vagina</td>
<td>Tissue fragility/fissures/petechiae</td>
</tr>
<tr>
<td>Dysuria</td>
<td>Urethral eversion or prolapse</td>
</tr>
<tr>
<td>Urinary frequency/urgency</td>
<td>Loss of hymenal remnants</td>
</tr>
<tr>
<td></td>
<td>Prominence of urethral meatus</td>
</tr>
<tr>
<td></td>
<td>Introital retraction</td>
</tr>
<tr>
<td></td>
<td>Recurrent urinary tract infections</td>
</tr>
</tbody>
</table>

Supportive findings: pH > 5, increased parabasal cells on maturation index, and decreased superficial cells on wet mount or maturation index.


<table>
<thead>
<tr>
<th>Treatment</th>
<th>Product Name</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaginal Cream</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17-beta- estradiol cream</strong></td>
<td>Estrace, generic</td>
<td>0.5-1gm daily for 2 weeks then 0.5-1gm 1-3x per week</td>
</tr>
<tr>
<td><strong>Conjugated estrogens cream</strong></td>
<td>Premarin</td>
<td>0.5-1gm daily for 2 weeks then 0.5-1gm 1-3x per week</td>
</tr>
<tr>
<td><strong>Vaginal Inserts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estradiol</strong></td>
<td>Vagifem, Yuvalfem,</td>
<td>10mcg inserts daily for 2 weeks and then 2x per week</td>
</tr>
<tr>
<td><strong>17-beta-estradiol soft gel caps</strong></td>
<td>ImVexxy</td>
<td>4 OR 10 mcg inserts daily for 2 weeks and then 2x per week</td>
</tr>
<tr>
<td><strong>DHEA (prasterone)</strong></td>
<td>Intrarosa</td>
<td>6.5mg capsules daily</td>
</tr>
<tr>
<td><strong>Vaginal Ring</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17-beta-estradiol ring</strong></td>
<td>Estring</td>
<td>1 ring inserted every 3 months</td>
</tr>
<tr>
<td><strong>SERM</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Ospemifene</strong></td>
<td>Osphena</td>
<td>60mg oral tablet daily</td>
</tr>
</tbody>
</table>
You can put the implant in...
But make sure it translates into better sex for everyone!
Questions?