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How to Stay Current on Sexual Health Topics

Announcer:

This is SexMed on ReachMD.

While onsite at ReachMD's Innovation Theater in Chicago, Illinois, we spoke with Dr. David Portman, Founder and Director Emeritus of the Columbus Center for Women's Health Research.

Here are his recommendations on combating limited time with patients and staying up to date on sexual health issues like anorgasmia to ensure the best possible care.

Dr. Portman:

Okay. I think that's a really important point. "Primum non nocere," right? "We first do no harm" is our motto. And if you bring this up in the inappropriate way, certainly you could potentially cause some significant challenges to the patient, so I think that that's an excellent comment. And don't jump into this too quickly. Be sure that you do feel comfortable in doing what you're doing. ISSWSH offers a fellowship designation called ISSWSH Fellow, so you could add an IF to the end of your credentials, and that is kind of a proctor type of case study method where you have a certain number of cases, of patients who have sexual disorders that you are able to present to the ISSWSH faculty, and once you have shown proficiency, they'll give you that designation. That's certainly one way to do it. AASECT, which I mentioned earlier if you want to get more on the counseling side, has credentialing to become certified sex counselors. So I think if you do either of those, you're unlikely to do harm. I think you don't necessarily need to be certified. You could be, again, that first line of defense in breaking some of the silence, giving the patient some permission, and normalizing for them, and I think most of us in the room can do that comfortably and without doing too much damage.

But you're correct that time is a challenge, and I think that if you're going to be focusing on common things, desire disorder is based on the PRESIDE data, then arousal, and orgasmic disorder, primary orgasmic disorder or acquired, are the most rare of the sexual disorders. You can see anorgasmia in patients on SSRIs, and it can be very dramatic, and it can occur very quickly. Paroxetine, in particular, is a culprit. So, some of the things that you can do simply in your own practice is, if you've got somebody who's having trouble with sex on an SSRI, is either try to switch them to bupropion or add bupropion or add buspirone, and that's something that if you can get comfortable with, is a way to deal with an antidote to some of those. The PDE5 inhibitors also have shown some benefits in arousal and orgasmic disorders, so those are a few things that one could consider off-label to address some pretty common problems. But once you kind of get past those interventions, it may become a little bit more complex for the primary physician.

Announcer:

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