The Jean Hailes Foundation for women's health
Women's Health Update – Sexual Health at Midlife
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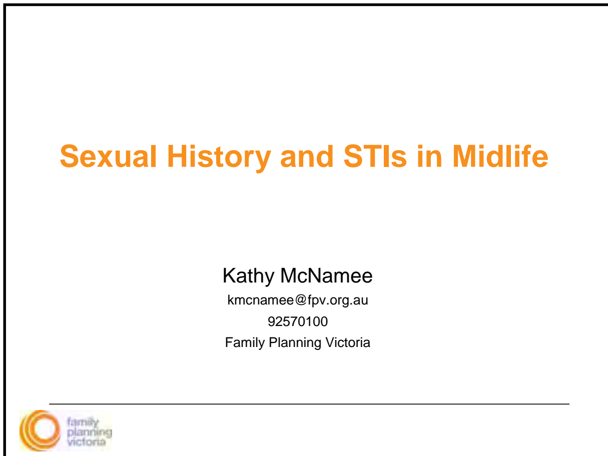
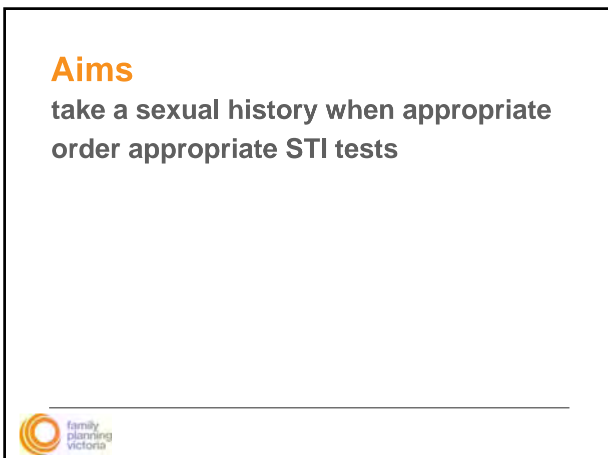
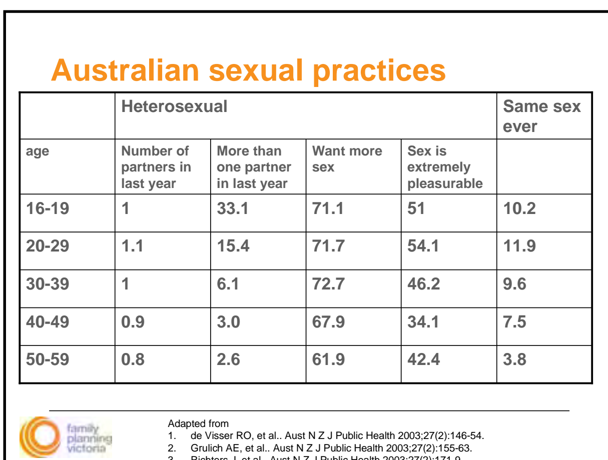






Australian sexual practices

	Heterosexual				Same sex ever
age	Number of partners in last year	More than one partner in last year	Want more sex	Sex is extremely pleasurable	
16-19	1	33.1	71.1	51	10.2
20-29	1.1	15.4	71.7	54.1	11.9
30-39	1	6.1	72.7	46.2	9.6
40-49	0.9	3.0	67.9	34.1	7.5
50-59	0.8	2.6	61.9	42.4	3.8

Adapted from

1. de Visser RO, et al.. Aust N Z J Public Health 2003;27(2):146-54.
2. Grulich AE, et al.. Aust N Z J Public Health 2003;27(2):155-63.
3. Richters J, et al.. Aust N Z J Public Health 2003;27(2):171-9.

Australian sexual practices cont

Older women significantly more likely to[1]

- lack interest in sex
- experience vaginal dryness
- have difficulty coming to orgasm

but less likely to worry that their body looked unattractive during sex

29.1% of women aged 40-80 had sex more than once a week[2]

≈97%, 60%, 15% of women aged 40-59 have ever experienced vaginal, oral or anal sex respectively[3]

1. Richters J, et al. Aust N Z J Public Health 2003;27(2):171-9.
2. Moreira ED, et al. Sex Health 2008;5(3):227-34.
3. de Visser RO, et al. Aust N Z J Public Health 2003;27(2):146-54.

Taking a sexual history

Introducing the topic

- routine
- Pap smears
- medication checks
  - some women experience problems with sex with these tablets, do you?
- feeling tired
  - Is this affecting your sex life?
- divorce or separation
  - do you have a new partner?
  - did your ex have another partner?

Difficulties

time
embarrassed
confidentiality
testing the waters, protecting the health professional
knowing how far to go
achieving common language
opening the can of worms
assumptions

Getting started

permission

"I ask all my patients about sex is that OK? you might find some of the questions a bit unusual, but I ask everyone the same. Everything we discuss is confidential"

open ended questions

- depends on the purpose of history taking
- closed questions often easier initially, then work into more open questions

the sexual history

more "benign" general questions first

- parity, vaccination, smoking, Pap history, contraception

are you having sex with anyone at the moment?

male or female?

how long have you been together?

have you or your partner had sex with anyone else during that time?

when was the last time you had sex with someone else?

the sexual history continued

did you use protection?

what sort of protection?

- specific questions about protection?
  - if using condoms: every time, for all types of sex, just for ejaculation, broken or fallen off, lube

when was the last time you had unprotected sex?

how many partners have you had in the last year?

? sexual practices

- oral, anal, vaginal
  - may determine specimens, risk and prevention discussion

sexual history: partners

have any of your male partners had sex with men?

have you had sex with some one from overseas or who has lived overseas for some time or recently returned from overseas?

- which countries?
  - Caribbean, Sub-Saharan Africa, South East Asia and Papua New Guinea are higher risk for HIV

have any of your partners been IDU?

sexual history: personal risk factors

sex work

IDU

sexual abuse

- conflicting results as to whether women would prefer to be asked[1]
- have you ever had sex that you didn't want to have?
- would you like to talk to me about it?
- have you ever had counselling, do you need any help?

domestic violence

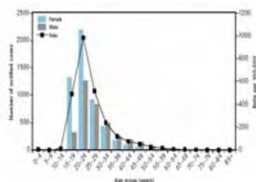
- Has anyone at home physically hurt you?
  - increased risk of exposure to risk factors for STIs
  - increased sexual coercion [2]
  - higher levels of sexual difficulties

Any problems with sex?

1. Pikarinen U, et al. Obstet Gynecol 2007;109(5):1116-22.
2. Sormanti M, et al. Health & social work 2008;33(1):33-41.

chlamydia

- an obligate intracellular pathogen
- common in young sexually active
- usually asymptomatic, but may cause pain, discharge and bleeding
- may cause pelvic infection with or without symptoms, which may ↑ chances of tubal factor infertility, chronic pelvic pain and ectopic



Notified cases and notification rates of chlamydia by age group and gender, Victoria, 2005

1. Surveillance of notifiable infectious diseases in Victoria, 2005

chlamydia

- no recommendation for screening in older women
- test recommended
  - symptoms: discharge, abnormal bleeding, dyspareunia or generalised pelvic pain
  - pre procedure
    - IUD
    - TOP
  - sexual assault
  - woman's request
- testing: first pass urine, vaginal swab, endocervical swab
- Mx: uncomplicated, Azithromycin 1 g stat

gonorrhea

Victoria 2007, 1069 cases ≈ 20% in ♀

- nationally small numbers in ♀>40 y

similar to chlamydia in symptoms

no recommendation to screen older women

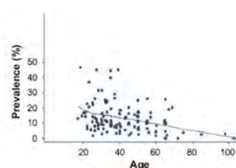
test for symptoms

possible tests

- endocervical swab M&C or PCR
- vaginal swab M&C, PCR
- FPU

HPV

- <10% prevalence in ♀ ≥ 40 y[1]
- less vaccine response
- bivalent vaccine TGA approval to 45 y
- screening no assistance



Modeled and point prevalence of HPV, Australia Asia

1. Garland SM, et al. Vaccine 2008;26 Suppl 12:M80-8.
2. Smith JS,et al. J Adolesc Health 2008;43(4 Suppl):S5-25, S e1-41.

herpes

seroprevalence type 2, >20% in ♀ 35-44 y[1]

11.4% transmission per year in discordant couples[2]

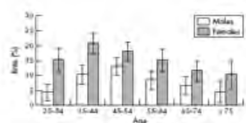
asymptomatic common

- first presentation may be infecting partner

barriers, antivirals and no sex with lesions ↓ risk

- no guarantee

biggest fear is infecting partner



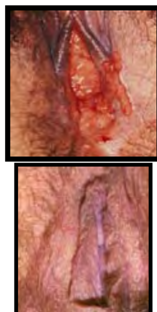
1. Cunningham AL, et al. Sex Transm Infect 2006;82(2):164-8.
2. Stanberry LR, et al. N Engl J Med 2002;347(21):1652-61.

herpes: tests

testing of lesions with PCR

serology

- detects whether there has ever been an infection with HSV
- gives no idea of time frame, unless initially negative and becomes positive
- fraught with difficulty
- of most use in discordant couples, in particular an infected male partner of a pregnant female
- not recommended for screening



blood borne viruses

Hep B

- anti Hep B core=past or current Hep B infection
- anti Hep B surface=past infection or vaccination
- Hep B surface antibody= current infection
  - incubation period may be up to 6/12

HIV

- tests vary with lab
- 6/52 if using antigen and antibody test
- FPV policy to give low risk results by phone

Syphilis

- EIA or TPHA (treponeal test) and RPR (non specific)
- ♀ 40-54 y ≈1.1/100,000 early syphilis per year
- Incubation <3/12 m

summary

try and bring up the issues of sex with older women

begin with easy questions and move to the more intimate

routine screening is not recommended

- test to risk factors, symptoms and requests

Midlife 35-45 years

- Natural fertility is waning
- Some women may have perimenopausal symptoms
- Chronic illness may first manifest itself
- May have gynaecological problems such as fibroids

The Ideal Contraceptive

- Safe
- Effective
- Immediately functional
- Easy to use
- Rapidly reversible

Available Contraceptive Options

- Hormonal – COCP, Implanon, Depot Provera, POP
- IUDs – Mirena, Copper
- Barrier methods
- Sterilisation

Hormonal Contraception - COCP

- Excellent Efficacy if used properly – ultra low dose
- Will relieve menopausal symptoms
- May aid in bleeding problems
- Will help menstrual migraine
- May help PMS

Hormonal Contraception - COCP

- Protection against ovarian and endometrial cancer
- No increase in breast cancer
- Can be used until menopause

Hormonal Contraception - COCP

- Cannot be used if hypertensive
- Smoker
- Previous DVT
- Use with caution in obesity
- E responsive cancer

Hormonal Contraception - Implanon

- Excellent efficacy

BUT

- Bleeding issues
- Unknown if protective against endometrial hyperplasia

Hormonal Contraception – Depot Provera

- Excellent Efficacy
- Will help bleeding problems
- Protection against ovarian and endometrial cancer
- May help menstrual migraine

Hormonal Contraception – Depot Provera

- Can be used until menopause
- Can be used with chronic illness

BUT

- Can cause menopausal symptoms
- Issue with bone density
- Weight gain

Hormonal Contraception – POP

- Contraceptive efficacy adequate with waning fertility
- Time constraints
- Can be used with chronic illness

BUT

- Bleeding issues
- Not endometrial protective

IUDs - Mirena

- Excellent Efficacy
- If inserted after 40 years can double life span
- Excellent in control of menorrhagia
- Excellent as treatment for endometrial hyperplasia

IUDs - Mirena

- Protective against endometrial cancer
- P component of HT
- Use with chronic illness

IUDs - Mirena

- Bleeding changes

IUDs - Copper

- Excellent Efficacy
- If inserted after 40 years can double life span

BUT

- Can cause heavier bleeding and pain

Barrier Methods

- Work well due to waning fertility
- Efficacy improved with spermicide
- MAP back up
- Must always be used with new partner

Sterilisation

- 1:200 lifetime failure
- Irreversible

  BUT

- Complication rate 1:1000
- May require hormones to control bleeding in future

Conclusions

- Treatment must be individualised to patient
- Contraception may not be the only requirement

Case Study 1

- 36 year old
- Family completed – no problems with fertility
- Diagnosed with PCOS – periods every 3-4 month
- Has NIDDM and hypertension and high cholesterol
- What are the options for treatment?

Case Study 2

- A 47 year old woman with a PH of genital herpes presents.
- Would like to discuss prevention of and risk of transmission of herpes
- She has a new partner and has not told partner

Case Study 2

- How to tell her new partner

Case Study 2

Management

- How to reduce transmission during pregnancy

Case Study 2

Management

- Would it be worthwhile testing the new partner?

Case Study 2

Management

- How long can herpes be dormant?

Case Study 2

Management

- Asymptomatic male partner – can they transmit?

  Yes

Case Study 2

- What is the outcome of the case?

General questions

- How effective are condoms against herpes infection?

General questions

- Is there anything that can done for spotting with Mirena?

General questions

- What are the options if mood swings are a problem?

General questions

- For the older women how to check if they have reached menopause?

General questions

- What happens for women 40 or older and use of IUDs for contraception?

General questions

- Endometrial protection from Mirena – how long will it last?