

IN FOCUS

Managing Female Sexual Dysfunction in Postmenopausal Women

Sheryl Kingsberg, PhD

Female sexual disorders (FSD) involve a number of physical and mental components such as reduced sexual desire, lack of sexual arousal, persistent difficulty in achieving or inability to achieve an orgasm, and pain with sexual activity or penetration. Nearly half of older women (ages fifty-seven to eighty-five) in the United States have at least one sexual problem, according to the National Social Life, Health, and Aging Project, a comprehensive survey conducted by the University of Chicago and published in August 2007.

The most commonly reported sexual problem among older women is lack of desire. Lack of desire that is persistent and causes personal distress or interpersonal difficulties referred to as *hypoactive sexual desire disorder* (HSDD), is a common clinical problem in women, especially those who have experienced surgical menopause (removal of the ovaries). In a recent study published in the Archives of *Internal Medicine*, researchers found that the prevalence of self-reported, low sexual desire ranged from one in four (26.7%) premenopausal women, to half (52.4%) of naturally post-menopausal women. One in twelve, or 8.3%, of all women in the study (ages 30-70) was found to have HSDD, specifically experiencing obvious signs of distress and significant problems in sexual relationships.

While a noticeable drop in sexual drive can lead to distress for both parties in a relationship, it can also jumpstart discussions to address the problem. Many women avoid seeking treatment for HSDD because they often do not know to whom they should go or what can

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in this issue

So often, our newsletters focus on the diagnosis of diseases and conditions, drawing their connection and etiology to symptoms of bladder and bowel control problems. In many issues, we also emphasize the seeking of diagnosis and the pursuit of treatment options. Yet for many, the challenges of managing chronic circumstances not responsive to treatment or coping with complex, multi-faceted disorders can feel overwhelming. This issue of *Quality Care* focuses therefore on managing your circumstances. The intent is to sharpen your skill sets, broaden your knowledge of resources, and to give you encouragement to enlist the help of others. ❖

be done. It is only when the relationship strain increases to the point of dysfunction that they take action. It is the responsibility of the gynecologist, primary care physician, or adult nurse practitioner to address the sexual health concerns of their patients.

However, some healthcare providers themselves are often hesitant to address the sexual health concerns of their female patients for a number of reasons including feeling inadequately trained to treat sexual problems, embarrassment about discussing sexual content, frustration with a lack of FDA approved treatment options, and concerns about time management. Fortunately, medical school, residency, and postgraduate medical education programs now include instruction on sexual health and on improving communication with patients regarding sensitive material. In addition, there are a number of organizations whose members specialize in the treatment of and/or research on female sexual health including: ISSWSH (the International Society for the Study of Women's Sexual Health), SSTAR (the Society for Sex Therapy and Research), ARHP (the Association of Reproductive Health Professionals), and NAMS (The North American Menopause Society). And, while there are currently no FDA approved treatments, progress is being made.

One treatment for HSDD in postmenopausal women that has been used for decades is testosterone supplementation, even though the hormone has not been specifically approved for that use to date. This is thus considered an *off-label* use of the hormone. Although testosterone is popularly thought of as a male hormone, it also is found naturally in women. Women reach their peak levels of testosterone in their mid-twenties and it then drops gradually such that a woman in her fifties has about half the testosterone she had when she was in her twenties. Since the ovaries produce 50% of a woman's testosterone, if a premenopausal woman has her ovaries removed, there is a sudden drop in her testosterone levels. Researchers believe that decreasing testosterone levels may contribute to many women's complaints of decreased sexual desire.

At present, testosterone is available to women only by prescription of products that are licensed for other uses or approved for use by men or by unregulated compounding by pharmacists of testosterone preparations. Intrinsa, a testosterone patch developed by Procter & Gamble, is currently available only in Europe.

Meanwhile, clinical trials are underway to assess the efficacy and long-term safety of a transdermal testosterone gel developed specifically for women by BioSante Pharmaceuticals, Inc. LibiGel® is designed to restore normal testosterone levels in post-menopausal women in order to maintain a healthy sexual drive. Applied once daily as a tiny amount of gel rubbed into the upper arm, LibiGel® is delivered to the bloodstream evenly over twenty-four hours. If trials show that LibiGel® is safe and effective, it will likely become the first FDA approved treatment specifically indicated for HSDD in menopausal women.

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Customer Needs Are Reflected in New, Improved Disposables

Steven Young

Recent years have seen an evolution in disposable incontinence products. Product makers have focused on incorporating greater function and value into their products to meet the needs of active individuals and those with special requirements. Recent advances in materials, including odor-controlling polymers, as well as a wider range of sizes, closures and product shapes, are all reflected in new offerings that provide greater comfort, fit and versatility.

Smarter Fit

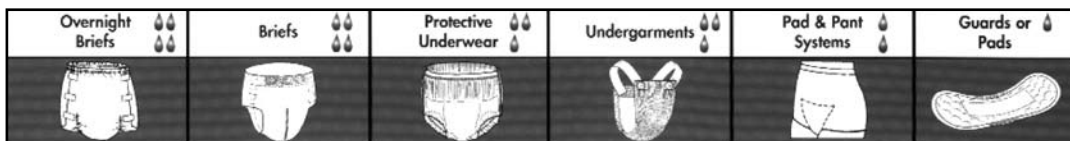
Advanced closures, anatomically shaped designs and gentle elastics have improved product fit. For example, adjustable tape tabs that bring two added benefits to refastenable underwear: a custom fit and ease in changing.





In the past, repositioning your brief for a more comfortable fit might have resulted in tearing and stretching, leading to wasted time, money and frustration. Many briefs today include improved tapes and tabs that allow repositioning without fear of suffering anxiety or embarrassment. Many absorbent product makers have replaced traditional tabs with hook-and-loop technology for a better fit. Here's an added bonus: because they do not rely on adhesives, hook and loop closures are unaffected by skin creams.

Knowing that consumers want better coverage in products designed for light incontinence, especially for overnight wear, some pads are being made in longer sizes and include features that allow them to be attached to underwear for a more secure fit.

Bariatric Products

Not only have product form and fit changed, several companies have redesigned their offerings to suit a wider girth. Disposable briefs are now available in sizes ranging from XL to 3XL for individuals with waist sizes of 64 to 90 inches. These briefs are designed with comfort in mind and feature breathable stretch panels, refastenable tape tabs, and extra high waistbands that prevent uncomfortable rolling.



Absorbency:  - heavy to complete,  - moderate to heavy,  - moderate,  - light

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In addition to medical management, sexual desire problems are often tied to relationship difficulties or intimacy problems. If a woman is unhappy in her relationship or struggling with other emotional difficulties, it is likely that her interest in being sexually intimate with her partner will suffer. Further, once a sexual difficulty takes hold in a relationship, it is difficult to resume an intimate connection without some professional intervention, even if the underlying source of the initial problem has been resolved. In this case, it is important to ask your healthcare provider for a referral to someone specialized in treating individuals or couples who have sexual difficulties. Of course, staying physically active and fit, eating a nutritionally balanced diet, and maintaining a recommended body weight are all also keys to enjoying a sexually satisfying life. ❖

ABOUT THE AUTHOR

Dr. Sheryl A. Kingsberg is a clinical psychologist and associate professor in the Departments of Reproductive Biology and Psychiatry at Case Western Reserve University School of Medicine. She is also the chief of the Division of Behavioral Medicine in the Department of Obstetrics/Gynecology at University Hospital's Case Medical Center. Dr. Kingsberg receives grants and research support from Procter & Gamble, BioSante Pharmaceuticals, and Boehringer Ingelheim. She is a consultant for Procter & Gamble and Johnson & Johnson and is on the speakers' bureau for Eli Lilly & Company.

... Bottom Line

Discreet and Natural

Several product types are losing bulk, but gaining absorbency. This is especially true in products for light incontinence. Pads have undergone a transformation in recent years and are now thinner and lighter, while maintaining the absorbency of older, thicker and bulkier pads. In addition, pad makers have added curves, unique shapes and even side gathers that conform to the natural contours of the body.

New cloth-like backings have helped make protective underwear and briefs quiet, cool – and even flattering. Gentle elastic and improvements in shape, allow today's wearers more discretion and confidence than ever – and a fit that feels more like natural, cotton underwear.

Caregiver Support

With increasing frequency, makers are recognizing the need to support family caregivers and their loved ones. To help both get a good night's rest, they have introduced booster pads that attach to any absorbent product and increase its capacity.

These liners are all specially designed to attach to the interior layer of undergarment, brief, or protective underwear. When extra protection is needed, they offer additional ounces of absorption while neutralizing odors, without adding bulk.

Patient needs are clearly driving the influx of new and improved disposable products for incontinence care. As our population ages and as technologies continue to improve, customers can anticipate even greater satisfaction in the range of choices available to them. ❖

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ABOUT THE AUTHOR

Steven Young is Product Education Manager at Home Delivery Incontinent Supplies, Inc. (HDIS), a home delivery service selling a wide variety of product selections, both reusable and disposable, for protection against bladder and bowel control accidents. The company can be reached at 1.800.269.4663 or at its web site www.hdis.com. HDIS is a long-standing member and supporter of NAFC's Industry Council.

IN THE SPOTLIGHT

New Drug Receives FDA Approval for Treating OAB

In late October 2008, Pfizer received approval of fesoterodine fumarate, extended release tablets for the treatment of overactive bladder (OAB) symptoms. The once-daily medication, to be marketed under the name TOVIAZ™, is already in use in Europe. In the U.S., it will be available in two efficacious and tolerance-tested doses of 4 mg and 8 mg. The formulation is structured similar to Pfizer's other, widely prescribed drug for OAB, Detrol® LA (tolterodine tartrate).

In two clinical trials involving nearly 2,000 patients diagnosed with OAB, patients showed a significant reduction in urge urinary incontinence in comparison to a placebo tablet. Benefit, as measured in terms of reduction in wetting accidents, was witnessed as early as week two and maintained throughout the 12-week evaluation period. Incidence of constipation was considerably lower than seen with other OAB drugs, occurring in only six percent of patients in the trial using the higher dosage. TOVIAZ will be available in the U.S. in the first half of 2009. NAFC is pleased that new treatments, like TOVIAZ, continue to offer healthcare providers still another option to help patients manage the disruptive and challenging symptoms of OAB. For a full discussion of OAB and options, visit <http://www.nafc.org/bladder-bowel-health/types-of-incontinence/urge-incontinence/>. If you have questions, call us or email memberservices@nafc.org

Google™ Eases Prescription Drug Assistance Searches

PatientAssistance.com has teamed with Google Health to assist consumers in their search for drug payment assistance programs for which they are eligible. The searches are based on the medications a consumer has in his or her Google Health personal health record. PatientAssistance.com is a not-for-profit organization that provides information on thousands of prescription drug payment assistance programs across the U.S. Consumers with a Google Health account can click on "Explore Online Health Services" in the left column of the home page, scroll down and click "Patient Assistance," and then click the "Link to Profile" button. This connects the prescription data in a person's account to the search programs at PatientAssistance.com.

For more information, check out www.google.com/health and www.patientassistance.com ❖

“Wow! What was that?” I excitedly asked my wife.

“A Kegel”, my wife whispered.

“A Kegel? What’s a Kegel?” I implored.

“It’s a pelvic muscle floor contraction. I learned about the value of doing them when I started having bladder control problems. So, you could feel it?” my wife asked.

“Feel it! It felt great! Can you do it again?” I inquired with anticipation.

“Sure. Anytime I want --- or you want me to. What does it feel like?” my wife wanted to know.

“Like an invisible hand in your vagina gently squeezing my penis.”

My wife knowingly pulled me close to let me know we needed to get back to simply being intimate. It had been a long time since either of us seemed so open.

That is how I was first introduced to Kegel exercises. Not surprisingly, I wanted to know about Kegel exercises for men. Could I also do pelvic muscle contractions for delivering enhanced sexual pleasure? Were there other benefits from strengthening the muscles associated with these contractions?

An Internet search of “pelvic floor muscle exercises” and “Kegel exercises”, including a visit to the Web site of the National Association For Continence (NAFC) provided me with answers to my questions: “yes” and “yes”! I even found an instructional audio tape and manual from NAFC, just for men.

In terms of enhanced sexual performance, after six or so weeks of daily Kegel exercises, I am now better able to control the timing of my orgasms, my erections are stronger and longer lasting, and I am able to stimulate my wife more pleasurable by increasing the movement of my penis during sexual relations. Similarly, she embraces me with her contractions and has complete control over when she stimulates me. And there are bladder control benefits as well!

So, at the age of sixty, I now work out regularly to strengthen a set of muscles I never really thought about before or even knew I had. Now that I have thought about them, I realize how important the pelvic floor muscles are to my sexual pleasure and my bladder health. Best of all, it does not take a gym membership to make these muscles stronger! Again, I learned all the exercises I needed to do with the help and instruction from NAFC. ❖

— Bill in New York State

Preserving Dignity for Senior Adults With Incontinence

Sharon Rosenfield



As people grow older, the risk that incontinence may occur only increases. Professional caregivers can play an integral role in preserving dignity for affected seniors, while helping them, their adult children, and other family members manage the emotions that surround incontinent episodes.

The first step is to determine the reasons for the appearance of symptoms. During medical exams, caregivers should help ensure that the topic comes up when speaking with an individual's primary care physician. In some cases, bladder control problems may be related to a treatable condition, such as a bladder infection or enlarged prostate.

Managing incontinence depends on an individual's level of functioning. A *high-functioning* person, for example, may remain silent about a continence problem. If so, the caregiver can remain supportive by making sure the ample, appropriate supplies are available and easily accessible. Before leaving home, caregivers can quietly plan ahead, identifying public bathrooms that can be accessed, making reassurances that accidents can happen, and suggesting the use of absorbent products "just in case."

Individuals who are beginning to experience physical decline may voice frustration, embarrassment, or anger over incontinence episodes. Caregivers can be supportive in many practical ways. They can encourage activities that maintain mobility, while simultaneously adhering to a schedule that includes frequent and regular "bathroom breaks." Caregivers can plan ahead by carrying supplies and extra garments, making mental notes about the location of public bathrooms, encouraging use of the bathroom before leaving the house, and ensuring that the home bathroom has proper lighting and accessibility. Elevated toilet seats or bedside commodes can greatly help with the physical challenges associated with toileting. Consistency, structure, and foresight can lead to fewer incidences and greater reassurance for both the caregiver and the individual.

Seniors with dementia, or those who have lost the full ability to function with memory and freely communicate, present additional challenges. In these cases, caregivers must rely on observation. If an individual looks uncomfortable or squirms a lot, this may be an indication of an accident or time for a toileting break.

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Dealing with incontinence can be especially difficult for adult children of aging parents with bladder control problems, due to the personal nature of family relationships and the eventual role reversals that can occur. As such, caregivers may also help families manage emotions surrounding episodes of incontinence by acting as a go-between or taking on highly personal caregiving tasks.

Ultimately, understanding and care in communication are essential to achieving success in managing chronic bladder and bowel control challenges in others. It takes a team effort from everyone involved, including professional, first-line caregivers, to preserve the dignity of those affected. ❖

Ms. Rosenfield is the Certified Care Manager at LivHOME, based in Los Angeles. LivHOME is the nation's largest provider of professionally led at-home care for seniors. For more information, visit www.livhome.com.

NOTEWORTHY NEWS

Do you or a loved one live with a neurological disease or disorder?

If you answered yes, you may benefit by reading one of our booklets.

Here are a few reasons why:

- ❖ You will learn about the urinary system and how it is affected by your condition.
- ❖ You will have a current list of management and treatment options.
- ❖ The booklets come with a list of contacts for more information about the specified condition, should you need additional resources.

We currently have books that discuss bladder control symptoms related to:

Spinal Cord Injury
Multiple Sclerosis
Parkinson's Disease



TO ORDER, CALL 1.800.BLADDER OR VISIT WWW.NAFC.ORG

KEGELS DE-MYSTIFIED FOR WOMEN

Judith Florendo, PT



Pelvic Floor Muscle Exercises, or PFMEs, are often called “Kegels,” and frequently recommended to women who have urinary or fecal incontinence or pelvic organ prolapse and men preparing for or recovering from prostate cancer surgery. Research reveals that these exercises are performed incorrectly nearly 50% of the time. As a physical therapist working with individuals with pelvic floor muscle weakness, it is fairly common to hear women say, “I don’t know why my doctor sent me to you, I’ve done Kegels in the past and they don’t work.” On the surface, they seem easy enough, but why don’t they “work”? What accounts for the reported failure rate?

To start with, most women are unable to locate the targeted pelvic floor muscles. Unlike your biceps or quadriceps muscles, you cannot see the PFM contract. Nor can you easily place a hand over the muscles to feel the contraction. A good starting point is to think about stopping the flow of urine midstream or imagine you are trying to hold back gas. Contrary to some sources, it is not a good idea to interrupt the urine flow midstream and do pelvic floor muscle exercises while voiding on the toilet. It is permissible to do this as a test only on occasion, but not as a daily exercise. The normal brain/bladder reflexes that coordinate voiding are disrupted and other bladder problems can result.

Additionally, it is helpful to use a mirror to visualize the perineum. When correctly executed, a pelvic floor muscle contraction can be seen to draw the perineum, including the anus, inward. Conversely, if one sees a bulging of the perineum it is likely there is a pushing or bearing down occurring indicating poor technique. Inserting your finger into the vagina and contracting around it is excellent self-biofeedback. Besides feeling a constriction around your finger, you should also feel your finger being pulled up. You can also insert a tampon, pull lightly on the string, contract the muscles, and feel the upwards tug on the string.

Once the proper technique has been mastered, determining an exercise progression is next. A general rule of thumb is that if one can stop the flow of urine completely, you should be able to do pelvic floor muscle exercises in an upright position, either sitting or standing. If you cannot do this, or just barely do it, you might want to do your exercises in a horizontal position, such as reclined, semi-reclined, or in a side-lying position. This decreases the effects of gravity and weight of your organs on the pelvic floor, thereby making it easier than doing them in the upright positions. This is often a source of error when it comes to doing effective PFMEs. Your starting point should be in the horizontal position if you are just

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beginning. Afterwards, progress to an upright position as your muscles become stronger and you are more successful at slowing or stopping the flow of urine (remember – only stop urine flow once every few weeks or once a month).

And finally, how many repetitions, how long do you hold the contraction, and how many times a day do you do the exercises? Because the PFMs are made up of two different muscle fiber types, you may need to do both short and long holds of the muscle contraction. For instance, you might do “quick flicks,” which are simply contracting the muscles and releasing the contraction immediately, and then perhaps “long holds,” which are maintaining the contraction for 5-10 seconds. Women who try the self-biofeedback method of inserting a finger into the vagina should be able to feel if they are able to hold the contraction for several seconds. You will also be able to count how many repetitions you can do well, with good technique, before your muscles fatigue. In general, you can work up to 40-50 repetitions by day’s end, divided between the “quick flicks” and the “long holds.” Depending on how many you can do well with your initial “test” and self-biofeedback, you might only be able to do 5-10 repetitions at a time, or perhaps a couple of sets of 10 each day. In the latter case, you would then have two shorter exercise sessions in your day to reach 40-50 repetitions. Wait several seconds between repetitions.

A few additional pointers:

- Avoid holding your breath while doing the “long holds”
- Do not substitute other muscles like the buttock or thigh muscles
- Do not bulge the abdominal muscles while contracting the PF

Although PFMEs can appear to be “no-brainer” –type exercises, they really aren’t. Initially, it is important to learn the technique correctly, in order to make a brain-muscle connection. In this motor relearning phase the exercises should not be done “mindlessly.” After practicing carefully with attention to technique, the exercises can be performed eventually more spontaneously.

Occasionally it may take working with a pelvic floor physical therapist to help you figure out if you’re doing the exercises correctly, as well as to set up and progress your exercise program to achieve your goals for continence. Evaluation of the pelvic floor muscles usually involves direct assessment via a digital examination of the vagina or rectum. Other external measures are instrumented biofeedback and/or rehabilitative ultrasound imaging. To find a women’s health therapist in your area, contact the American Physical Therapy Association’s Section on Women’s Health: www.womenshealthapta.org. ❖

ABOUT THE AUTHOR

Judith Florendo is a physical therapist in private practice in Chicago at Florendo Physical Therapy, PC (www.florendophysicaltherapy.com), specializing in treating women and men with a variety of core and pelvic floor problems. She welcomes your questions and comments at: judith@florendopt.com.

I'm especially pleased to offer commentary on this issue of Quality Care because the nature of my clinical practice keeps me focused primarily on the continence care needs of older adults, including consults and medical staff training in assisted living and skilled nursing facilities. The greatest challenges we clinicians face reside not in diagnosing and treating bladder and bowel control problems but in enabling individuals and involved family members to manage symptoms and circumstances!

As an addendum to Sharon Rosenfield's sensitively worded message, I can only echo how NAFC describes the role of the professional caregiver in preserving choice, dignity, and individuality: 1) Frame attitudes about urinary incontinence by actions and conversations; 2) Help retirement community residents and their families understand that incontinence is not a normal part of the aging process; 3) Encourage residents to share their efforts and frustrations with caregivers; 4) Motivate residents to maintain their best level of overall health; and 5) Inform residents and their family members of the variety of approaches to maintaining continence, including dietary changes, attention to sleep patterns, behavioral intervention, the use or adjustment of medications, and the possibilities of minimally invasive procedures.

As an addendum to Dr. Sheryl Kingsberg's informative discussion of female sexual dysfunction, I offer the view that healthy sexuality clearly goes beyond physiological function. In remembering this, we must guard against becoming mesmerized into thinking that a single pill can deliver lifelong, sexual ecstasy. In addition to the medical roots of difficulties, a woman's socioeconomic, cultural, political, and psychological support structures may need to be addressed as well for successful intervention by a healthcare professional. Diane Smith, MSN, CRNP ❖

TO ORDER YOUR PME INSTRUCTION KIT, CALL NAFC AT 1.800.252.3337 EXTENSION 203 OR VISIT WWW.NAFC.ORG



NAFC Men's PME Kit - This handy kit consists of an audio cassette tape of instructions, accompanied by an illustrated manual offering explanations in performing a regimen of daily exercises. Produced by experts in the field for NAFC, the kit is routinely suggested by urologists to their patients, especially those facing surgery for prostate cancer and those who have undergone a prostatectomy.



NAFC Women's PME Kit - This instruction kit contains a motivational video by Dr. Carolyn Sampelle, professor of nursing at the University of Michigan, noted educator, and NIH researcher. This is supplemented by an audio recording of Dr. Sampelle coaching women through their exercise routine. An illustrated booklet is included.

Prior to traveling with my husband abroad this year, we updated our wills and estate plans. Our sons are now 21 years or older and a number of items needed changing. I was reminded in the process of the importance of proper estate planning. It not only helps to avoid some of the common pitfalls of probate, a sound plan that is guided by legal experts insures that your estate actually goes to those individuals or charities you wish. NAFC is a named recipient of a portion of our assets, I am proud to share.

Do you have a will? Is NAFC a designated charity? Regardless of your net worth or income sources, it is important to have a basic, written estate plan in place. A simple will neither protects your heirs against unnecessary taxation nor provides fully for all the choices and decisions facing family members should you become incapacitated or die. An estate plan includes a will, an assignment of power of attorney, and a living will or healthcare proxy. For some of you, a trust may also make sense. When putting together a plan, both federal and state laws governing estates must be considered.

Dying without a will can be costly to your heirs and provides no direction for how assets are to be divided. Without a will, your heirs face excessive costs, delays, frustrations and publicity of probate court. There is also the risk of bickering and family conflict, should your wishes not be in writing.

In these turbulent financial times and in the face of a weakened economy, you may find it difficult to maintain your desired annual support of charitable organizations whose missions serve you and others. There are many creative ways to give and give generously to tax-exempt organizations. If you have questions about planned giving, please contact us or your own estate counsel.

If you have estate plans, update them and include NAFC as a designated recipient of a gift. If you don't, make it a top priority, New Year's resolution. Our next issue of *Quality Care* will feature more specific advice from estate planning attorney Todd Kenney of the Charleston law firm Kuhn & Kuhn.

My husband and I have laid plans to look after our sons and NAFC. Now it's your turn.



Nancy Muller, NAFC Executive Director

Nancy Muller has been Executive Director of NAFC since 2000, signaling her entry into the not-for-profit sector. Next year marks her 15th year working in healthcare. The first 15 years of her career were spent with W. R. Grace & Co. after she earned her MBA at the University of Virginia. A magna cum laude graduate of Duke University, she is a candidate for her PhD degree in health services research and administration at Virginia Commonwealth University.