Sexual (Dys)Function in CKD
Toby Gottheiner, MD and Emily Watson, MSW, LCSW

Thanks to our speaker!

Toby Gottheiner, MD
- Medical Advisor of Medical Clinical Affairs at Satellite Healthcare
- Was in private practice for 25 years
- Served as a Medical Director at Satellite Healthcare until his retirement in 2017

Emily Watson, MSW, LCSW
- Director of Social Work for Satellite Healthcare
- Emily has been a social worker for over 16 years, and for the last 13 years, dialysis at Satellite Healthcare

Disclosures
- None
Overview

- Normal sexual function versus sexual dysfunction
- Differences between males and females
- Increased risk for dysfunction in CKD population
- Treatment focus and options for CKD patients
### Sexual Dysfunction

Dysfunction in the stages of sexual cycle.

### Sexual Dysfunction Classifications

<table>
<thead>
<tr>
<th>Type of Disorder</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESIRE</td>
<td>Female sexual interest/arousal disorder</td>
<td>Male hypoactive sexual desire disorder</td>
</tr>
<tr>
<td>AROUSAL</td>
<td>Female sexual arousal disorder</td>
<td>Erectile dysfunction</td>
</tr>
<tr>
<td>ORGASM</td>
<td>Female orgasmic disorder or anorgasmia</td>
<td>Delayed or premature ejaculations</td>
</tr>
<tr>
<td>PAIN</td>
<td>Genito-pelvic pain, penetration disorder, vaginismus</td>
<td>Penodynia, scrotodynia</td>
</tr>
</tbody>
</table>

### Risk factors in Females

- Age and menopause
- Lack of partner; bitterness towards partner
- Medications
- Childbirth
- Bladder and Pelvic problems
- Medical Conditions
- Anxiety, Depression
- History of sexual trauma
Risk factors in Males

- Aging
- Medical Conditions
  - Hypertension, Diabetes, Cardiovascular Disease
- Medications
  - Blood Pressure meds, antidepressants
- Neurological
- Obesity and cigarette smoking
- Depression or anxiety or history of sexual trauma

Physical Causes/Risks in CKD Patients

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal/abnormal changes to pituitary and testicles</td>
<td>Hormonal/abnormal changes to pituitary and ovaries</td>
</tr>
<tr>
<td>Abnormal ‘chemistries’, affecting testosterone levels</td>
<td>Abnormal ‘chemistries’, affecting estrogen levels</td>
</tr>
<tr>
<td>Vascular disease affecting blood flow, Nerve supply/damage due to Diabetes or neuropathy</td>
<td>Ovarian failure; fertility decreases</td>
</tr>
<tr>
<td>Depression, anxiety</td>
<td>Depression, anxiety</td>
</tr>
<tr>
<td>Fatigue; effects of dialysis</td>
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</tbody>
</table>

Sexual Dysfunction in CKD

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common: up to 70%</td>
<td>Common: up to 84%</td>
</tr>
<tr>
<td>Under-reported</td>
<td>Under-reported</td>
</tr>
<tr>
<td>Affects quality of life</td>
<td>Affects quality of life</td>
</tr>
<tr>
<td>Avoid discussions with provider</td>
<td>Avoid discussions with provider</td>
</tr>
</tbody>
</table>
Psychological effects

- Quality of Life
  - Living the life you want(ed)? Doing activities you enjoy(ed)?
- Depression and anxiety
  - May lead to low libido/desire
- Financial stress: Loss of employment? Retirement?
- Body image changes
  - Catheter, hair, skin, breath, “less attractive,” weight gain/loss
- Loss of independence or increased dependence on others
- Listing and/or waiting for transplant

What can I do?

1. Discuss with your physician
2. Review medical conditions,
   - complete history of concerns and those with partner
3. Review medications with provider.
   - Important: Do not change or stop medications without doctor input
4. Optimize dialysis
5. Consider counseling

Treatment Focus for males

Hormonal, chemical, medication approaches
- Treat anemia
- Prolactin suppression. Little effect
- Erectile dysfunction medications
  - PDE5i, “blue pills”. (Helps in 85%)
- Zinc supplements (Helps in small study)
- Testosterone
- Treat depression and anxiety
- Optimize dialysis
- List for transplant
Treatment Options for males

Mechanical or devices
• Vacuum devices
• Penile injections
• Penile implants

Treatment Focus for females

Hormonal, chemical, medication approaches
• Treat anemia
• Zinc supplements (Helps in small study)
• Use of progestins to initiate menstruation
• Roles of Viagra (no studies)
• Lubricants
• Treat depression or anxiety
• Optimize dialysis
• List for transplant
• Birth control if child bearing age

Reproductive Health and CKD

• Complex decisions and challenges in reproductive years
• Contraceptive choices may be limited
• Kidney disease treatment can affect fertility
• Ill timed pregnancy can result in kidney disease progression and affect fetus
• 10x risk of preeclampsia in CKD
• 6x risk of preterm delivery
  – Need shared decision making
Role of therapy

- ‘Talk therapy’ can support all other treatment options mentioned above
- Your Social Worker is available as a resource and support
- A therapist can help identify and address thoughts and patterns that affect how you feel.
- Talking about sexual dysfunction or the effects of dialysis can help identify solutions.
- Sex therapy is a specialty therapy that may help.

Key take-aways

- Talk with your doctor
- Talk with your Social Worker
- Sexuality and intimacy are much more than sexual intercourse alone.
  - It includes human relationship, feeling of closeness, touching, hugging, kissing, cuddling.
- Be reassured that sexuality is safe
- Recognize that relaxation, exercise program, feeling of well being can be help.

References

- "Relaxation and Sex." Cleveland Clinic. Retrieved from https://my.clevelandclinic.org/health/articles/9124-medications-that-affect-sexual function
Live Q&A

Type in your questions now!

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Tuesday, August 20, 2019 from 1:00 – 2:00 p.m. EDT

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