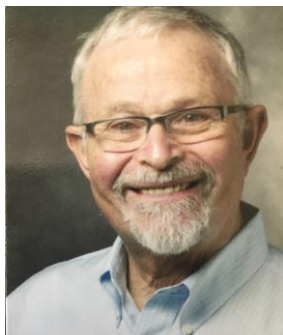


Sexual (Dys)Function in CKD

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

Any form

First Name: John

Last Name: Doe

DOB: 1/1/1920

Sex: No, thank you.

Ever feel this way???
OR does your partner??

Normal Sexual Function

Different stages of sexual cycle.

(Adapted from Master's and Johnson)

RESOLUTION STAGE
Decrease in arousal
occurs after orgasm

ORGASM STAGE
Marked by ejaculation in
males and contraction of
lower 1/3 of vaginal walls
in females

DESIRE
Sexual urges occurs in
response to sexual
stimulus

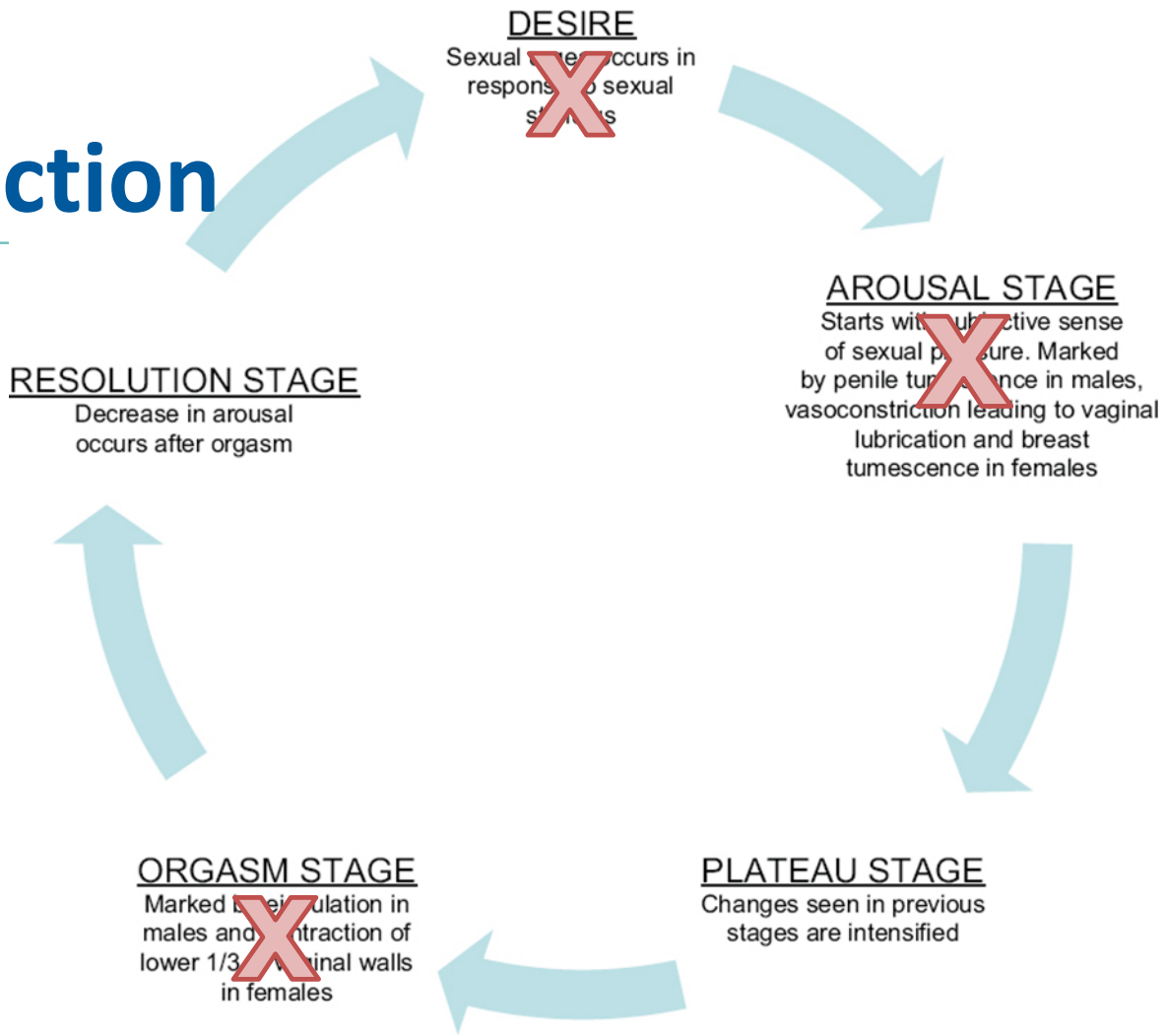
AROUSAL STAGE
Starts with subjective sense
of sexual pleasure. Marked
by penile tumescence in males,
vasoconstriction leading to vaginal
lubrication and breast
tumescence in females

PLATEAU STAGE
Changes seen in previous
stages are intensified



Sexual Dysfunction

Dysfunction in the stages of sexual cycle.



Sexual Dysfunction Classifications

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

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

Males	Females
Hormonal/abnormal changes to pituitary and testicles	Hormonal/abnormal changes to pituitary and ovaries
Abnormal 'chemistries', affecting testosterone levels	Abnormal 'chemistries', affecting estrogen levels
Vascular disease affecting blood flow, Nerve supply/damage due to Diabetes or neuropathy	Ovarian failure; fertility decreases
Depression, anxiety	Depression, anxiety
Fatigue; effects of dialysis	Fatigue; effects of dialysis

Sexual Dysfunction in CKD

Males	Females
Common: up to 70%	Common: up to 84%
Under-reported	Under-reported
Affects quality of life	Affects quality of life
Avoid discussions with provider	Avoid discussions with provider

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.

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- Sleep disorders in advanced kidney disease
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