

Sexuality/Sexual Health
Webcast
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Sexual health is an integral part of the human experience, yet many factors can impact sexual health and intimacy including medical conditions, medications, surgery and stress. Studies have shown that almost half of American men and women suffer with sexual dysfunction. In this program, Mr. Jeff Albaugh, a clinical nurse specialist at Northwestern Memorial Hospital, discusses several issues that affect sexual health and intimacy and treatment options for both men and women with sexual dysfunction.

Mild to severe erectile dysfunction is often one of the side effects of prescription medication or a prostatectomy, as treatment for prostate cancer. And, most people don't know that a lessened sensation during sex is a side effect of diabetes. Patients find this a difficult subject to discuss with their doctor but knowing you're not alone helps. Mr. Albaugh discusses how best to communicate with your doctor and how to find support from experts and even other patients.

You'll hear from male and female patients who have dealt with the issues surrounding sexual health due to medical issues. Gina speaks candidly about her troubles with intimacy after weight gain and a type II diabetes diagnosis. She sought out support from doctors and experts and was able to revive her sex life. Hear how Neil got his life back on track after a prostatectomy through education, support and drug treatment.

INTRODUCTION

Andrew:

Hello and thank you for joining us once again. I'm Andrew Schorr. And I'm going to make you a promise, my Chicago friends, right off the bat. I'm not going to bring up anything about baseball. No talk about baseball. I love Lou Piniella. We're not going to talk about baseball.

All right. Let's move on though to something that is really important, maybe more important than baseball, and that is sex. We're going to talk about tonight about sexuality, sexual health, and how, really, it's a normal, healthy part of life. But what happens, and as we have discussed so often on our HealthNet programs sponsored about by Northwestern Memorial. We've talked about cancer. We've talked about transplant surgery, terrible back problems that fortunately can be helped in many ways. All sorts of things we talk about, those health concerns, and

sometimes we put in the background that there are parts of life that we'd like to enjoy to our dying day and we're so focused on these health issues.

Well, whether you are a cancer patient or have been one, whether you are a diabetic, whether you're dealing with multiple sclerosis, whether you don't have any kind of diagnosis at all, you want to have sexual health. And then let's say you were watching a baseball game, or a football game now with the Bears, and there's those commercials that come on for this drug and that drug, well how do you sort all of that out? And what about for women? We're going to talk about all of that tonight on a very important live webcast.

I want you to meet a couple of people who are willing to talk frankly about this. First is Gina. Gina lives in St. Louis, and like a lot of people she has two children, nine and 11. A lot of women go through pregnancy and they add weight and they're eating right and they have wonderfully healthy babies, but it's real tough to lose that weight. And if you end up sometimes being overweight you also then face being part of an epidemic in the country and that is type 2 diabetes. And that's happened to Gina.

So Gina, you're what they call a brittle diabetic. What does that mean?

Gina:

Well, it means that my blood sugars are not under control and that they are in the upper ranges. A normal person is anywhere from 100 to 120, and mine are always above. And I also take insulin shots, insulin injections every day.

Andrew:

Right. So maybe five times a day you're measuring all the time, your blood sugars, and giving yourself a little poke. And I know you told me on the phone that you're looking forward to having an insulin pump that maybe can help you in that. But the point is along with the fight against diabetes, what happened to your sex life? You and Bob have been married 13 years. I know you're willing to talk about it frankly. What's happened?

Gina:

Well, I think it's a number of things. But the first thing being, like you talked about earlier, and that is once you've had your children and you've put on some weight, that becomes an issue because you don't feel as confident with myself and I didn't feel as sexual, you know, as sexy like I used to in my early 20s or early 30 before the children.

And then of course as soon as I became overweight after the children I found out I was a type II diabetic. Well, you lose sensation with diabetes. And, I don't know, a

lot of people don't want to talk about it or maybe they don't know about it, but you do lose a lot of your sensation in your feet, your hands, and your private areas, etc., and so it's harder to enjoy a sexual life with your husband.

Andrew:

Well, we're going to talk frankly, Gina. So, you know, men and women both look forward to having orgasm, and so if you don't have the sensation what happens for a woman then?

Gina:

For me, and I can't speak for everybody, but I think for most people with diabetes, at least for women, the sensation of an orgasm is harder. It's harder, first of all, to achieve orgasm, and it takes a lot more time, lot more patience on your partner's part. And, of course, the whole time, for me, in my head I'm thinking, Is it going to happen this time? And then, of course, I get a little more nervous and then I'm trying harder and then I'm thinking about it, and all of a sudden I find I'm not enjoying myself anywhere, because I'm concentrating so hard to try to make this happen so that my husband is even pleased. Did it happen this time? Or, you know, are you happy? Is he pleasing me? And it's almost a Catch-22 situation

Andrew:

Yeah. It just takes the fun out.

Gina:

It does. It takes the fun out of it.

Andrew:

Well let's meet, in Chicago, Neil. Neil, so your situation is different, and that is you were diagnosed a couple years ago with prostate cancer. And it ended up you chose to have radical prostatectomy, and we've done programs on that, and, of course, what can go with that can be incontinence, that may resolve itself over time, but also some erectile dysfunction issues. For you what happened?

Neil:

Hi, Andrew, sure. Thanks. So my radical prostatectomy because of my prostate cancer occurred in May of 2005. And, of course, one of guys' greatest fears, those of us who have been diagnosed with prostate cancer, what are the side effects. And certainly two of those that you mention most prominent are incontinence and erectile dysfunction. And I did a lot of research before choosing to have a radical prostatectomy knowing all along that at least for a short time and possibly longer than that I would experience mild to severe erectile dysfunction.

And what I did shortly after my surgery, being educated before my surgery, I decided to seek treatment, do a lot of reading, try to educate myself on the drugs, the medications, including injection therapy, that are available to patients. I think

one of the not only greatest fears but one thing that I would definitely recommend to anyone who experiences what I did is take the time can and effort and do some research, because there are answers out there. It may take some time. It may take many, many months to find the right answer, but there are ways that guys can have a healthy sexual life post prostate cancer surgery, and I think it taught me how to do that.

Andrew:

Right. We're going to get into that. Now, the other part of that is having a healthcare provider who can guide you. And let's face it, there are a lot of doctors, there are a lot of nurses, there are a lot of surgeons who just aren't comfortable talking about sex. So there you are, and you want to bring it up and you want to discuss it. It's very much on your mind although you may be embarrassed. Many people are. So here's a fellow who's going to talk with us tonight. This is what he does at the Wellness Institute at Northwestern Memorial, clinical nurse specialist Jeff Albaugh.

Jeff, thanks for joining us. Now, you have helped, as we'll learn, Gina and Neil in their situations and people in many situations. How prevalent are sexual health concerns in our population today?

Mr. Albaugh:

Well, thank you, Andrew for the opportunity to talk to all the listeners this evening. I really appreciate the opportunity to talk about this very important issue.

I would say the prevalence is a lot more common than you think. Now, it is somewhat dependent on age, but we have found that when we look at even the adult population, not necessarily an older population, from age 18 to 59 there was a study done across America, a randomized study just going into homes and finding out the prevalence of some of these problems, and they found that a little over 42 percent of women--so almost half the woman--had female sexual dysfunction and about a third of the men had problems with some sort of male sexual dysfunction problems.

We're not talking about a study where people stepped forward and said, I want to talk to you about this problem. They went in randomly and picked people, and they found out across America that these problems are very prevalent. 42 percent of women and about a third of men had problems with these different sexual dysfunction problems.

FINDING SUPPORT FOR SEXUAL DYSFUNCTION

Andrew:

Okay. Let's go on now. So here's an example with diabetes, another example with prostate cancer. Mentioned along the way multiple sclerosis, which certainly can

affect your feelings. People can be going through different treatments. They may have nerve issues. They may have blood pressure issues. As the population ages this stuff happens. And then, of course, there could be psychological issues too. And desire issues. You can be just bone tired, and so that makes it difficult at well.

So at the Wellness Institute, Jeff, what are you trying to do there to help people? In no matter what situation, how do you embrace whatever their individual situation is and is there usually help you can bring to bear?

Mr. Albaugh:

Definitely there is help, and I think that's the good news. The important thing to remember is when people are thinking of these problems with sexual dysfunction oftentimes they feel isolated and alone like no one really understands or maybe they're the only one with these problems. But we know from these studies that they are not loan, that millions of Americans are suffering with these problems. And so what we try to do is we approach each individual individualistically. We look at that person.

It's a multifaceted problem when you think about all the things that go into how you think of yourself as a sexual being. There are not only physiologic factors but there's psychological, social factors, religious factors, cultural factors. Many things play into what we believe about who we are sexually, what we do sexually, who our partners are. All those things are derived from many, many different areas. So it's really important to look at all aspects of that person's life to understand really not only health concerns that might impact sexuality and intimacy with a partner or just their general sexuality and intimacy but also we want to look at some of the psychological factors, the social factors, the relationship factors that they may be facing as well.

So there's many, many different things that need to be looked at. So we try to do a comprehensive evaluation before we even begin, and we like to involve--if they have a partner, we really like to involve that partner in the entire treatment process. Everybody doesn't have a partner, and that's okay too, but what we try to do is really understand all the issues, all the possible reasons that maybe affecting and impacting this particular individual's sexuality and intimacy.

Andrew:

Well, I know we're going to talk about this a lot more, but just give me a one-word answer if I'm right, Jeff Albaugh and that is so we see these ads for this pill or that pill but it sounds to me like dealing with sexual dysfunction, not that that isn't part of it but it's not the only solution and for some people may not be even part of the solution, right?

Mr. Albaugh:

Correct.

Andrew:

Okay. Well, we're going to get all the details on that. I've got lots of questions coming in for you. So what we'll do, ladies and gentlemen, is we'll take a break, and there's a lot more coming up as we discuss sexual health, sexuality, no matter what your health situation is and how Jeff Albaugh, as an expert clinical nurse specialist, can help. And I'm sure we'll get two cents put in by Gina and Neil who have been living it but are doing much better now. We'll be right back with more Patient Power sponsored by Northwestern Memorial Hospital. Stay with us.

TREATMENT APPROACHES FOR SEXUAL DYSFUNCTION

Andrew:

Welcome back live on healthnet.nmh.org webcasting to the world courtesy of Northwestern Memorial Hospital, one of the leading Medical Centers not just in Chicago land but the whole enchilada, the whole world. And I'm just so impressed with the experts that are on. Every two weeks we cover another important topic. Let's face it, this may be new to you but if you go to, on the internet, healthnet.nmh.org and just look up the replays there are many, many important topics and a lot more coming up. Let's see, in just a couple weeks we're going to be talking about wellness and integrated medicine. Everybody wonders, well, how does all this work together, you know, these supplements or other approaches or acupuncture or massage or tai chi, whatever. Well, it does come together, and Northwestern certainly is in favor of that in many situations, so we'll talk about that in two weeks from tonight.

But let's continue our live webcast talking about sexuality and sexual health. And our guest is clinical nurse specialist Jeff Albaugh, who is at the Wellness Institute at Northwestern Memorial. And this is what he does is help people with sexual issues.

And Jeff, it's part of a team approach, isn't it? That's what I was getting at and I think you were describing earlier when I said is it just a pill, and I think all of us Americans we're used to, well, you have an infection, well take a pill. But when we're talking about sexual dysfunction it's not so simple, is it?

Mr. Albaugh:

You are correct in that. I think that it is a multidisciplinary problem, so there's many people that may be involved, the team that might be involved in the care that a patient receives with sexual dysfunction. I think it's important for your listeners that we define some of those terms. Like what is sexual dysfunction? And, really, the American Foundation for Urologic Disease defines that as the persistent impairment of a couple's normal or usual patterns of sexual interest and/or response. So it's some sort of impairment in a couple's sexual interest or response.

When we think about female sexual dysfunction we usually break that into four categories: desire disorders, arousal disorders, orgasmic disorders and pain disorders. So those are the four categories. The most common type of disorder that we found in studies that typically a desire disorder in females, but the other ones as well may be common.

Male disorders may include desire disorders, ejaculation disorders, arousal disorders, orgasmic disorders and erectile dysfunction. As men get older erectile dysfunction tends to be the more prevalent problem. Erectile dysfunction is just the persistent impairment of a man's ability to attain or maintain an erection sufficient for sexual relations.

So that's really what we're talking about here, and I think that's important for the listeners to understand. Those are some of the different problems that may occur, and there are a lot of different underlying causes for each of those problems.

SEXUAL SIDE EFFECTS FROM HYPERTENSION & MEDICATION

Andrew:

Okay. We're going to get into some of that. Jeff Albaugh, are you ready for some questions we've gotten from listeners? And I'm sure we'll start to cover many of these different areas that you described. So are you ready, we're going to pose some questions for you. Okay, Jeff, are you ready?

Mr. Albaugh:

Absolutely.

Andrew:

Okay. This is actually from Chicago. We talked about prostate cancer earlier, and we'll hear more from Neil, and often that happens earlier, or other issues, Gina with diabetes. But here's Ryan from Chicago, he says, I'm a 34-year-old man on medication for high blood pressure. Can the high blood pressure drugs affect my libido and my ability to get an erection?

Mr. Albaugh:

Absolutely, and I think that's a really important question to answer. Because yes, when they've done studies to look they found that many people with high blood pressure have sexual dysfunction, both women and men. Erectile dysfunction is quite common among men with high blood pressure. But what they found was even many of the treatment options that are very commonly used may also caused sexual side effects such as erectile dysfunction and things of that sort. So it is not uncommon on some of the antihypertensive medications that you might have some sexual side effects.

Now, you never want to go off your antihypertensive because it's very important to control that blood pressure for sexual health and general health. But you can talk to your doctor because there are some options for antihypertensives that do not cause deleterious or bad effects on your sexual health.

Gina:

Jeff, is that for women also?

Mr. Albaugh:

And so you need to work with your physician on those issues.

Andrew:

Right. Gina was asking a question about whether it was for women also, and I'll broaden the question.

Gina, you've had issues, if you don't mind me describing it, related to antianxiety or antidepressant drugs too, right?

Gina:

Yes.

Andrew:

And that's often a concern of many women, or millions of people, period, are taking those drugs, and that often can have desire or libido issue too. So, Jeff, are you suggesting whether it's blood pressure medicine or antidepressant, anti-anxiety medicines which can have these effects that a discussion might lead to either a different dosage or a different medicine that may deal with your health issue but allow you to take care of the libido issues?

Mr. Albaugh:

Well, yes, I think that there are possibilities. Is it always possible, no. Sometimes the antihypertensive or the antidepressant is something that you really need to be on that specific agent, and it's just the right one for you. And certainly if you have depression or high blood pressure that leads to sexual problems as well. So you want to control both those problems. But you need to know that there are some--not always--there are some possibilities that you could use. Some of the medications do not cause as much of a problem with sexual dysfunction.

Now, certainly, the very first ones that they choose for hypertension are some of the ones that may cause problems. Some of the diuretics, some of the beta blockers, they may cause some problems with sexual function. But there are some other good options, like the ace inhibitors and some of the other groups like the angiotensin II antagonists that may cause--that may not have those bad effects on sexual function. But you need to have a really good conversation with your prescriber who prescribed those medications. Don't ever try to change your

medications yourself. You want to work with that prescriber and say, Are there other options. There may, there may not be.

When it comes to antidepressants, many of the antidepressants have sexual side effects. And one of the main side effects of antidepressants is making it more difficult to reach orgasm or climax. That is a common thing that may happen on many of the antidepressants. But there are a few you choices that might work that don't cause those problems.

But the truth is you've got to know that you may be on just the right medication and then maybe more importantly you need to work on, well, on that medicine how can we deal with the problem or is it possible to change the medicine. Those are probably the choices.

Gina:

I have another question.

Andrew:

Gina, go ahead.

Gina:

Because you're talking about that. I know that when I went to my endocrinologist about of the diabetes, and he had put me on the antianxiety as well, and I never had the discussion with any of my physicians, my endocrinologist or my physician or even gynecologist about the side effects from some of these drugs that I was taking. I actually had no idea until I talked to you, Jeff, that the antianxiety medications or the medications for high blood pressure, diabetes, etc., even caused low sexual side effects--or sexual side effects, you know, that your libido wouldn't be as active, etc. Shouldn't we let the general public know more to talk to their physicians and to ask them more questions about that?

Mr. Albaugh:

Absolutely. You should never be afraid. You know, your relationship with your healthcare practitioner is a cooperative thing and it is a relationship. You need to work closely with your healthcare provider because they want the best outcome for you. And it's really a reciprocal relationship, it's not just one-sided. So yes, it is really important to discuss and talk about these things. And we know that when it comes to things like sexual problems patients aren't always comfortable initiating these discussions, and sometimes healthcare professionals certainly are not either.

But it is important to talk about these things because they have to do with our quality of life, the quality of our relationships. And the relationships are what give some meaning to our lives.

SUPPORT GROUPS FOR SEXUAL DYSFUNCTION

Andrew:

Right. So, Neil, you help run support groups for men who have been diagnosed with prostate cancer. And obviously top of mind is, I want to fight the prostate cancer. And I know you went from when you were diagnosed, a PSA what was it, 4.9, and now after surgery and recovery it's undetectable.

Neil:

That's right.

Andrew:

So that's great news. And so you have men sitting in your support group, and they say, Well I want that to be me. But what do you counsel them about how they need to have a discussion related to their sexual health as well as part of their recovery process?

Neil:

Sure. I'd be happy to answer that question, Andrew. So I actually at times from time to time assist Jeff Albaugh. Jeff is the person who leads and facilitates our prostate cancer support group meetings at Northwestern Hospital. When he needs a hand or a fill-in I always raise my hand because I like to share my experience with others who either have gone through what I have gone through or will be in the future. And, as I tried to stress earlier in the program, my point to them is that there is help out there. Don't give up.

As Jeff has educated me, sexual experience post-surgery may never be quite the same as it was before the surgery. There's always a side effect to any type of therapy you choose when you treat prostate cancer or something similar to prostate cancer. But anybody that I know never goes through life without some hurdles. And my hurdle was what can I do about my sexual dysfunction now that I have gone through surgery? And what I have learned and what I try to help others with is to share my experience.

First of all, get educated, read books and understand there are a lot of options out there. There are a lot of professionals such as Jeff that if you sit down and describe your situation to Jeff or anybody in that type of field he or anybody else would be very happy to try to understand your situation and recommend the best solution for you. And what the best solution for you might be might not be the best solution for someone else, but if you talk things through, you're willing to take some time and experiment with, in my case, injection therapy, different types of mixtures to finally finding the right solution for me it is well worth the time. So that's my point. Those are the things that I try to emphasize to others.

MENOPAUSE & HORMONE THERAPY

Andrew:

Well said. Okay. And just before the break I want to ask you about one other area, Jeff Albaugh, and that is independent of people needing surgery or dealing with a serious chronic condition like diabetes and being insulin dependent like Gina, there are some women just going through menopause and so Lynne from St. Louis writes, she says I'm 50 years old--excuse me. Cindy from Chicago writes, "Are bodily changes related to menopause causing my sexual problem, and what can be done to minimize those effects?" So what about that just going through the change and being frustrated about your sexual situation? Can you help with that too, Jeff Albaugh?

Mr. Albaugh:

Well, I think that's an excellent question. And I think it's important for us to remember that as the body ages, remember, in men too we see changes that cause sexual dysfunction like erectile dysfunction. In women certainly we see similar types of problems occur. What happens is as the hormones change and shift in your body you may actually have a drop not only possibly in your estrogen levels and progesterone levels switching and shifting, but also you may have a drop in testosterone and DHEAS levels in your blood. DHEAS is a precursor to testosterone, but both of these are essentially hormones that are really critical for sex drive and libido.

So it's really important for us to remember that as those hormones shift we will definitely sometimes see with menopause some decline in sexual desire or libido in some women, not all, and that can be linked to changes and shifts in hormones. And there can be some other things that happen as well like pain during sex related to a lack of lubrication because of the lack of estrogen that occurs when a woman goes through menopause.

Andrew:

But you can help with that.

Mr. Albaugh:

Absolutely. So there is definitely help for that. And the first thing to remember is, yes, during normal changes that occur with menopause a woman may have problems with sexual function especially in terms of desire and lubrication and arousal. So things may change, but the great hope is that we can oftentimes--we can work with that woman to find the right solution in their particular case to resolve that issue and then to allow them to have a fulfilling relationship with their partner. And so there is hope.

Andrew:

Okay. We're going to take another break. When we come back we're going to get into more. We're discussing sexuality frankly to help you have a full life and have that be part of it with someone you care about. We'll be right back with more Patient Power sponsored by Northwestern Memorial Hospital. Stay with us.

By the way, we've mentioned prostate cancer a few times as Neil has brought it up. We've done some programs just recently on prostate cancer and the latest treatments, and certainly that's a concern for men. Just take a look among the replays at healthnet.nmh.org. Also looking forward not only do we have the program in two weeks on wellness and integrated medicine with Dr. Melinda Ring, but we also have programs coming up as we go into November on epilepsy and non-epileptic spells, they're calling it. And then Parkinson's disease, an update is coming up on that. Things are changing. And then in December, often a very stressful time for people, we're going to talk about how to control stress, self control and also how to limit emotional eating. And I know that's tough for a lot of us at the holidays.

But let's go back to our discussion with Jeff Albaugh who is a clinical nurse specialist at the Wellness Institute at Northwestern Memorial where they help people who have concerns about sexual health. And then also we have two of Jeff's patients, Neil and also Gina who he's helped, and we'll learn more about that too.

Jeff, let's go on with more questions. I mentioned the name already, Lynne who's in St. Louis, and she says I'm 50 years old and preparing for a hysterectomy, and I fear losing my sexual desire due to side effects of hormone therapy. So we were talking about that a minute ago. What symptoms can I look for, and what can I do to prevent this? So hormonal changes certainly, if you have your uterus taken out. So specifically what might you do in that situation?

Mr. Albaugh:

Well, there are a couple of things to think about in that particular situation. Now, remember, the hormones are also really--the uterus is not producing those hormones but the ovaries are. So if she doesn't have her ovaries removed, depending on what happens you'd have to look at the individual situation and see whether she would absolutely have hormonal issues or not. And you would watch for some of the different signs of a lack of the estrogen, especially you would look for--during a vaginal exam you would look for dryness. You would look for a little bit of atrophy which just means that the muscles themselves shrink, and the vagina may actually shorten a little. So there are things that we would look at, look for.

Other things that can occur from the lack of estrogen could also be incontinent problems, several different things. But it's not absolute that these things will happen or will be problematic. You need to look at the individual case, what the actual surgery was and how it might impact sexuality and intimacy for that particular patient.

ALTERNATIVE TREATMENTS

Andrew:

Okay. Let's go on. And obviously we can't practice medicine over the radio or over the internet, so that's where it's important to have these discussions, but as we've said through this whole program so far you've got to speak up, and you've got to find a provider who will help you with this, has some things to offer and might involve other providers as well, maybe a counselor along the way, etc. But don't leave it in the background. It's important to you in your life.

So here's a question we got from Kelly in Chicago. "I'm a 41-year-old female and my sex drive has dropped significantly in the past several years. I've heard of a few herbal supplements that can help like horny goat weed or catuaba or something like it." And then there's another one I can't pronounce that starts with an M. So the whole question of herbal supplements, and, believe me, you can't go near any health food store or supplements where there aren't all these claims about this is the answer to sexual health. So what's your comment on that? Help us navigate that for Kelly and all of us.

Mr. Albaugh:

Well, I think it's important to remember that supplements aren't really governed by the FDA, the Food and Drug Administration, and so they're really not looked at carefully to see that what they say is in those supplements is actually there. Now, that is the caveat I would like to put out there, but do I believe supplements can be very helpful in some circumstances for patients? Yes. How do I determine what supplements and how I work with supplements is basically just like other medications that patients use I look at the science. Is there good science behind the drug? Do they have a good research study at a reputable university that shows that this particular herbal remedy is helpful or useful? And there absolutely are herbal remedies out there and herbal supplements that can be very helpful and have good science behind them. I don't use any of the things she mentioned because I've not been able to find any good science that supports the use of those particular supplements.

There are some out there, though, that can help, depending on what the particular problem is. Some of them that I have seen some of the good research on is, for example, I mentioned earlier DHEA, and there are actually good scientific studies control, experimental studies that show it can be helpful specifically with desire or libido problems.

In addition there is also a topical agent out there called Zestra for women, and this has also had very good scientific research. A very small study was done with ten women with and without female sexual dysfunction, and all of them eventually got it, and it did show improved satisfaction in sexual experience. But now it's being repeated across the country, again really good science that says this supplement works.

And then I look for, okay, now, which of these supplements that are out there can you find a manufacturer that had an outside source look at that supplement and say, yes, we certify that 30 milligrams of blah-blah-blah is in that particular supplement like they say it is, because they're not governed by any governing body unless they choose to be. And so that's the things I look for, and then I know I can trust that settlement, and it has good science to back it up.

INTIMACY

Andrew:

Let me ask you this question too, Jeff Albaugh. You know, I think we Americans often define sex as intercourse, but somebody's going through cancer treatment or somebody has got other issues going on, should we really be talking about intimacy and closeness and defining sexual health more broadly as part of that, ways of having pleasure with somebody who you're in a relationship with but it's not necessarily has to depend upon that. And also a related to orgasm, I've got a couple of questions here. For a man even if you have difficulty with erectile dysfunction does that mean you cannot have orgasm?

Mr. Albaugh:

These are really good questions, Andrew. First of all, I would say that yes, we need to think of sexuality as in a broader terms. And certainly when you're facing some of the different illness problems that may affect sexuality you may need to broaden the way you think about your sexual relationship and intimacy with a partner. Now, intimacy is just a process by which two people attempt to move toward complete communication on all levels. So it's that really knowing that other person, that partner, and communicating on a deeper, more meaningful level. So intimacy is a very achievable goal.

Sexuality too may come in different forms, may come in different ways than you traditionally thought of in the past. But certainly anything that brings about pleasure, that may be something that is pleasurable and intimate for you and your partner, you need to think a little broader about those things and realize that all of that is part of the sexual relationship. And so I think that is a really important thing for people to remember, that sexuality is more than just penetrative sex. It also can be cuddling, touching. It can be all kinds of different things for all kinds of

different people. And that may change as you are dealing with different problems that may arise from illness or disease processes or just from relationship things that are occurring.

Now, the second part of the question was really asking about with men can they have an orgasm even if they have erectile dysfunction. Now, certainly men with erectile dysfunction can orgasm and climax, and the orgasm or climax for a male is not dependent on an erection. Now, so men can have an orgasm without an erection. It's called a soft orgasm or a soft climax, and so that's a good question, and it is something that can occur. And many men don't realize that because they're used to having erections along with their orgasms and climaxes. But it's not an essential thing. Men can have orgasms without the erection.

DRUG TREATMENT FOR ERECTILE DYSFUNCTION

Andrew:

Okay. We'd prefer it together. Let's talk about a couple things now. Neil mentioned shots and we've talked about pills and all the ones advertised on TV. We're just talking about men at this point. So these medicines, obviously, work for people because they're FDA-approved and maybe somebody might switch from one to another. Billy in Tinley Park was saying, Well, sometimes I take Viagra and sometimes Levitra. Is there any negative effects of switching between these two. So I'd like to know an answer to that. And also, where do these shots come in as well?

Mr. Albaugh:

Well, I think when we're talking about--specifically, when we're thinking about oral agents like Levitra, Viagra, Cialis, these three drugs really are treatment for erectile dysfunction. The goal is to get more blood into the penis and cause men to have a rigid erection for sexual relations. And so the oral agents, all of them are in the same drug classification. They work the same way, but each of them is chemically just a little different from the other. So yes, sometimes patients may use one medication and rotate to a different one. Sometimes in the general public we don't really find huge differences between the medications, the different oral medications working, one works better than the other, but in a particular man's circumstance he may find one of those drugs in particular works really well for him, and that is not unusual.

It's not a problem to switch back and forth. It is a problem if you combine the drugs. So remember they do the same thing, so don't use two of them at the same time. They do the same thing, they're in the same drug classification, so you want to use one or the other. And remember some of them last in your system up to 36

house, so you don't want to use them even like take one the night before and a different one the next morning. You need to see how long it lasts in your system and not exceed those dosage recommendations because they're there for a reason and for safety.

There are many different medications to treat erectile dysfunction and the oral agents are one. In addition there's also a device that the FDA has approved called a vacuum constriction device that men can use that pulls blood into the penis and then you slip a band back onto the base of the penis to maintain the erection. In addition, there's a urethral suppository, a little pellet that can be dropped down into the urethra. It contains prostaglandin, which causes the blood vessels to dilate, and it's a prescription called Muse that can be helpful for some men to create an erection sufficient for sexual relations.

There also are injections. Injections are vasoactive drugs that you inject to dilate the blood vessels of the penis, and those medications work very well to cause rigidity in the penis so that a man can have sexual relations. Lastly, for erectile dysfunction there is also the penile implant, which is a surgical procedure done where they implant artificial rods, and that is another treatment option for erectile dysfunction.

So lots of different treatment options and you've got to figure out what is the very best one for you in your particular circumstance, working closely with a healthcare professional to find the right prescriptive thing for you.

Andrew:

Okay. So we've got to be fair to women, right Gina?

Gina:

I was going to say, what about us?

Andrew:

Okay. So I'm going to devote a lot of the next segment--we're going to talk about women, and what about us? Okay. So stay with us folks. We do have some questions coming in, and we're going to talk about where are we with medications, other approaches to help women related to sexual issues too. And Gina, you're going to chime in. It's all coming up as we continue Patient Power in our live webcast sponsored by Northwestern Memorial Hospital. We'll be right back.

DRUG TREATMENT FOR WOMEN

Andrew:

You know, we've come a long way in our society, and so often we didn't talk about sex, and then we talked about sex for a long time from the male point of view. I think one of the improvements in our societal discussions is we talk about sex

related to women too, from their point of view too. So Gina, you are right. We've been talking about erectile dysfunction. Okay, guys, let's put that aside. Jeff Albaugh, what about for women. And for instance we got this question in from Jane in Chicago. We were talking earlier about antidepressants. She says, "I'm 37 and my antidepressants have decreased my sexual desire, but are there any antidepressant drugs that increase libido?"

Mr. Albaugh:

Well, there is not necessarily an antidepressant that will increase libido, no. That would be nice if you could have a pill that could fix depression and possibly cause increased libido, but no.

Andrew:

Be happy and be happier, yeah.

Mr. Albaugh:

There is not medication like that. But there are some medications that if she would talk to her healthcare professional that might be a little less deleterious or problematic for her sexual function. I think, Andrew, it's really important to remember if you haven't figured out by now men and women are different. And women approach sex and women are engaged in sex very differently than men. When we look at the male sexual response cycle we kind of think linear. It starts with desire, and then it moves along to arousal. They move through toward orgasm and then resolution.

With women, the first stage, we believe, for women to really be put into the sexual response cycle is emotional engagement. They're not going to become aroused, they're not going to have any desire unless they're first emotionally engaged. So it is different for women. And that's what we all have to remember. Relationships are key. Relationships are very important, but women and men need to learn what is it that causes them to have the greatest pleasure. What is it in their particular situation in their uniqueness that is enjoyable for them?

When we think about sexual function it's really important to remember wellness is key. As a society we tend to react to things instead of be proactive. We need to eat a heart healthy diet, which is also a sexual function healthy diet. We need to exercise regularly, and we need to minimize alcohol and not smoke. So it's really important to maintain good health for sexual function.

When we think about women, I said earlier we think about most commonly maybe a desire disorder. And so I think it's important to look at that particular type of problem and realize that desire disorder, many things go into desire. It may be that--we're a society where women are going 90 to nothing. You know, what is that song about cooking up the bacon and cleaning the house and never letting you forget you're a man or whoever, and the truth is women have multiroles and

multitasks, and then we wonder why they have nothing left as far as desire goes at the end of the day when they've been stressed out and running ragged all day long. Stress can definitely impact sexual function.

So you have to look at the relationship. You have to look at lifestyle. And then we may need to look at, also as well, we may need to think about something that might help increase desire. I talked earlier a little bit about DHEA. Even sometimes there are other supplements, there are other medications that may be used off label in women to improve desire disorder.

Gina:

Well, let me ask you a question, Jeff. With the men there were five drugs, you know, Cialis and the other ones that you mentioned that increase the blood flow. Is there anything like that for women, or are they coming out for anything like that for women?

Andrew:

Yeah, Viagra for women. Is there?

Mr. Albaugh:

Well, there are some solutions for women. One of the things that women have to increase blood flow in particular which you asked about is Eros. It's a clitoral pump that goes over the clitoris and improves blood flow to the clitoris by pulling blood into the clitoris through a vacuum pump device. It's called Eros Clitoral Treatment Device. And that is FDA-approved for women who have don't have good blood flow to the clitoris.

In addition there are some different topical things that can be utilized that have been tested and have some good scientific evidence that can increase blood flow to the genital area and most importantly to that clitoris which becomes engorged during arousal. So yes, there are some. There have been multiple studies done with Viagra for women.

And then what happens sometimes in the media is the media said, Well, Viagra didn't improve women's desire. Do we use Viagra or Levitra or Cialis to improve desire in men? No. Those drugs are intended to increase blood flow to the genital area, specifically the penis, and in the women you're trying to increase blood flow to the clitoris. And in scientific studies, several very good studies, they have found that these do cause increased blood flow, that they may cause increase arousal or increased clitoral engorgement, but no, they don't improve desire. They were never designed in any way, shape or form to improve desire. They were designed to improve blood flow. Now, this is off-label use of those medications that have been scientifically studied. So who knows. The science is looking pretty positive for using those medications possibly in women who have decreased blood flow to the clitoris, but they don't help desire.

Andrew:

Okay. So we're starting to get some more questions, and here's one. "I'm 26, married, have two boys under the age of three. I'm not breast feeding. The problem is that 99 percent of the time that my husband and I have sex as soon as I climax my arousal goes completely away, and I'm totally disinterested, which is bad because usually he hasn't climaxed yet. What can be done about it?" So that's a timing issue. So how do you counsel people on that?

CLIMAXING PREMATURELY

Mr. Albaugh:

Good question. But more commonly we find--one of the number one complaints of young men is premature ejaculation or climaxing before their partner. Now, we have a woman who's saying, Well, wait. When I climax before my partner I lose my desire and that's not a good thing. You got to remember, men and women and each individual person, we're all unique. We all are created a little different from each other, and so each of us may have a capacity to climax sooner or later. It just depends. And you've got to learn how that works with each person. You have to teach your partner what it's like for you and how quickly you may or may not climax and how you can delay that so you can align that with each other. Because many times after a man or a woman climaxes they may lose interest. So she is saying she losing interest after she reaches climax.

Now, women, many are multiorgasmic, so not all of them will have this loss of desire after their climax, because some women are multiorgasmic, but some may. Every person is different. That's why we have to teach our partner how to be the very best sexual lover to us. It's our responsibility to teach that person how to be our ultimate intimate partner.

Andrew:

Now, there are books on communication like that, because it sounds like she and her husband have to have a little discussion. They're a team, and I'm sure they care about each other, so it sounds like communication, maybe with the help of a counselor, might be good. Certainly if there is premature ejaculation--which doesn't seem to be the case at all here--but then there are things to help there as well, right?

Mr. Albaugh:

Right. So she's climaxing too soon, so there are some things that they could do, they could work on, like sensate focus, which is planned love play where they teach each other and they work together on timing those orgasms together. Certainly counseling is a big part of what we offer at Northwestern, and we do have some wonderful psychologists there that specialize in relationships and sexual problems as well. So certainly you do want to kind of look at it from all sides and treat it from all sides as applicable to that person.

Andrew:

Okay. I want to get to just another question or two. We may just go a couple of minutes longer because this is a hot topic. Here we go.

"My husband is 51 and had a stroke a couple of months ago. He suffered paralysis on his entire right side and speech problems. He's doing remarkably well now and can achieve an erection. We used to have sex at least four times a week and now it's only once a week. Will this increase over time? I feel selfish but I also feel a little cheated."

Andrew:

Jeff?

Mr. Albaugh:

I think that's a good question, and I think people are always wondering, well, what's normal. How many times a week do people--in that same study that I identified earlier in this presentation this evening where they looked at people randomly all across the United States they found that only 6.7 percent of Americans have sex four times or more a week.

Gina:

Yeah, I was about to say, that's pretty good.

Mr. Albaugh:

Definitely.

Andrew:

Yeah. I want to be like them.

Mr. Albaugh:

Yes, they had a great thing going there, but that is not typical. Most Americans have sex once or twice a week. But, more importantly, here is they used to have sex more often, and she's feeling cheated, and they need to have a good conversation about this and work through this issue. Because unless you resolve the relationship issues and communicate you can't have intimacy, which is communication on all levels, if you're not even communicating on the most basic level, verbally. This couple needs to talk to each other about what's happening, how are they feeling. And then they need to make some decisions about how they're going to deal with the disparity between her sexual drive and his now.

THE IMPORTANCE OF THE RELATIONSHIP

Andrew:

I've got one piece of advice too. I've done some programs about this. We talked about desire, even putting aside a health situation and recovery like from a stroke, and you were talking about earlier inhibited sexual desire and one of the suggestions has been just schedule some time where intimacy can happen. Because there you are in Chicago, huge city, rushing around, you're caught in traffic, you're worried about the kids or whatever is going on. You're going to a meeting, or you've got all these things on your mind. But you've got to put in your Daytimer time to be with your partner, somebody you care about, where this can happen and a place where it can happen. And so many people don't do this. Gina, am I on the right track?

Gina:

Oh, yeah, absolutely. I think date time, that's one of the things Jeff helped me with was scheduling date time with your spouse.

Mr. Albaugh:

I think this is essential. And think about us as a culture. We spend so much time, we cultivate our job, our talents, yet the most important thing in our life, the relationships that make our life meaningful, we don't spend time on those. We don't dedicate time with that partner. And I think you've hit a really key important point. We need to spend time and cultivate that relationship which is so essential to our being that really adds depth and meaning to our lives.

Andrew:

Wow. That's a wonderful note to ring out on. I want to get a final comment.

Neil, you've been listening there. You've gone through radical prostatectomy and, thank goodness, you're doing great now related to your fight against prostate cancer. And you counsel so many men. You've been doing the shots and the other medicines. You looking forward to a long, healthy sex life?

Neil:

I absolutely am. And most importantly I know, better understand that there's a lot of misconceptions out there. And as I mentioned earlier, if you have the diligence and you take the time to learn about overcoming those misconceptions, such as what Jeff mentioned, you can have an orgasm without having an erection. You can have an orgasm without ejaculating, some of the negative ramifications of prostate cancer surgery, but there are ways of enjoying healthy sexual life after surgery. And I just feel very fortunate to be a patient of Northwestern Memorial Hospital and have someone like Jeff provide the counsel that I needed to move forward with my life, including my sexual life.

Andrew:

Right. Amen. And I know, Gina, I know you're very thankful for your relationship with Jeff, and I know you're fighting diabetes and trying to control it, and we wish you well with the insulin pump. But on the sexual front Jeff's helped you make some progress there, right?

Gina:

Absolutely. And I want to say the same thing that Neil did, that without Jeff I think I still would have been struggling with how to even begin to change with my husband and to change my sexual intimacy issues and to talk with my doctor, etc. Without Jeff I wouldn't have been able to do that, so I'm very thankful that I had someone to talk to and was able to find a solution to some of the problems that I had been having that were related to the diabetes.

Mr. Albaugh:

I would like to thank these two very brave people who came on and talked very frankly and openly about some very, very private issues that I'm sure they never thought they would have to share with others. Yet they stepped up to the plate so that they might change other people's lives, inspire them to take the first step towards improving sexuality and intimacy in their lives. So I really commend both Neil and Gina for coming on and being so brave to talk about these difficult issues

Andrew:

Absolutely. Gina, thank you, from St. Louis.

Gina:

You're welcome.

Andrew:

And Neil, thank you, from Chicago.

Neil:

You're very welcome.

Andrew:

Jeff Albaugh, clinical nurse specialist, you make this your life's passion as well as what you do at Northwestern Memorial Hospital. Thank you.

This is what we're able to do with Northwestern Memorial Hospital, connect you with leading experts and inspiring patients week after week, every two weeks with a new program. We'll be back in two weeks. We're going to talk about wellness, integrative medicine and how it all comes together to help you live a full life, and now with sexual health too. You've got the ingredients.



Remember, knowledge can be the best medicine of all. You've been listening to Patient Power. I'm Andrew Schorr. Thanks to Northwestern Memorial Hospital for making it all possible. Remember, knowledge can be the best medicine of all.

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