

Prevalence of sexual dysfunction in gay men and lesbian women

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Conceptual Issues

- Sexual roles may be fluid
- Sex may involve full body contact, oral sex, genital stimulation/penetration, anal stimulation, etc
- A higher proportion of LGBT persons have non-exclusive relationships

Assessment Tools

- Women who have sex with women (WSW):
 - Scant research
 - Tracy 2007: FSFI validated in 350 lesbian women
 - 19 item survey omitting definition of intercourse as coitus and extending period of recall to 6 months
 - Cronbach alpha demonstrated acceptable internal consistency
- Men who have sex with men (MSM):
 - Strong focus on HIV, less on sexual wellness
 - Coyne 2010: IIEF-MSM validated in 486 HIV+ MSM
 - 14 item survey in 5 domains (similar to IIEF)
 - Primary difference is assessment of erectile function with questions on anal insertive (n=2), anal receptive (n=2), & masturbation/oral (n=1)

Historical studies in lesbians

- Perception since the 1980s was of “bed death”
 - Nichols 2004: More recent data have not supported this
- Coleman 1982: 407 lesbians and 370 hetero women
 - Higher arousability in lesbian women
 - This relationship accounted for higher orgasms & satisfaction
- Henderson 2009: 114 lesbian/bisexual and 139 hetero
 - Lesbians had higher scores on all BISF-W scales
- Matthews 2003: Lesbians and matched hetero women
 - No difference in satisfaction between groups
 - Relationship with partner established as important

Recent studies utilizing FSFI

- Breyer 2010: 141 lesbian/bisexual and 1,216 hetero med students
 - Lesbians had higher desire/orgasm scores
 - FSFI <26.55: 26% of hetero, 9% of lesbians*, 30% of bisexual
- Beaber 2011: 42 lesbians and 78 hetero women
 - Higher arousal and orgasm scores in lesbians
 - Anxiety not associated with any domain in lesbians
- Shindel 2012: 1,566 sexually active WSW
 - 25% with FSFI <26.55
 - NB: lower quartile for FSFI score in women moderately or very satisfied with their sexual life was 26.2

Associations of HRFSD in WSW

- Age (Tracy 2007*)
- OAB (Shindel 2012‡)
- Relationship Issues (Tracy 2007, Henderson 2009)
- Longer relationships (Tracy 2007)
- Lack of partner (Tracy 2007#, Shindel 2012)
- Nulliparity (Shindel 2012†)

* Lower desire/arousal/lubrication

‡ Lower for all domains except desire

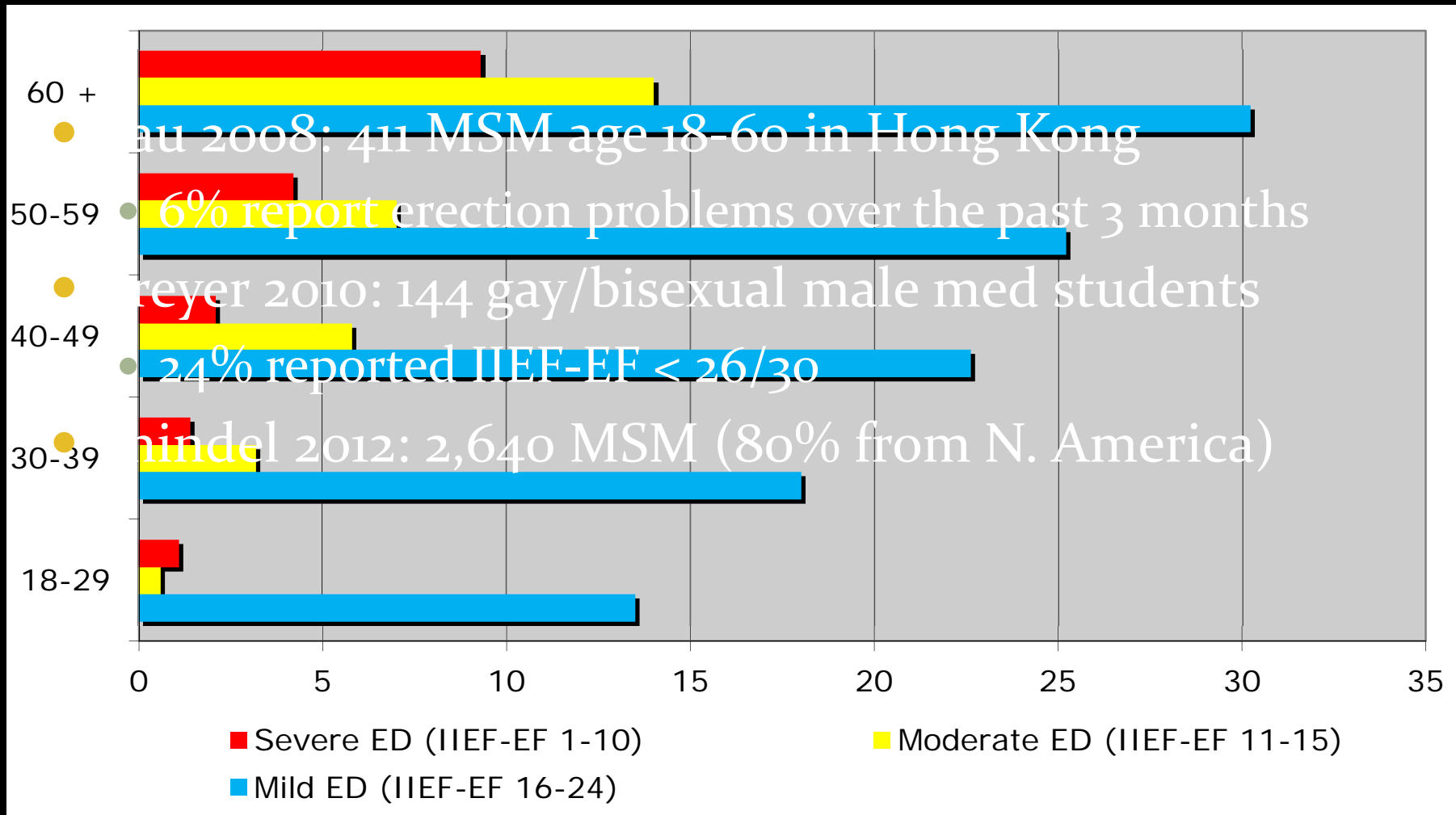
Higher desire but lower for satisfaction

† Lower desire/arousal/lubrication/satisfaction

Sexual Issues in MSM

- 79% of MSM report one or more sexual symptoms over the past 12 months
 - Low desire 57%
 - Erection Problems 45%
 - Performance Anxiety 44%
 - Lack of Pleasure 37%
 - Anorgasmia 36%
 - “Premature Ejaculation” 34%
 - Dyspareunia 14%
- Risk factors include:
 - Age < 30 years
 - Income < \$50,000
 - HIV+
 - Single
 - Use of illicit drugs
 - STI
 - Mental/Physical Illness
 - >6 partners/past year

Erectile Dysfunction in MSM/gay men



Associations of ED in gay men

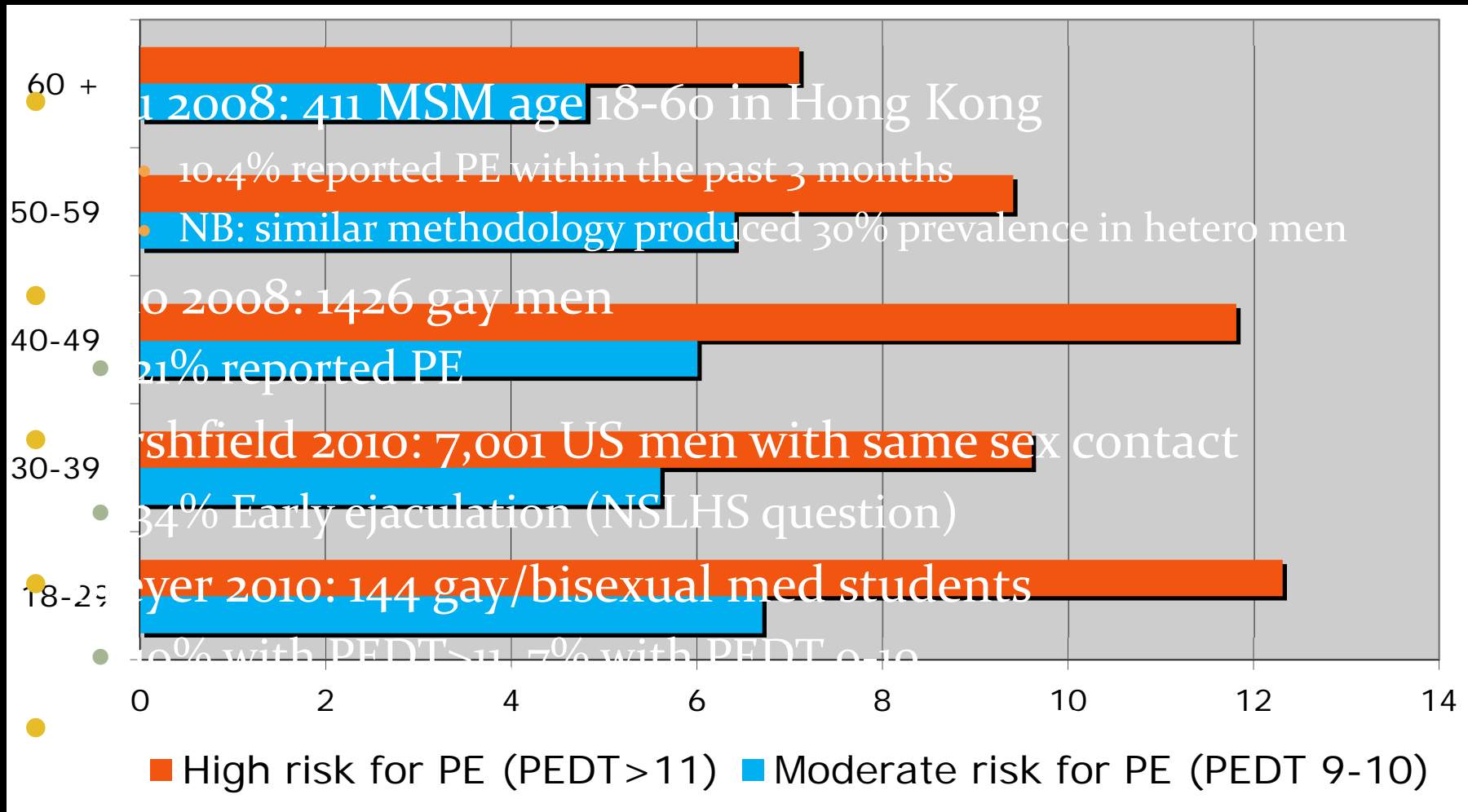
- Age (Lau 2008, Shindel 2012)†
- Less than college graduate (Lau 2008)
- Unprotected Anal Sex (Lau 2008)
- Substance Use (Lau 2008)†
- Social Discrimination (Lau 2008) †
- High Risk Behavior (Lau 2008)
- HIV/AIDS (Shindel 2012) †
- LUTS (Shindel 2012)†

† maintained significance on multivariable analysis

ISSM definition for PE

“Ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration from the first sexual experiences (lifelong PE), or, a clinically significant and bothersome reduction in latency time, often to about 3 minutes or less (acquired PE), the inability to delay ejaculation on all or nearly all vaginal penetrations, and negative personal consequences, such as distress, bother, frustration and/or the avoidance of sexual intimacy.”

Prevalence of "PE" in MSM/gay men



Is PE less common in gay men?

- YES!

- Bancroft 2005: 1196 gay & 1558 hetero men, single item question on PE
 - 4.5% of gay men ejaculate too quickly “most of the time” versus 7% of hetero
 - 57% of gay men ejaculate too quickly “never” versus 44% of hetero men
- Lau 2008: 10% in gay men versus 30% in separate study of hetero men

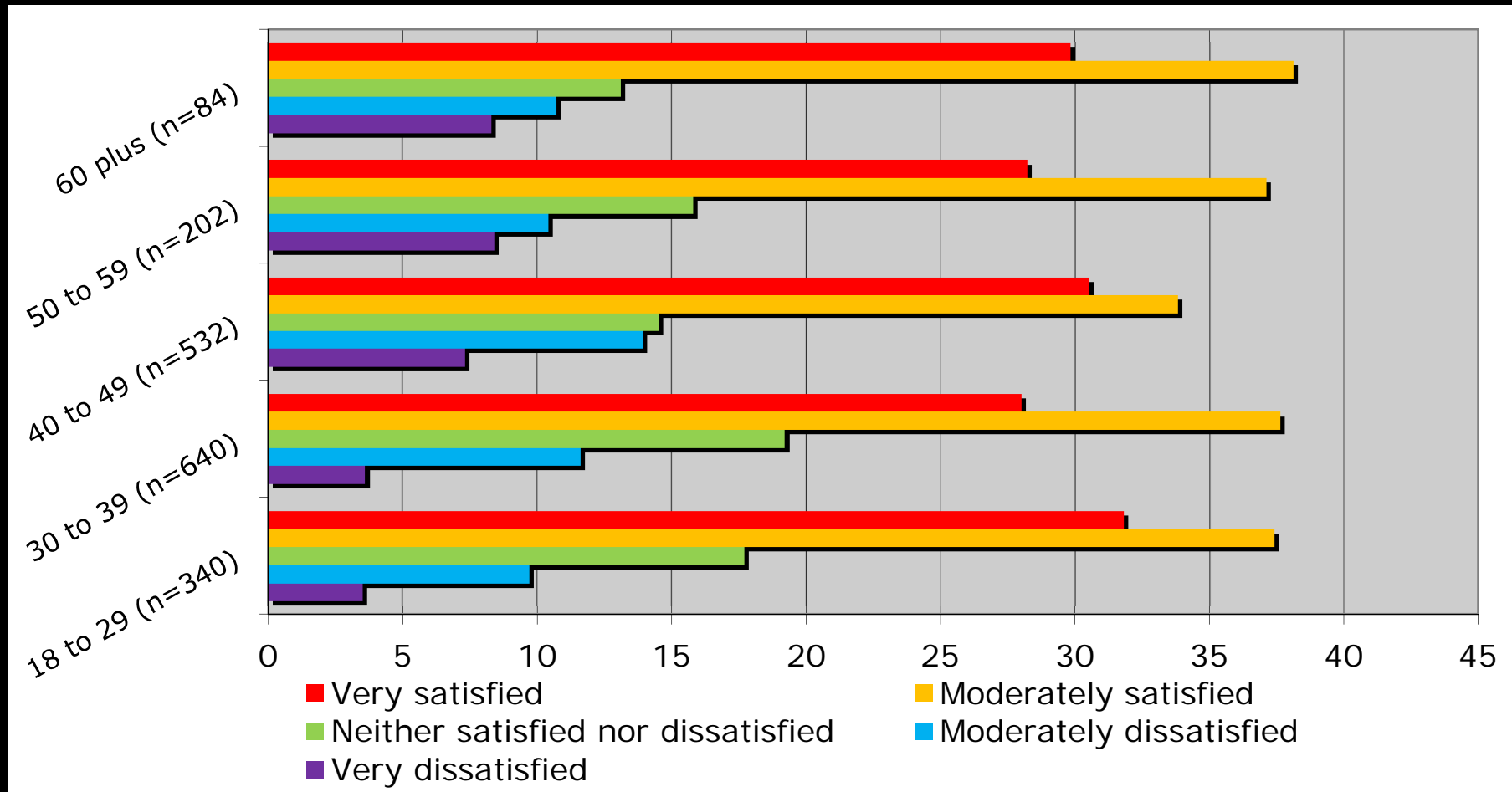
- NO!

- Breyer 2010: 919 med students (16% gay/bisexual) assessed with PEDT
- Son 2010: 600 Korean men age 20-59 (2.7% gay/bisexual) assessed by 2 questions (early ejaculation and distress)
- Jern 2010: 3,103 Finnish men (8.5% with same sex experience) assessed by 10 gender-neutral questions
- Mialon 2012: 2507 sexually active Swiss men 18-24 (3.2% non-hetero) assessed by PEPA

Associations of PE in MSM

- Younger Age (Bancroft 2004, Hirshfeld 2010, Shindel 2012)
- Social Discrimination (Lau 2008)
- High Risk Sexual Behavior (Lau 2008, Shindel 2012)
- HIV/AIDS (Shindel 2012)
- LUTS (Shindel 2012)
- More Sexual Partners (Shindel 2012)
- Having a stable partner (Jern 2010)

Overall sexual satisfaction in MSM



Prostate Cancer & Gay Men's Sexuality

- May lead to ED and/or change in rectal sensation
- Hart 2014: 92 gay men treated for prostate cancer
 - 40% report marked reduction in sexual activity
 - Marked decline in topping (anal insertive) sex
 - 40% of men who exclusively topped before treatment continued
 - Variety of other concerns



Areas for research

- Data on sexual wellness in LGBT persons are scant
 - Few validated survey instruments
- Does the rate of sexual dysfunction differ in LGBT persons?
- Are differences driven by biological, psychological, or social factors?
- Does the nature of sexual activity in LGBT persons affect the experience of dysfunction?

Conclusions

- Sexual Dysfunction is prevalent in lesbians and gay men
- Existing paradigms for treatment of sexual concerns in heterosexuals can be adapted to care for non-heterosexual patients
- Ask patients about their sexual orientation!

References

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- Schick et al Sex Transmit Infect 2012;88:407
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PHOTO ILLUSTRATION/THINKSTOCK

Safer Sex Practices in WSW

- Schick 2012: 3,116 WSW in Anglophone countries
 - 99% report digital and oral sex
 - 91% report genital-genital contact
 - 95% did not use barrier
 - 74% report vibrator/dildo use
 - Barriers used by 16-22%
- Rowen 2013: 1,557 WSW, 78% from North America
 - ~88% never use barrier for hand stimulation of genitals
 - ~83% never use barrier for oral sex
 - ~62% never use barrier for sex toy
 - NB: 27% of non-monogamous WSW never used barriers