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

Sandfort and De Kiezer 2001
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

Hirshfeld 2010
Erectile Dysfunction in MSM/gay men

- Lau 2008: 411 MSM age 18-60 in Hong Kong
  - 6% report erection problems over the past 3 months
- Breyer 2010: 144 gay/bisexual male med students
  - 24% reported IIEF-EF < 26/30
- Shindel 2012: 2,640 MSM (80% from N. America)
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 \textit{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 \textit{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

- Lai 2008: 411 MSM age 18-60 in Hong Kong
  - 10.4% reported PE within the past 3 months
  - NB: similar methodology produced 30% prevalence in hetero men

- Mao 2008: 1426 gay men
  - 21% reported PE

- Hirshfield 2010: 7,001 US men with same sex contact
  - 34% Early ejaculation (NSLHS question)

- Breyer 2010: 144 gay/bisexual med students
  - 16% with PEDT>11, 7% with PEDT 9-10

- Shindel 2012: 1,769 MSM who completed PEDT

High risk for PE (PEDT>11)  Moderate risk for PE (PEDT 9-10)
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)
- HIV/AIDS (Shindel 2012)
- LUTS (Shindel 2012)
- More Sexual Partners (Shindel 2012)
- Having a stable partner (Jern 2010)
Overall sexual satisfaction in MSM

Shindel 2012
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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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