HOT TOPICS IN WOMEN'S SEXUAL HEALTH

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Dr. Anna Cabeca
DISCLOSURE

Anna M. Cabeca, DO, OBGYN, FACOG, ABAARM. Conflict of interest was resolved through peer review of slide content. Professional Education Services Group staff have no financial interest or relationships to disclose.

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LEARNING OBJECTIVES

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- Discuss the effects of stress on cortisol and oxytocin levels.
- Discuss restorative vaginal treatment options, both hormonal and non-hormonal.
Physiology drives behavior – testosterone and libido and relationships

The Vagina is essential for life!

Vaginal androgen hormone therapy is restorative

Natural and emerging therapies are available

Stress and the cortisol – oxytocin connection

KEY POINTS

Dr. Anna Cabeza
The VAGINA is essential for life!

(let’s all say it)
The origins of many diseases are hugely influenced by the health of the mother, as friendly and unfriendly microbes clearly play a major role.

It seems astounding that research funding from governments and non-governmental granting agencies is alarmingly sparse and still far from being a priority.
It is unacceptable that no breakthroughs have occurred in managing bladder and vaginal infections in over 40 years!

Furthermore, the sole and unrelenting use of untargeted antimicrobial agents or unnecessary medical interventions for treating and managing these microbial-related conditions, suggests that the wellbeing of women is not important.

We counter that, without reproductive health, there would be no humanity to make such decisions, and thus, we must start prioritizing the female microbiomes.

Women and Their Microbes: The Unexpected Friendship Younes, et.al. Trends in Microbiology, Aug. 22, 2017,
The human vagina is an underappreciated organ that is not merely a passageway for vaginal discharge, menses, sperm, and neonates, but can profoundly affect the health of generations.

Women and Their Microbes: The Unexpected Friendship Younes, et al. Trends in Microbiology, Aug. 22, 2017,

Dr. Anna Cabeca
**HEALTHY VAGINA**

**pH:** 3.5 - 4.5

**Flora:** predominantly lactobacilli – multiple strains

*Lactobacillus crispatus, L. gasseri, L. iners and L. jensenii* appear to dominate the vagina of most healthy women

**Secretions:**

- Glandular - vulvar, sebaceous, sweat, Bartholin’s and Skene’s
- Exfoliated cells
- Cervical, endometrial cavity, fallopian tubes

UNHEALTHY VAGINA

- 75% of women in the US will have at least one yeast infection in their lifetime
- The vagina is an extension of the gut! Unhealthy gut = unhealthy vagina
- Toxins matter! (personal care products, reusable toxin-free sanitary products)
- Other infections and pain disorders
- Hormonal changes

HORMONAL CHANGES IN THE PERI-POST MENOPAUSE

Declining hormone levels
- Estrogen, progesterone, testosterone, DHEA
- Atrophic epithelium
- Decreased musculature

Increase in pH: alkaline

Decline in glycogen levels
Decreased normal flora
HORMONAL CHANGES IN THE PERI-POST MENOPAUSE

• Some 75% of post-menopausal women suffer from vaginal atrophy

• Stress urinary incontinence (SUI), has been estimated to affect over 50% of women between the ages of 20 to 80 years and was reported at 47% in a younger group between 20 and 49 years of age.
HORMONAL CHANGES IN THE PERI-POST MENOPAUSE

• Women may suffer from a decreased libido due to the decline in androgens

• Increased pain during intercourse, increased post-coital infections and decreased libido have been shown to increase the level of overall sexual distress in women.

• Sexual distress has been associated with a higher incidence of depression and relationship conflicts with more than 40% of women in the United States reporting sexual problems.

Women may spend 40% of their lives (after menopause) with this decreased quality of life.
Go down a water slide while it isn't wet and then you will understand why foreplay is so important!

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Vaginal Atrophy: Pathophysiology

Vaginal environment before menopause:
- Ovaries produce estrogen
- The vaginal lining is thick and moist
- Vaginal walls are elastic
- Vaginal fluid is secreted during sexual activity

Vaginal environment after estrogen loss:
- Ovaries produce less estrogen (or none at all)
- The vaginal lining becomes thin and dry
- Vaginal elasticity decreases
- There is less secretion of fluids during sexual activity
- The vagina narrows and shortens


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The Seven Dwarves of Menopause

Itchy, Witchy, Sweaty, Sleepy, Bloated, Forgetful & Moody
Enjoli Phenomenon

The 8-hour fragrance for the 24-hour woman.

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A lot of my friends have gone back on estrogen, but not me! All of my “happy pills” have small m’s on them and come in yellow, red and green!
MY STORY...

The 'ol fake smile

But always feeling like...

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MY STORY...

39 years old with 4 children
Worked over 80 hrs/week
Primary bread winner
Losing hair
80 lbs overweight
Menopausal and infertile
Depressed, PTSD
Zero sex drive

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MY STORY... AFTER!

- Hair grew back
- Lost over 80 lbs
- Fertile again at age 42y
  ... meet my miracle Ava!
- Wake up excited each morning
- Reclaimed sex drive

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1999 – 64 y.o WF h/o DCIS rt breast at age 58

Cc: Vaginal dryness, decreased libido, diminished orgasm, sex very important to her, relationship suffering as a result

PMHx: DCIS, FCBD

PE: 5’10“ 155 lbs, vulvar atrophy. Clitoral atrophy
DS – CASE PRESENTATION

1999 Labs:
E2 < 20, P <1, T 0.0,
SHBG, DHEA-S “wnl“

Tx:
Estradiol vag cream 2/wk
Testosterone 2.5 mg sl
Progesterone cream 20 mg qhs d 1-28
2009 74y – 2/16 OH E ratio 2.85
Salivary test
  DHEA low, cortisol nl
Continued current hormone & added: DHEA
  5 mg/day po
Maca and Greens for alkalinizing support
Carnitine 1000mg bid
MVIT/min, omega3, vit D3/k
## DS – CASE PRESENTATION

Dexascan results:

<table>
<thead>
<tr>
<th></th>
<th>2000 (64y)</th>
<th>2009 (73y)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>T - Spine</td>
<td>-0.5</td>
<td>-0.4</td>
<td>+0.7%</td>
</tr>
<tr>
<td>T - Hip</td>
<td>0.0</td>
<td>-0.5</td>
<td>-3.0%</td>
</tr>
</tbody>
</table>

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VM – CASE PRESENTATION

62 y.o WF consult re: vaginal pain
Meds: clonazepam, rosuvastatin calcium, ezetimibe, omeprazole, tramadol, aspirin, vaginal estrogen 2 x/ week

PMHx: Migraines, hyperlipidemia, hypertriglyceridemia, GERD

PShx: TAH/LSO age 30 –endometriosis & ovarian cyst
    Age 55y. Cysto/recto repair
Labs: Hormones low, TSH 3.85, Free T4 1.0, Free T3 2.6, Trg 245, neg thyroid abs.

PE: vaginal atrophy, diminished clitoris, suture palpable sq., fibrocystic breasts

Tx: Bi-est (80/20) 1.25 mg + P 30 mg + T 1mg vaginal suppository (ingredients wetted w/ Emu oil)

Iodine, thyroid support, Omegas, Krill...

2 mo f/u – no pain, increased orgasm, no migraines! “feeling frisky”
NORMAL SEXUAL FUNCTION

- Good health
- Hormone balance
- Able to communicate desires
- Comfortable with body
- Has an interest in sex
- Arousable
- Adequate vaginal lubrication
- Able to achieve orgasm

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7 KEY AREAS OF SEXUAL HEALTH

- Physical
- Psychological
- Emotional
- Relational
- Spiritual
- Environmental
- Medical
PSYCHOLOGICAL CAUSES OF SEXUAL DYSFUNCTION

What are their ideas about sex?
How were they raised?
What were their early sexual messages?
Were they victims of sexual abuse?
What are their religious and cultural beliefs?
How is their relationship with their partner?
Are they able to communicate their needs?
PHYSICAL CAUSES OF SEXUAL DYSFUNCTION

Inflammatory diseases (Thyroid, Diabetes, PCOS...)
Elevated cholesterol, ADMA, —affecting arterial blood flow
History of pelvic surgery
History of episiotomy or childbirth trauma
Trauma
Fatigue, headaches, pain
Pelvic floor dysfunction
Hormone imbalances
Past studies confirm the impact of physical issues on women’s quality of life, libido and overall sexual satisfaction:

• 80% of women reported they experience pain during sexual intercourse (REVEAL study) that they just “dealt with.”

• 23% of women reported their vaginal atrophy symptoms affected their overall enjoyment of life (REVIVE study)

• 59% of women reported that their vaginal atrophy symptoms affected their enjoyment of sexual activity

• In one study only 17 percent of adults said they had ever discussed their sex life with their doctor!
MEDICATION INDUCED SEXUAL DYSFUNCTION

Anti-Androgen drugs: flutamide, GNRH analogues, cytotoxic chemotherapeutic agents

Psychoactive drugs and mood stabilizers

Sedative-hypnotics: alcohol, benzodiazepines, sleeping pills

Antidepressants: SSRIs, Tricyclics
MEDICATION INDUCED SEXUAL DYSFUNCTION

Antihypertensive Agents: Hydrochlorothiazide, beta blockers

Drugs that bind with testosterone or increase SHBG levels: Tamoxifen, hormonal contraceptives, oral estrogens

Others: Cimetidine, steroids, aldosterone, lovastatin
April 16, 2010 -- Statin therapy prescribed to lower cholesterol also appears to lower testosterone, according to a study that evaluated nearly 3,500 men who had erectile dysfunction or ED.

"Current statin therapy is associated with a twofold increased prevalence of hypogonadism,"

- Giovanni Corona, MD, PHD, a researcher at the University of Florence in Italy
SEXUAL DYSFUNCTION DURING MENOPAUSE

Decline in progesterone age 35-40
Estrogen Dominance
Testosterone insufficiency
Elevated SHBG
Thyroid Hormone abnormality
Decline in DHEA
h/o childhood trauma, lack of bonding, PTSD

WHAT DO WOMEN SAY ABOUT SEXUAL DYSFUNCTION?

What do thousands of women in my community tell me about sexual dysfunction?

- 70% of women said they had issues with arousal
- 64% of women had troublesome vaginal or vulvar dryness
- Approximately 62% of women noted some discomfort during or after sex
- And just under 70% of women said they had experienced urinary leakage when coughing, sneezing and the like

*These are painful numbers right? We can improve so much.*

EVE link: [https://drannacabeca.clickfunnels.com/eve-quiz-opt-in](https://drannacabeca.clickfunnels.com/eve-quiz-opt-in)
Whatever happened to our sexual relations?

I don't know. I don't even think we got a Christmas card from them this year.
A recent national survey of 2,000 women tells us a lot.

Only 38% of women know that memory loss can occur as a result of a hormonal imbalance.

Just 41% know it can cause brain fog.

30% are aware that it can contribute to urinary incontinence.

Those who’ve experienced a hormonal imbalance had their first at age 36.

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THE HORMONE FIX TIMELINE

SYMPTOMS OF ESTROGEN DOMINANCE

- PMS
- Hot Flashes
- Night Sweats
- Weight Gain
- Mood Swings
- Brain Fog
- Vaginal Dryness
- Decreased Libido
- Irregular Menses
- Dysfunctional Bleeding
- Sleep Disturbances
- Bone Loss

Blood Hormone Concentration

Time

Puberty

Perimenopause

Menopause

Post-Menopause

YOU GO GIRL!

WHAT'S HAPPENING TO MY HORMONES? - Dr. Anna Cabeca

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BALANCING HORMONES
Hormonal Causes of Sexual Dysfunction

Adrenaline      Cortisol      Insulin

Estrogen       Progesterone     Testosterone
DHEA          Melatonin       Vitamin D     Pregnenolone

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OXYTOCIN

Hormonal Causes of Sexual Dysfunction

Adrenaline       Cortisol       Insulin

Estrogen         Progesterone   Testosterone
DHEA             Melatonin      Vitamin D
                 Pregnenolone
DECLINE OF DHEA WITH AGING

AGE IN YEARS

MEN

WOMEN

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Conclusions: By a local action in the vagina, DHEA applied daily at doses at which serum steroids remain well within normal postmenopausal values exerts relatively potent beneficial effects on all four aspects of sexual dysfunction.

Such data indicate that combined androgenic/estrogenic stimulation in the three layers of the vagina exerts important beneficial effects on sexual function in women without systemic action on the brain and other extravaginal tissues.
The research surrounding vaginally applied DHEA has shown it to:

- Reduce vaginal dryness and irritation
- Strengthen vaginal musculature
- Increase bone mineral density
- Decrease pain during intercourse
- Increase arousal and libido, as well as sexual satisfaction

In November 2016 the FDA approved first product containing the active ingredient Prasterone (DHEA) for treatment of women experiencing moderate to severe pain during sexual intercourse, Interosa.
In clinical studies, DHEA has been found to increase bone mineral density and to stimulate vaginal maturation without affecting the endometrium, while improving well-being and libido with no significant side effects.

In a series of animal models, androgens and DHEA have been found to inhibit breast cancer development and growth and to stimulate bone formation.

DHEA MAY PROVIDE A PROTECTIVE ROLE AGAINST CANCER

“DHEA, an adrenal hormone, has a protective role against cancer.”

“The mechanism of DHEA actions against breast cancer involves the inhibition of cell proliferation and the suppression of migration, indicating that DHEA could be useful in the treatment of breast cancer.”

DHEA MAY PROVIDE A PROTECTIVE ROLE AGAINST CANCER

“Topical DHEA (even when applied vaginally) does not cause an increase in intrinsic estrogenic or androgenic activity.”

“Vaginal DHEA may improve sexual function, without negative systemic effects, in women with breast and gynecologic cancer with vaginal and sexual-related complaints.”

Take extra precautions relating to: Having uncontrolled PCOS, if you are currently using Tamoxifen or Femara/Letrozole, or you have concern over blood clots


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Furthermore, the inhibitory effect of DHEA on the growth of human breast cancer xenografts in vivo in nude mice supports the beneficial use of DHEA as hormone replacement therapy in women.

In patients with estrogen-dependent breast cancer (notably those receiving anti-estrogenic adjuvant therapies) and severely symptomatic vaginal atrophy that fails to respond to non-hormonal options, menopausal hormone replacement or prescription vaginal estrogen therapy may be considered.

CONCLUSIONS:

Use of ERT in a cohort of breast cancer survivors with tumors of generally good prognosis was not associated with increased breast cancer events compared with non-ERT users, even over a long follow-up period.
WHAT WILL RESTORE OR NOURISH THE LIBIDO?
OXYTOCIN – STRESS CORTISOL-CONNECTION
BETTER THAN AN APPLE A DAY!
OXYTOCIN
The Love and Bonding Hormone

Nurturing-Attachment-Relationship
Pleasure
Mood enhancing, happiness, kindness
Appetite reduction
Pain relief
Orgasm, increase in clitoral/penile sensitivity to sexual arousal
Increases muscles
Anti-aging effects

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CHRONIC STRESS AND CORTISOL

- Cortisol is actually what wakes the brain up in the morning.
- AF is mediated by a constant ON signal from the circadian circuitry in mitochondria connecting to the brain.
- AF is an electromagnetic disease of having no OFF switch for light or high powered photons.
CHRONIC STRESS AND CORTISOL

- Chronic lowered cortisol is not a symptom but the reaction of the brain to this stimulus.
- This is why the PVN down regulated cortisol over time to stop the potential short circuiting of mitochondria.
OXYTOCIN CALMS THE EFFECTS OF STRESS

- In Stress, oxytocin concentrates at the CNS areas rich in cortisol (hippocampus)
- Oxytocin binds to receptors, inhibiting specific neurons, lowering levels of Oxytocin and ACTH
- Less responsive to Stress
- Over time there is depletion and disintegration of oxytocin
OXYTOCIN

CORTISOL

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EMERGING THERAPIES ADDRESSING SEXUAL DYSFUNCTION

• Addyi (Flibanserin) – the so-called “female Viagra” (No-one seems excited about this! And it is not indicated for postmenopausal women)
• SERMS
• Off-label vaginal laser therapies. (For vaginal atrophy only, please...say No to Barbie doll vulvas!)
  • Non-hormonal solution appears to be supportive of breast cancer survivors (2018)
• G-Spot injections, Platelet-Rich Plasma (PRP) injections
• Vaginal steaming

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• Address sexual health concerns and validate them  (Treat the couple!)
• Discuss vaginal changes
• Offer vaginal hormone therapy
  • Vaginal DHEA & topical cream formulas
  • Vaginal estrogen, testosterone, progesterone, oxytocin
  • Compounded combinations

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MONDAY MORNING TAKEAWAYS

• Refer to virtual education programs patients can do on their own time and privacy of their home

• Free webinars:
  • DrAnna.com/helpdoctor
  • DrAnna.com/breeze
VAGINAL HORMONAL TREATMENT OPTIONS

• Compounded DHEA vaginal suppositories/tablets/troches or topical cream
  • 5-10 mg
• Prasterone
• Testosterone
  • 0.5 – 10 mg suppository, troche or cream (higher doses with incontinence)
  • pellets
VAGINAL HORMONAL TREATMENT OPTIONS

- Estriol/Estradiol
- Progesterone
- Oxytocin
- Ex: Bi-est (80/20) 0.5 mg+ T 2mg + DHEA 3mg combined in vaginal suppository, (ingredients whetted in emu oil

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NON-HORMONAL TREATMENTS FOR VAGINAL DRYNESS

Coconut oil
Ayurvedic Ghee
Probiotics

MONDAY MORNING TAKEAWAYS

Supplements

- Vit D
- Progesterone and/or Pregnenolone
- DHEA
Preliminary findings show that Lepidium meyenii (Maca) (3.5 g/d) reduces psychological symptoms, including:

- Anxiety and depression
- Lowers measures of sexual dysfunction in postmenopausal women independent of estrogenic and androgenic activity.
MACA: ADDITIONAL RESEARCH

Hormone regulating or balancing versus hormone stimulating
(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4841986/#R8)

Considered to be an adaptogen
(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3614576/)

A non-hormonal alternative to HRT (estrogen hormone replacement therapy)
(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3614576/)

Shown to balance hormone levels while alleviating symptoms of menopause such as night sweats and hot flashes
(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3614644/ and
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3614596/#R6)

Improves libido in women and men

Did you know that 90% of all disease begins with inflammation and hormone imbalance within the body?

**BRAIN/NEUROLOGICAL SYSTEM**
- Maca, Turmeric, Flax, Oat Beta Glucan

**HEART/CIRCULATORY**
- Mangosteen, Resveratrol, Quercetin, Flax

**IMMUNITY**
- Maca, Mangosteen, Spirulina, Chlorella, Oat Beta Glucan, Cat’s Claw, Grape Seed Extract

**METABOLISM**
- Cinnamon, Green Tea

**DETOXIFICATION**
- Spirulina, Chlorella, Milk Thistle, Cat’s Claw

**BLOOD SUGAR**
- Cinnamon

**INFLAMMATION**
- Maca, Mangosteen, Oat Beta Glucan, Cat’s Claw, Resveratrol, Spirulina, Chlorella, Bromelain, Papain, Amylase

**GI/DIGESTIVE SYSTEM**
- Bromelain, Papain, Amylase

**HORMONES/ADRENALS**
- Maca, Flax, Licorice

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Strong Healthy Baby &
Teaching Tots to Swim

www.GVBFoundation.com

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QUESTIONS?
THANK YOU!