

## Increased Sexuality and its challenges

The advent of more liberal times and a more relaxed attitude towards sexuality has brought about some significant changes in the sexual behaviour of Irish women. These changes are both positive and negative. Some of the undesirable changes have been an alarming increase in the incidence of Sexually Transmitted Infections (STI). There are several factors cited as causes for this; women are having more sexual partners at all stages in their lives. Contraception has also improved in recent years, and the fear of unwanted pregnancy has been greatly reduced as confidence has grown in the various forms of contraception available. This may have led to less condom usage and therefore an increase in STI. Some of the more positive changes include a greater tendency for patients to confide in their doctor in relation to a variety of issues, including sexual difficulty and the fear of STI.

### Sexually Transmitted Infections (STI)

These continue to be a problem and the incidence of some STI continues to rise. STI both have short term and long-term consequences, the significance of which is often not known to the patient prior to diagnosis.

Chlamydia is one of the commonest STI in Ireland. Unfortunately up to 80% of women infected are asymptomatic. However awareness of Chlamydia is increasing and more women are now presenting for Chlamydia screening. Long term sequelae of Chlamydia infection can include chronic pelvic pain, deep dyspareunia and infertility. These are complaints that I would see increasing in frequency in my practice. Gonorrhoea is much less common, but along with Chlamydia accounts for 80% of all pelvic inflammatory disease.

Human Papilloma Virus (HPV) is responsible for genital warts and 70% of all cervical cancer. Genital warts are the most common STI in Ireland. The strains associated with warts are 6 and 11, and do not confer any increased risk of cervical cancer. However warts themselves can be difficult to eradicate, and recurrences are common after initial diagnosis. I find in my practice that the population of women who present with warts are younger, with busy lives. Their lifestyle in this age group may not be conducive to a quick recovery as it is important to optimise their own immune systems to try to avoid multiple recurrences. Unfortunately young women are often devastated when told that there is no permanent cure currently available and no guarantee that HPV will be eradicated permanently by the patient's immune system. A long discussion regarding future sexual practices and how to avoid infecting future partners is essential.

Herpes Simplex Virus (HSV) is an increasingly common STI, due to more liberal sexual practices among younger generations. Typically the HSV 1 virus which is found in oral herpetic lesions is now being detected in genital lesions. There is a general lack of knowledge regarding the infectivity of HSV1 in the genital area, and similarly to recurrences of HPV women are often shocked to learn that HSV infection is lifelong, with recurrences usually inevitable. Again like HPV a discussion regarding lifelong management of HSV and implications for future partners must be undertaken.

Vaginismus is a female condition which is rarely discussed but the incidence of which remains fairly constant. It is described as the involuntary spasm of the lower vaginal muscles at the introitus. It can

be primary or secondary; primary is commoner where vaginal penetration has been difficult or impossible since first becoming sexually active. Secondary vaginismus is less common, and seen in association with causes of vaginal dryness like vaginal candidiasis and postmenopausal vaginal atrophy.

The severity of vaginismus can range from soreness during penetration right through to an inability to tolerate a finger tip in the vagina. Often patients feel there is a physical blockage, and a limited physical examination is needed to make the diagnosis, as occasionally a partial hymen or haematocolpos can be found. The mainstay of treatment is an in-depth discussion with the patient so that they understand the condition, followed by a form of systematic desensitisation which allows for the association between arousal and pleasure to form. This has been under reported in the past, but due to more openness in relation to sexuality women are presenting to doctors more frequently with this complaint.

As the life expectancy of women increases sexual health issues in the older woman are becoming more relevant. Post menopausal women develop atrophic vaginitis within a few years of the cessation of periods. This usually causes pain and soreness with sex. It can also present as a vaginal itch which can be mistakenly treated as vaginal candidiasis. Even women using hormone replacement are likely to report vaginal symptoms, as systemic oestrogen often does not completely restore the vaginal mucosa to normal. I find that postmenopausal women in more recent times are more likely to request treatment for vaginal atrophy. They are reluctant to stop being sexually active. This marks a definite change in womens attitudes towards sexuality and ageing and it should be welcomed. I usually ask all postmenopausal women about dryness with sex, and more often than not patients are grateful that the subject was broached, as they would have found it difficult to initiate the conversation themselves.

Another more recent development is the advent of asymptomatic STI screening. Because of increased media coverage and more open discussion of matters sexual among young women, STI testing without the presence of symptoms has become much more prevalent. Awareness that STI can be asymptomatic has prompted women to check for STI, particularly between the end of one relationship and the start of a new one.

Changes in sexual practices in recent times have brought about new challenges in sexual health which need to be addressed. Women have greater expectations of their doctors, and will continue to demand an increased knowledge of sexual health. Our challenge as doctors is to be open minded, and to learn to discuss sexual matters with patients in a way that puts them at ease and encourages frank and honest discussion.