

Vibrators, your practice, and your patients' sexual health

📌 Why you should be offering vibrators and related devices to your patients within your established practice, and options for doing so

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As health-care professionals, we are well trained in the importance of taking a detailed, targeted history and incorporating appropriate assessments to determine a treatment plan, which often includes prescriptions, a medical procedure, or a referral. Our extensive training allows us to make and implement expert decisions.

At the same time, I've found that the most valued aspect of our job is the relationships we develop with our patients. We know details that probably no one else knows about them. This is likely most true for us clinicians whose practices address women's sexual health. A deep level of trust develops over time.

As part of that relationship of trust, we have unique opportunities to influence not only a woman's health but also her overall quality of life. What I found over the years is that many women don't necessarily need any prescription or referral or procedure. What they do often need is guidance, direction, and encouragement.

Some of my greatest achievements in delivering health care have not happened in a delivery room or because of a medication

I prescribed. Instead, they have occurred in the office where, for example, I see a woman who took my recommendations 1 year ago to change her diet and begin exercising. Now, 30 lb lighter, she feels like a new person. This is one example of a knowledgeable physician applying "extensive training and expert decisions" to incorporate low-tech treatments with great success.

So what does this have to do with vibrators in a doctor's office? Well, without many FDA-approved medications to treat sexual dysfunction, we are left with over-the-counter possibilities and such "low-tech" options as counseling and guidance.

Sexual dysfunction is common among our patients

According to the National Health and Social Life Survey, 43% of women are affected by some aspect of sexual dysfunction, and 22% associate that dysfunction with personal distress. The distress was highest for women aged 45 to 64. Additional correlates included poor self-assessed health, low education level, depression, anxiety, thyroid conditions, and urinary incontinence.¹ Sexual complaints among women diagnosed with cancer can be as high as 90%.²

Does this describe anyone in your practice? We can agree that women's sexual issues are common, whether we acknowledge that in our practice by querying women on their sexual health or not (and many of us are not).

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The author reports that she is the founder of MiddlesexMD.com.

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We're not talking to our patients about their sexual health enough. In a 2012 survey of more than 1,000 ObGyns about whether they talk with their patients about sex,³ investigators found that:

- 63% routinely ask whether their patient is sexually active
- 40% routinely ask if the patient is having any problems regarding sex
- 29% ask about sexual satisfaction
- 28% ask about sexual orientation or identity
- 14% ask about sexual pleasure.

Whatever the reason, talking about sexual health is easier for some people than for others, and that goes for both clinicians and patients.

What are our treatment options if sexual dysfunction is identified?

Unfortunately, the therapeutic armamentarium for women's sexual health is limited—perhaps a contributor to many clinicians' reluctance to broach the topic. Pharmacologically, we have no **FDA-approved treatments** for female sexual dysfunction except localized estrogen treatment for vulvovaginal atrophy and the Eros device for arousal and orgasmic disorders.

There are **off-label** options of testosterone, bupropion, or sildenafil citrate, but many practitioners and patients are reluctant to consider these options specifically because they are off label.

Over-the-counter. These options are available for women, and can be helpful. For patients with discomfort due to vaginal dryness, it is important to educate them on the benefits of vaginal moisturizers and lubricants. Many women don't know about these options, and far fewer understand the difference between these products (ie, water-based vs hybrid vs silicone lubricants).

Patients are more likely to comply with treatment when products are available in the office

Here in my small Midwestern city, there are 15 moisturizers or lubricants on the shelf at

Rite-Aid; 38 at Walgreens. My patients are unlikely to sort through the options, and many tell me they use "whatever my husband bought for me." I've had a menopausal patient report using K-Y Intense. For an atrophic postmenopausal vagina, that product is very uncomfortable. She was now downright scared to try additional options.

This is the patient to whom I explain lubricant options by placing on her hand dabs of water-based, hybrid, and silicone products. I let her note the differences in feel and consistency, allowing her to determine which is most acceptable to her. My office offers a small selection of each of those products so she can leave the appointment with the selection of her choice—no label reading or comparison shopping in the aisle of Walgreens as her neighbor walks by; no accidental purchase of products that increase rather than relieve her discomfort.

Among US women aged 45 to 64, 30% have urinary incontinence, one of the conditions that correlate with an increased incidence of sexual distress.⁴ Incontinence treatments may include behavioral modification, medication, a referral to physical therapy, perhaps surgery, and Kegel exercises.

Physical therapists are masterful in their ability to successfully treat urinary incontinence, but the limitations of time, cost, and insurance coverage are a deterrent to successful follow-through. When performed correctly, Kegel exercises may result in a cure for stress urinary incontinence in 50% to 70% of women.⁵ Exercise tools can help women isolate the pelvic floor muscles and perform Kegel exercises correctly, but I don't find them at Rite-Aid or Walgreens. In my office, I can describe how these tools can assist women in doing their exercises, can show them what the tools look like and how they are used, and have them available for purchase.

When vaginal dilators are indicated for vaginismus or postradiation changes to the vagina, I show the patient the dilators and how to use them, and I have them available for purchase.



Without many FDA-approved agents for treating sexual dysfunction, over-the-counter options should be brought to your patients' attention

Now, what about those vibrators?

An Internet-based survey of more than 2,000 women aged 18 to 60 indicated that 52% have used a vibrator.⁶ In my own (unpublished) survey of more than 100 women, 43% indicated they had used a sex toy or device (about equally in partnered and solo sex). About half of women have experience with a vibrator—which means half do not. That’s in spite of the fact that vibrator use correlates with more sexual satisfaction. It may help with a decrease in latency and increase the intensity of the orgasmic response. I commonly hear women say, “Orgasm takes so much longer and comes and goes so quickly it’s hardly worth it.” Those are the women who may benefit from introducing a vibrator.

A 52-year-old postmenopausal woman presented to me with inability to orgasm, estimating 5 years had passed since she’d last experienced one. She had a diagnosis of multiple sclerosis and was taking a selective serotonin reuptake inhibitor. She had tried a vibrator in the past, without success. As a physician, I knew that she needed a more powerful motor for more intense stimulation. I was able to let her feel the difference and obtain the appropriate vibrator. Imagine her appreciation when she returned after achieving success.

The suggestion that a woman introduce a vibrator into her sexual life is nuanced. It is important that we as providers explore and understand our patients’ concerns, beliefs, and attitudes toward this option. Women may lack information or have misinformation that can be addressed in a sensitive, professional way in the privacy and safety of an office visit.

Once a woman understands the benefits a vibrator may offer, how does she proceed? I live in a community that does not have a “sex shop,” and I don’t feel comfortable referring patients to one that is 30 miles away.

Google offers 23,000,000 results for “vibrators.” Amazon provides 400 pages of products. Adam and Eve, a leading online “sex toys” shop, offers 524 vibrators. To get to the options, a patient would need to navigate

some distasteful images, guess at quality and safety, and wouldn’t find much relevant health information.

Three years ago I attended an Adult Novelty Expo. I can attest to the variety of products on the market, most of which I would never consider advising a patient to use. Some can give off an awful “toxic smell,” which I would prefer my patients not have in contact with their genitals. Some are extremely complex—one vibrator introduced at the expo boasted 42 different functions with 8 control buttons. A small, curated selection of safe, well-designed, and effective vibrators is welcomed in my office.

Providing vibrators for purchase in the office can bypass confusion

Part of what patients value is that they can evaluate and purchase these products with privacy, confidentiality, and convenience in a clinician’s office. These purchases result from a safe, nonjudgmental, informed discussion with their provider, in the context of a relationship that has been developed over time.

Feedback from happy customers/patients. Knowing there is controversy about health-care providers selling products, I’m upfront in asking for feedback from patients and online customers. These are some of their comments:

- “I trust you completely. You have a history of taking a personal interest in my health.”
- “I am personally grateful for the store and have passed it on to my friends, because where else are we going to go for these things? ... It seems like another way you are keeping your patients’ health and well-being in the forefront of your practice. You have created a safe place for us to reconnect with an important part of ourselves.”
- “Anyone who comes back to a professional after the first ‘I’ll give him a shot’ visit does so because she trusts that person. If she didn’t, she wouldn’t be there. One of the things she trusts is your judgment.”
- “If you, in your professional opinion and personal experience, honestly believe a lotion, device, or book to be beneficial, there



Offering products such as lubricants, exercise tools, and vibrators in your office can ensure that a patient buys the best product for her condition

How to expand your services

There are any number of ways to incorporate products into a practice, which makes a comprehensive guide to getting started difficult. These actions will help you start the process, though, and avoid some missteps along the way.

1. **Verify that policies are friendly.** Check to be sure that what you're planning will comply with the policies that govern your practice. My practice is part of a nonprofit hospital network, and it was important to be upfront and assure appropriate disclosures.
2. **Determine the range of products that it would be helpful to offer.** The community and resources where you practice, as well as the focus of your practice, can provide direction on what variety of products you offer. I live in a small Midwestern city without a lot of options, so a full spectrum is important to my patients. If other sources were readily available, I might offer fewer types of products.
3. **Assure office staff capacity.** While you're deciding how ambitious to be, think through who in your office will take on what roles. Who will research products? How much inventory will you maintain? Who will restock the inventory? You can structure your plans appropriately. An online store, where your patients or staff use a Web site to purchase products that are shipped directly to patients, requires the least effort. At the other end of the spectrum is a collection of products in-office, ready for patients to purchase and take home.
4. **Set your criteria for products.** There are many, many products available; they are not all created equal. For vibrators, for example, I look for safe materials and quality of design, such as "no pinch" points and ease of cleaning. Beyond that, I know my patients need a stronger motor for sensation and are flummoxed by complex controls.
5. **Research products that meet your criteria.** At this point, resources diverge depending on your intent. A Web site like MiddlesexMD.com curates products across categories and manufacturers for you, with a special focus on sexual health. Other options include retailers like Amazon.com, goodvibes.com, or evesgarden.com.
6. **Contact distributors or manufacturers.** Every company will offer different pricing, discounts, minimum order levels, and delivery. You'll need to match the capabilities offered with the intent and capacity you've outlined. For practices who don't have those resources, we at MiddlesexMD provide an affiliate program.
7. **Train your staff on both products and process.** Because my staff has conversations with patients, I want to be sure that they're all comfortable talking about and answering questions about products I may recommend. And, of course, they need to know how to charge for products, who to contact with questions, and how to reorder.

is nothing wrong with saying so (and one can make the case that you are shirking your duties to your readers and patients if you do NOT mention these things)."

Their comments reinforce my earlier point that the trust we develop with our patients is very valuable and must not be compromised.

Opportunity for revenue

I've focused on issues of comprehensive, practical service to patients because that is my primary motivation for offering products

through my practice. That said, there are, of course, opportunities for revenue through retail in or in conjunction with your practice. (See "How to expand your services," above.) That revenue can offset other cost pressures or contribute to overall profitability. Or, you could decide to provide products at cost as a service. Either way, you need to be thorough in investigating the financial implications and overhead requirements.

In addition to locating and testing products, there will be time invested in setting up accounts, managing cash flow and inventory



It's important to understand which, and how many, products would be helpful to offer in your office given your practice location

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and conducting the transactions. You may find, as I have, that depending on scale and resources available, it's most effective for a practice to work with a distribution or retail partner.

For me, selling products makes sense

I practiced medicine for years before bringing products into my office. My relationships with patients were well-established. But I've seen repeatedly and first-hand that women are more likely to follow through when I can show them what lubricants feel like or how a vibrator functions. I'm not sure I would still have an electric toothbrush if my dentist didn't offer them for sale.

When my patients can walk out with products they're ready to use—rather than with one more research project for their to-do lists—well, I think that's useful and convenient. My patients, especially those who've

revived their sexuality when they'd nearly given up, tell me it's an invaluable part of my practice. 📧

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