

No.1/December 2010

**MEDIA
PLANET**

SEXUAL AND REPRODUCTIVE HEALTH

THREE
TIPS
TO A HEALTHY
NEW YEAR

WHAT NO ONE'S TALKING ABOUT

Sexual Health Expert **Dr. Laura Berman** gets the dialogue started

PHOTO: PROPERTY OF OWN; RENE CERVANTES

Homework time
Be your own
best health
advocate



Menopause
A beginning,
not an ending



Birth control
What are my
options?



CHALLENGES

Over the past decade, the field of women's sexual health has grown exponentially.

TIP

1

LEARN FROM
THE EXPERTS

It takes two to tango

With Viagra's introduction in 1998, a new national dialogue about sex began. Men everywhere paid visits to their doctors and returned to the bedroom with renewed fervor after years (even decades) of a non-existent sex life.

But it takes two to tango, and suddenly my clinical practice was filled with women asking, "What about me?" Called upon by newly functional mates after so many years, they were finding that interest and response were no longer there. Thus began my journey into the multifaceted world of women's sexual health.

Over the past decade, the field of women's sexual health has grown exponentially. Medical journals, academic organizations and multidisciplinary clinical practices have been built around defining, diagnosing and treating female sexual dysfunction. Yet

women will never benefit from a sexual panacea as men have with Viagra. The most effective approach addresses all the causal factors: the emotional, relationship, and medical.

The underside of WHAT?

Beyond the scientific advances, the most exciting shift has been in our societal attitudes. Finally we're willing to believe that "nice girls" aren't just receptive to sex, but entitled to a fulfilling sex life. We now embrace sexuality as a fundamental ingredient in our emotional and physical health and well-being, and are no longer ashamed to seek help when needed.

The media has certainly helped inspire this attitudinal evolution, from "Sex and the City" to "Desperate Housewives." As a clinician who also works in the media, the release of these taboos has been palpable. In 1998, I appeared on a national nightly news show about FSD and right before we went live the producer whispered, "By the way, you can't say the word



Dr. Laura Berman



"Women must be their own best advocates, in the bedroom and in the doctor's office."

'clitoris.'" Taken aback I asked, "Can I say 'penis'?" to which she responded, "Of course!" Fast forward 12 years and I find myself starring in a new show on OWN called "In the Bedroom with Dr. Laura Berman." The premiere episode on January 3rd addresses the clitoris in all its glory as I work with a wife who can only reach orgasm using the underside of a laundry basket! We've come a long way, baby!

There's still much work to do. Women must be their own best advocates, in the bedroom and in the doctor's office. The following pages will provide inspiration and resources to celebrate and reach your optimal sexual potential. The rest is up to you!

Dr. Laura Berman is the star of "In The Bedroom with Dr. Laura Berman" on OWN, Mondays, 10 PM (EST). She hosts "The Dr. Laura Berman Show" weekdays on Oprah Radio (on XM 156/Sirius 195) and is a best-selling author. Her newest book, "It's Not Him It's You" is released this weekend. Dr. Berman is also a regular guest on "The Oprah Winfrey Show" and "The Dr. Oz Show."



WE RECOMMEND



Roger Lobo, MD discusses the improvements in working with patients with low sexual desire.

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INSIGHT

Communicate your way to good sexual health

Most women want a healthy sex life, but many fail to consider the importance of good sexual health.

You can't have the former without the latter, which is just one reason it's critical for women to know their bodies, be proactive about sexual and reproductive health, and have an open dialogue with their health care provider.

A shared responsibility

Americans do not tend to talk openly about sexuality, and many women are reluctant to discuss sexual issues with their providers. But according to Leslie Kantor, national director of education initiatives for Planned Parenthood Federation of America, an open doctor-

patient dialogue is critical to overall sexual health.

"There is a shared responsibility between patient and provider, and no one should feel embarrassed about past activities or asking questions related to birth control or risk of sexually transmitted diseases," Kantor says. "Good communication is essential to making sure the patients' needs are met and they leave understanding how to take care of their sexual health moving forward."

Education is key

Research suggests that 40 percent of American women have some kind of sexual problem such as low desire, sexual pain, arousal problems or difficulty reaching orgasm. And while these problems can be medically

“The number one predictor of a woman’s ability to address sexual function issues with her doctor is whether she believes it will embarrass him.”

based, they may also be emotional or relationship issues, or an interaction of the three.

Because of that blurry line, sex therapist and researcher Dr. Laura Berman says it is important for women to educate themselves and find a well-trained provider who has a level of comfort with sexual issues.

"The number one predictor of a woman's ability to address sexual function issues with her doctor is whether she believes it will embarrass him. In order to isolate and deal with the cause of her problem, she must be her own best health advocate, do the legwork to find the right provider and ask lots of questions."

JILL SMITS

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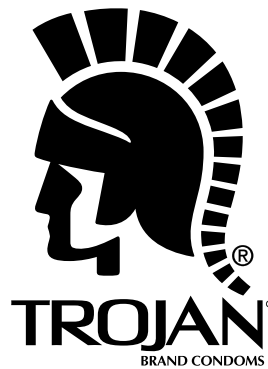
5 TIPS

Relationship resolutions for the new year

- Put romance back in your bedroom: Out goes the television, computer and kids. And don't forget to install a lock on the door!
- Your spouse comes above the kids. What's most important for them is to exist in, and witness, a happy and healthy marriage.
- Schedule sex once a week no matter what. You lose spontaneity but gain a regular sexual connection.
- Focus on appreciation. The more "Thank you's" you give, the more you'll get back.
- Have a "ten second kiss" every day! It's a great way to stay connected.

DR. LAURA BERMAN

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NEWS

QUESTION &
ANSWER

Research presented at the 66th Annual Meeting of the American Society for Reproductive Medicine reveals that physicians have room for improvement in working with patients with low sexual desire.

According to Dr. Roger Lobo, there is a very high prevalence of sexual disorders within women, yet, women are much more complicated than men, and while treatments such as Viagra are available for men, there are currently no specific or FDA approved hormonal therapies available for women.

Why is it important that this issue is being addressed?

→ This is a topic that people tend to talk about, and actually neglect. Addressing the topic and conducting this research will help to raise awareness for both physicians and patients.

“Sexuality is an important component of a healthy life,” says Dr. Lobo. “Unfortunately, our health care system allows pre-



Roger Lobo, MD
President, American Society for Reproductive Medicine;
Professor of Obstetrics and Gynecology,
Columbia University

vious little time to explore such a sensitive area. Research like this will help physicians develop the tools they need to assess their patients' sexual health.”

What does this research mean for patients who have distress?

→ Women should be encouraged, and should not be scared to speak with their physicians. With this research, these patients do have reason to be optimistic.

FERTILITY AND REPRODUCTIVE HEALTH

According to the Centers for Disease Control and Prevention, approximately 6.1 million women in the United States between the ages of 15 and 44 have difficulty becoming or staying pregnant.

But infertility is not just a woman's condition, and hundreds of thousands of men are also diagnosed with infertility problems.

Causes of infertility

According to Joanna Ellington, PhD, co-founder of INGfertility, there are four primary reasons couples don't conceive: abnormal sperm quality, abnormal ovulation, a blocked Fallopian tube and poor timing of intercourse that does not allow the sperm and egg to meet at the right moment.

In fact, ovulation disorders account for most female fertility problems, and many of those

issues, including polycystic ovarian syndrome and primary ovarian insufficiency, are treatable with medication.

Many male infertility issues such as impotence and insufficient or abnormal sperm can also be treated medically, but Ellington says making healthy lifestyle choices can reduce a man's risk.

“Toxins in our everyday environment can impact male fertility. Many common things, including lawn care chemicals, hormones in meat or supplements and even some personal lubricants can damage the genetic material the sperm bring to the egg.”

Heavy alcohol use, drugs and smoking cigarettes may also adversely impact male fertility.

Good reproductive health habits

In addition to making healthy lifestyle choices like quitting smok-

ing and losing weight, Ellington says women should engage in good reproductive health habits that may increase their chances of conceiving a healthy baby.

“As soon as a woman knows she wants to become pregnant, she should start the prenatal vitamins and start monitoring her own cycle so she knows when she should be fertile.”

Ellington also says that sperm count and quality as well as actual pregnancy rates can be impacted by stress in the couple. And while that does not mean that stress is causing the couple not to conceive, maintaining a low stress level can optimize the process and make it more enjoyable.

“There is only a 20 percent chance of conceiving each month. It can take a while, but you can optimize your chances with simple changes in life.”

TIP

2

ADOPT SIMPLE CHANGES TO INCREASE FERTILITY

JILL SMITS

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A new understanding of a common problem

The inability to obtain or maintain an erection used to be considered primarily a psychological problem.

That is no longer the case. Erectile dysfunction is now understood to be a medical condition—one that, left untreated, is a harbinger of coronary disease. “It's not just about quality of life; it's a barometer of masculine health,” says John P. Mulhall, M.D., a urologist who is director of the Male Sexual and Reproductive Medicine Program

at Memorial Sloan Kettering Cancer Center in New York.

Both ED and coronary disease have a major vascular component. Narrower to begin with, the penile arteries are the first to go with plaque build-up. If nothing is done to reverse that narrowing, the coronary arteries eventually follow suit. “Fifteen percent of men will have a cardiovascular event seven years after the day they develop ED,” says Mohit Khera, M.D., a urologist who is director of the Laboratory for Sexual Medicine

at the Baylor College of Medicine in Houston.

Risk factors

Men over 50, those who are overweight, inactive, have high cholesterol, high blood pressure, or diabetes, and those who have had physical trauma, a history of depression, or are taking antihypertensives or certain antidepressants are the likeliest to experience ED. Stress-related life problems figure in too, as does ED dread, which “generates anti-erection adrenaline at any

age,” says Dr. Mulhall.

The mechanics of ED

Erections involve a complex interaction between the brain (which conveys that psychic energy known as libido) and the penis, causing the penis muscles to relax, thereby permitting blood flow and producing an erection. “Anything that decreases blood flow into the penis makes it difficult to obtain an erection. Or if the blood leaves the penis too fast, the erection can't be maintained,” says Dr. Khera.

Reversing and preventing ED

The same measures taken to maintain a healthy heart and reverse coronary disease apply to ED: A healthy diet, exercise, taking statins, and stopping smoking. Diet and exercise alone have been shown to significantly improve ED after two years, says Dr. Khera. The male hormone testosterone has also emerged as a treatment option for erectile dysfunction.

LINDA DYETT

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INSIGHT

The Secret To Happy Snuggling

First off, it's not your fault. Menopause happens. And with it, comes changes in the bedroom. After all, menopause means that your body's natural lubrication doesn't occur as naturally, or as frequently, as it used to. The result? Less snuggling. And that's not good. Which is the reason why we created Aloe Cadabra®. The first all natural, personal lubricant made from 95% organic aloe and enriched with Vitamin E. So it naturally does for your body what your body may no longer naturally do for itself. Other personal lubricants have ingredients that are found in antifreeze and cleaning solutions. Be sure to read the labels carefully. And when you're ready for a healthier solution, we invite you to come visit us at aloecadabra.com. Here's to the next stage of your life. May it be filled with happy snuggling.



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Translated from Greek, menopause means the “end of monthly cycles.” A natural condition that every woman will experience as she grows older, menopause occurs when the ovaries stop producing eggs and menstruation stops.

Menopause and sexuality

As a result of this normal condition, the body produces lower hormone levels, which may cause symptoms including hot flashes, insomnia and mood swings. However, while menopause does mark the end of fertility, it is not the end of sexuality.

Physical changes

The myth that women stop being sexual at menopause may be rooted in the physical changes her body goes through when hormone levels drop. Lower estrogen levels cause the vagina to narrow and produce less lubrication, which can make sex painful. At the same time, reduced testosterone can affect sex drive.

But studies show that some women report that sex is more enjoyable after

“The myth that women stop being sexual at menopause may be rooted in the physical changes her body goes through when hormone levels drop.”

menopause, and decreased sexual desire can often be explained by reasons like depression or poor body image. However, if a physician confirms menopause is the cause, a woman may want to discuss the pros and cons of hormone replacement therapy.

A beginning, not an ending

Sexuality expert Carolyn Braddock, MA, says the most important thing for women to remember is that menopause is a time of beginnings.

“Menopause is a magical time because we have wisdom and can let our hair down. We naturally want to express ourselves sexually, but we may need a little help staying lubricated and keeping our organs healthy.”

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Choosing the right birth control

There are many different kinds of birth control available to women, and choosing the right method is a very personal decision.

The best option depends on a variety of lifestyle factors and individual preferences, and women are encouraged to consider several things before settling on one, including:

- How healthy are you?
- Do you have sex often?
- Will it protect you from sexually transmitted diseases?
- Do you want children in the near future?
- What side effects might you experience?
- Is it practical and affordable for you?

Types of birth control

Pills, rings, patches, sponges, condoms,

abstinence, implantable devices...the list of birth control options goes on and on, and choosing the right one can be overwhelming. But Leslie Kantor, national director of education initiatives for Planned Parenthood Federation of America, says there are two big categories of birth control that can work for most women—hormonal and barrier.

“Hormonal methods like the pill and the patch work by preventing ovulation and, thus, pregnancy. Barrier methods like condoms and the sponge work by preventing sperm from meeting the egg—they are easy to get and can also serve as STD prevention.”

Be proactive

The best time to choose a birth control method is before you need it, and

Kantor says it is important for women to know how to use their contraception properly, and to understand the potential consequences when used incorrectly.

“We love to see someone who may just be thinking about having sex and they want to explore what birth control might be best for them.”

For those who are considering sexual activity, or simply want to explore birth control options, Plannedparenthood.org has a resource called My Method that can help a woman identify and understand the most suitable birth control method for her life.

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INSIGHT

QUESTION & ANSWER

Why is communication vital in a relationship?

→ Achieving sexual frequency, and blissful sexual pleasure, is a matter of simple communication. It's true. Women control frequency in the bedroom. Men want frequency. Frequency does



Donna Wittrig
Vice President, Surprise Parties

not occur unless both partners are sexually satisfied.

If a woman isn't honest about her desires—how to be touched, what feels good, what doesn't... she will not achieve orgasmic success with her partner. Because she controls frequency, their sex life becomes an infrequent obligatory sexual chore.

Where is the fun in that?

Sex should be fun! So, have fun in the bedroom! Speak honestly about your desire to explore edible flavored creams, lingerie, massage oils, vibrators, role playing, talking naughty or whatever you personally find pleasurable. Honest communication gives you both the

opportunity to look forward to every intimate moment with your partner, knowing you are both going to have fun, and fun is something you both want... frequently.

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