Recent advances in treating sexual problems

Stefano Eleuteri [1,2*] Roberta Rossi [1] Denise Cassibba [1] Chiara Simonelli [1,2]

[1] Faculty of Medicine and Psychology, Sapienza University of Rome
[2] Institute of Clinical Sexology, Rome

Abstract

The aim of this article is to highlight new psycho-sexological approaches that the therapist can provide to their patients. During COVID-19, therapies had to be transformed into remote online versions and, even once the restrictions ended, many people, for different reasons (analyzed in this paper), preferred to maintain an online approach.

This work explores a new way of providing therapy by suggesting that it is increasingly important to make room for inclusiveness when dealing with each other. In addition, new approaches are highlighted such as mindfulness therapy to treat sexual dysfunction and relationship issues, laser therapy, and radiofrequency therapy.

In the present work, there, moreover, is a focus on the use of sex toys for therapeutic help.

Pharmaceutical approaches are also analyzed to emphasize the importance of an integrated model where the biological contribution is also involved.

Finally, the paper shows the importance of delving into nutraceuticals. Of course, we know that our article cannot include all the new aspects of such a large area that have arisen in the last year, but to the best of our knowledge, we discuss the most important changes we have identified in sex therapy practice. The integrative approach seems to be best to deal with all this variety of new approaches to help us take care of the bio-psycho-social factors involved in sexual dysfunctions.

Keywords

Sexual problems; sexual therapy; mindfulness; inclusivity; online

Peer Review

The peer reviewers who approve this article are:

1. **Salvatore Caruso,** Research Group for Sexology, University of Catania, Catania, Italy
   Competing interests: No competing interests were disclosed.

2. **Angel Montejo,** University of Salamanca
   Competing interests: No competing interests were disclosed.

***Corresponding author:** Stefano Eleuteri (stefano.eleuteri@uniroma1.it)

Competing interests: The authors declare that they have no competing interests.

Grant information: The authors declared that no grants were involved in supporting this work.

How to cite this article: Eleuteri S, Rossi R, Cassibba D and Simonelli C. **Recent advances in treating sexual problems.** Faculty Reviews 2023 **12**:(20) https://doi.org/10.12703/r/12-20

Published: 11 Aug 2023, Faculty Reviews **12**:(20) https://doi.org/10.12703/r/12-20

Introduction

The integrative approach proposes a gradual opening toward the possible contributions of different theoretical approaches. Biological, chemical, physical, psychological, and cultural aspects must always be kept in mind as possible etiological factors, not only in their peculiarities but also in their mutual interactions[1]. A contextualized psychosomatic and somatopsychic view seems to be the only possibility for an authentic understanding of such a complex manifestation. The clinic in sexology must therefore take into consideration the body-mind relationship, the individual, and the couple in their specific socio-cultural context. Having an integrated approach involves using new techniques based on the patient the psychotherapist or sexologist has in front of them. New approaches that have left positive results in recent years will be discussed in the following paragraphs divided by topics.

Online therapies

During COVID-19, we learned how to live in online mode, including for our clinical needs. Nowadays, many people still prefer to use this setting.

Online therapy can be conducted in different modalities such as videoconferencing, which allows for synchronous communication, or via chat and e-mail, which are asynchronous in nature[2], or even alternating between them.

Psychological support services have different advantages to overcome the limitations of face-to-face sessions[3]: it is possible to increase the accessibility of psychological support by broadening the offer to those with limited mobility, time, and logistical and physical restrictions. Online therapy, therefore, could make it possible to avoid the worsening of some diagnoses in the case of inability to see a therapist vis-à-vis. In addition, through the online modality, it is possible to circumvent situations of fear of judgment and stigmatization (as in the case of sex counseling): the network allows access to a support service quickly and without additional travel, ensuring greater patient privacy and saving time and money. Moreover, a phenomenon was analyzed known as the "online disinhibition effect", whereby, [4]on the web, individuals tend to express themselves and act more intensely than in person. The screen stands between the individual and the online world, creating a barrier that can act as protection. In this case, it is generally easier for patients to open up to a mental health professional, as the fictitious distance given by the online mode allows them to perceive the possible difficulty of confrontation to a lesser degree.

A suitable target group of individuals for online therapy is adolescents, as young people tend to be more likely to use technology[5]. However, not all people are suitable to take advantage of these types of services: patients with problems related to reality testing or suicidal ideation are not suitable[6]. These cases are extremely delicate and require the physical presence of the therapist, especially to manage any dangerous behavior.

Careful assessment of patients should be conducted, both at the counseling stage and at the actual intake. An additional critical element concerns communication[7]: body language and nonverbal signals are poorly available during video calls and this can increase misunderstandings or communication difficulties. In addition, the various communication devices may malfunction and alter the quality of the session. It is therefore important to be proficient in the use of computers, to possess a good internet connection, and have the availability of a quiet and private space.

Between the positive aspects, we can observe the facilitated access; in fact, people in rural areas can connect with experts even a far distance from them, greatly facilitating the process of choosing the professional best suited to their needs.

Recently, both Brotto *et al.*[8] and Shover *et al.*[9] identified the effectiveness of online modalities in mindfulness-based sex therapy and in support groups.

Inclusivity

In both online and presence therapy, the terms "inclusivity" and respect for all differences have become increasingly strong in recent years.

With the expansion and evolvement of discussions and knowledge connected to diversity in sex, gender identity, and gender roles, healthcare providers and researchers can no longer talk of sex and/or gender as binaries[10].

From its birth, sex therapy has been based on a traditional dichotomous view: heterosexual encounters between a man and a woman, both cisgender. Moreover, also within this heteronormative approach, sex therapy has mostly been interpreted as applied to Western, Caucasian, middle- and upper-middle-class couples inside of a marriage. This is connected to a lack of healthcare availability of this service and to possible unnecessarily invasive questions from providers[11]. In recent years, sexologists and researchers studying sex therapy have started to enlarge this perspective, recognizing different sexual expressions as healthy and meaningful[12].

Even if inclusivity and diversity are becoming always more diffuse, still little evidence exists on how to best work with these clients[13], and this could be an important area for future research.

Talking about sex therapy, importance must be given to specific minorities, for example, transgender people who suffer from health disparities in different areas[13,14]. Discrimination and stigma, real or perceived, can affect the willingness and capability of transgender people to access care services.

Moreover, multiple biomedical risks are higher in this population: for example, transgender women (Male to Female, MTF) are known as having a disproportionate burden of HIV

infection. Most transgender women also report a higher rate of smoking, alcohol, or drug use to cope with abuse, according to several studies. Furthermore, they often report higher rates of attempted suicide than their counterparts. Although other minority groups also face some health barriers, some are specific to and others are amplified for transgender people.

Despite guidelines and supporting data, there is a lack of training for medical professionals regarding these issues[15].

Transgender people are not the only ones that should be better considered in sex therapy.

LGBT identity is not the main focus of the therapy with these patients' treatment, but its impact on the treatment should not be neglected or underestimated. When working with LGBT patients, various issues can arise. For instance, patients belonging to a sexual or gender minority frequently start therapy after an extended inner journey within themselves. Some of these patients are free to live openly but others have difficulties in understanding their LGBT belonging or with coming out, to some people or to all.

All members of the LGBT community are united by belonging to a stigmatized minority group. The Minority Stress Model[16] has displayed that people in minority groups may be at increased risk of mental disorders as stigmatizing attitudes, discrimination, and other social stressors often affect them. As a result, they may be subject to stress, prejudice, hostility, and expectations of rejection, which can contribute to a considerable and disparate mental health burden.

Chronic and cumulative stress in people belonging to a sexual or gender minority can increase the risk of depression, anxiety, substance abuse, self-harm, suicide, as well as other psychological problems. In addition, compared to cisgender and heterosexual individuals, members of the LGBT community are nearly twice as likely to attempt suicide and to have depression and anxiety disorders than individuals who do not identify as LGBT. Substance use is also significantly more prevalent among the LGBT community.

Given the negative attitudes towards them, one cannot be surprised by their closed attitude during therapy or their reticence to reveal their feelings or fantasies.

From a clinical point of view, keeping aspects of the self separate or hidden could be difficult and detrimental. Avoiding coming out can bring difficulties, for instance in assessing others' perceptions of oneself or in recognizing one's strengths. The dissociation of different aspects of the self can affect self-esteem, making it more difficult to recognize achievements as a reflection of one's capabilities.

It should be important for the clinician working with the LGBT population to have specific training to deal with the issues presented without prejudice and stereotypes[17].

Mindfulness based sex therapy

Sexual therapy based on mindfulness is increasingly recognized and used nowadays. It is an interesting alternative because it can be applied in different contexts. Brotto was a pioneer in the use of this approach for sexual problems. The proposed intervention involves eight weekly sessions in a group format. The treatment, similar to mindfulness-based cognitive therapy, is focused on sexuality. During the therapy, patients learn to tune into their erotic feelings and urges by trying to integrate techniques into sexual activities.

There have been several studies in which the author and her colleagues have demonstrated the effectiveness of mindfulness-based sex therapy for people with different sexual problems: arousal and desire; lack of orgasm; pain in penetration; and sexual problems resulting from medical conditions.

Meditation and mindfulness are two terms we hear often nowadays. These terms are often used overlappingly, but there are differences between them. Meditation is a formal practice that can calm us down and improve our awareness of our mind, our environment, and ourselves. Over the millennia, many different traditions, especially in Eastern Countries, have practiced meditation in its various forms, and over time it has also spread to Western society and become one of several therapeutic modalities. Formal meditation practices include, among many others, breath awareness[18]. The term 'mindfulness', on the other hand, has become diffuse in recent times. The meaning refers to being aware of the present moment.

The term 'mindful' means being concentrated on what is happening in the present moment and this allows the individual to observe what is arising and what is disappearing. Using this practice and allowing thoughts to come and go without clinging, without trying to hold them back, we learn that calm and tranquility will arrive. Over time, we learn to understand our mind and be aware of the thought patterns that usually arise. The secret lies in gently catching all thoughts, a mental whirlwind or chatter of the mind, and observing it, noting all the possible emotions and letting the thoughts fall gently, avoiding any possible judgment. Some specific techniques emerge that are useful in different forms of meditation: breath awareness; body scan (scan each part of the body, reaching an awareness of them and use them as an anchor for the present moment and for understanding the points where we hold tension and stress in our bodies); and compassion-based meditation (using kindness, empathy towards the suffering of others and our own). Other possible forms can be the walking meditation, where the entire focus is on awareness of the contact of our feet with the earth to ground ourselves in the present moment and/or the use of mantras or phrases with the aim of focusing the attention on the present moment. Regular practice of meditation allows us to react to our surroundings and daily difficulties with greater balance and calm. Several studies confirmed that people who practice meditation develop significant changes in the cerebral areas that are connected with anxiety and stress[19]. An

increase in activity is noted in the hippocampus, the cingulate cortex, and the prefrontal cortex, while better emotional regulation shows a decrease in amygdala activity. In a randomized clinical trial, versions of eight sessions closer to mindfulness-based cognitive therapy were found to significantly improve overall sexual function and specifically sexual distress and sexual desire[20].

Improvement with the use of mindfulness-based therapy has recently been found in patients with Sexual Interest Disorder/Arousal[8,21–23] and vestibulodynia[24,25].

Stephenson[26] highlighted the importance of mindfulness in reducing the sex-oriented focus to an aim, increasing the possibility that attention could remain on the sensations connected to pleasure and give the chance of expanding one's sexual repertoire; an improvement was noticed, and this is very important because these are precisely the fundamental goals of how mindfulness acts. The focus on arousal, when the person learns to note the negative thoughts without being emotionally involved, could enhance sexual function and reduce negative expectations.

Mindfulness and cognitive-behavioral therapies have improved pain, pain catastrophizing, mood, and sex-related distress[27].

In summary, mindfulness allows one to explore mindful acting during sexual activities and, in addition, several studies have reported that individuals with sexual dysfunction tend to show less attention to erotic cues during sexual activities, and this is where again mindfulness acts[26].

Sex toys

Some studies on vibrators in women showed positive effects on various sexual and urinary outcomes[28].

These researchers have noted a positive change in blood flow and muscular tone of genital tissues, connected to a decrease in sexual discomfort, an increase in the orgasmic response, and improvements in different aspects of sexual arousal and satisfaction. The subjects of these studies included several women with pelvic floor dysfunction. In these women, the use of vibrators was connected with a decrease in urinary symptoms and urine leakage and an improvement in pelvic muscle strength. Reduction in pain and increase in sexual enjoyment were found in other studies conducted in women with vulvodynia.

Vibratory stimulation has also been found able to facilitate blood flow and vasodilation, enhance metabolism and tissue perfusion, increase relaxation, and improve diminished muscle tone. The use of vibrators was also associated with improvement in the Female Sexual Function Index (FSFI) score, and an increase in different aspects of sexual health : genital sensations, orgasm, and arousal.

A reduction in general sexual distress and an increase in overall sexual function and specifically in desire and satisfaction, also with a reduction in the time spent to reach orgasm and in the achievement of multiple orgasms were reported by patients using vibrators.

It seems from the literature that vibratory stimulation has been also connected with a reduction in the use of sanitary towels among women with urine leakage and stress urinary incontinence and with a significant reduction in urinary symptoms, with an associated improved quality of life.

One study on vulvodynia focused on vibratory stimulation to relieve pain and connected symptoms. Dubinskaya stated that after vibrator use (four to six week period), women reported a reduction in pain and sensation with an associated enhancement of sexual pleasure. Satisfaction regarding the treatment has been found with more than 8 out of 10 participants expressing satisfaction, and 9 out of 10 of them feeling comfortable with the use of the vibrator as a therapeutical tool[28].

New approaches in pharmacological aspects

Treatment based on testosterone should be evaluated according to the biopsychosocial approach: it is important to choose if using pharmacological components, psychotherapy, or multimodal treatments including both aspects. The gold standard approach should be broad and include the identification of different factors that may contribute to distress. Evidence-based treatments should be addressed to the etiology. Biological factors must be considered if psychosocial factors are impaired but are not the main contributors to sexual dysfunction or if no psychosocial factors are involved.

Testosterone can act on the nervous system and neuroendocrine mechanisms and this would allow an improvement in the treatment of postmenopausal women with hypoactive sexual desire disorder (HSDD).

One extremely important thing to keep in mind is that even when the primary etiology is biological, symptoms may still be maintained by psychosocial and relational factors that could have been a consequence of a sexual dysfunction with a purely biological basis. Moreover, when the etiology of acquired and generalized HSDD is mixed, and no predominant factors appear, the use of drugs could be considered but their combination with psychotherapy could be helpful[29].

Psychoactive drugs such as antidepressants are widely used in the general population. An interesting recent article also underlined the importance of managing the use of antidepressants when there are comorbid sexual dysfunctions[30].

In a study conducted in 2005, it seemed that 1 out of 10 of the sample population used medications for depressive mood. Moreover, the recent COVID-19 pandemic has been found to be the cause of an increase in anxiety and depressive symptoms with a following increase in use of antidepressant medications[31].

In 2003, it was reported that nearly 42% and 15% (men and women, respectively) stopped using drugs for psychiatric symptoms because of perceived side effects associated with sexual life. SSRIs, of course, can have an impact on sexual function in 40%–65% of subjects and this can lead to depression and other side effects. It was also noted that subjects using these drugs could have problems in reaching orgasm or ejaculation.

Delayed ejaculation, but also decreased sexual desire, reduced sexual satisfaction, anorgasmia and erectile dysfunction are the most diffuse sexual dysfunctions connected with the use of SSRIs.

As an alternative to SSRIs, serotonin-norepinephrine reuptake inhibitors (SNRIs) antidepressants like mirtazapine and bupropion are considered to have lower risk of sexual side effects[32].

Men are more likely to report higher rates of adverse effects connected with the use of drugs for depression in orgasm and sexual desire, while women usually report problems in sexual arousal, especially with SSRIs. Faced with the sexual difficulties these drugs can give, it is important to first assess sexual functioning, at the first visit but also at the others. Treatment options for sexual dysfunctions associated with antidepressants can rely on different strategies: stopping or changing the drug, or reducing or augmenting the dosage. If changing the drug is considered, this could be based on moving to a drug with a better profile or considering one with fewer side effects in the sexual sphere. Behavioral treatments are also very valuable; they could consider psychotherapeutic support, vibratory stimulation, sexual activity programming, and/or the use of exercises. Other associated strategies require further studies, like the use of R damascena oil, maca root, saffron, or acupuncture[33].

Moreover, Montejo *et al.* suggest other possibilities: switching to a non-serotonergic drug or a dosage reduction or a combination of bupropion and aripiprazole for diminished sexual desire; lowering the dosage, "weekend holiday", changing the drug, or using fluvoxamine or a non-serotoninergic medication for anorgasmia or delayed orgasm. For erectile dysfunction, they suggest adding an antidote like phosphodiesterase 5 inhibitors (PD5-I) and/or changing the medication to a non-serotonergic drug; finally, for difficulties in lubrication, lowering the dosage, changing the medication to a non-serotonergic treatment, or adding the use of external lubricants. Psychoeducation and psychotherapeutic support should always be associated when distress is high[30]. Due to the increase in antidepressant drug use after the COVID-19 pandemic, physicians should be still more aware of sexual difficulties' implications and understand how to help patients.

Laser and radiofrequency

Disorders of the pelvic floor in women, like stress urinary incontinence (SUI) or sexual dysfunction, strongly impact personal wellbeing and relational situations. Some studies have reported the importance of using laser therapy, which could result in collagen remodeling and improved tissue firmness. In one study, experts aimed to evaluate using ultrasound techniques if laser therapy in 220 women with stress urinary incontinence (SUI) was associated with changes in vaginal topography and sexual function. After vaginal laser treatment, a significant reduction was found in the width and cross-sectional area of the proximal, middle, and distal vagina. Moreover, except for sexual desire, the therapy was associated with an increase in the other FSFI domains[34].

In addition to laser therapy, another technique being added to those already known is radiofrequency treatment. Several studies have been developed that have reported improvement in sexual dysfunction. Energy based therapies for skin rejuvenation are commonly used in aesthetic medicine. Radiofrequency (RF) stands out among the most used techniques, being non-invasive or minimally invasive. It has been designed for the rejuvenation of vaginal tissue for the treatment of vulvovaginal laxity associated with various orgasmic dysfunctions or conditions like childbirth or increased age. Sekiguchi *et al.*[35] did a study applying low-energy RF in premenopausal women suffering vaginal introital laxity. The 12-month follow-up revealed increased sexual function and improvements in vaginal laxity; moreover, no side effects were reported.

Another study had the aim of evaluating the effects of RF on SUI, dryness due to various factors, and sagging labia majora causing cosmetic problems. They used the Female Genital Self-Image Scale and FSFI questionnaires. In this case, all but eight participants reported an improvement in symptoms and in the aesthetic aspect of the labia majora after radiofrequency treatment[36].

Nutraceutics

A lot of emphasis has begun to be placed recently on nutraceutics and how they affect sexual function. A study[37] examined the different macronutrients and their influence on sexuality. Nitric oxide in women has been reported to enhance lubrication, clitoral sensitivity, orgasm, frequency of intercourse, and increase sexual desire. Vitamin D deficiency has been associated with impaired female sexual functioning. In men with type 2 diabetes, levels of 25-hydroxyvitamin D were found to be negatively associated with the severity of erectile dysfunction (ED), with a high percentage of men with ED reporting low vitamin D.

Several studies have observed that the administration of vitamin D in men was able to enhance erection and increase testosterone.

Sexual and reproductive functions are connected with many different nutritional factors in both men and women: nutritional status, dietary supplements, nutrients, and other food

components are just some examples of impacting elements. It is necessary, however, to carry out several more studies given the breadth of foods present that have not yet been analyzed. Further studies are still needed in order to better understand the role of nutraceuticals in the treatment of ED[38].

Of course, being physically active and maintaining a well-balanced diet are important components of a healthy lifestyle that can help conserve a healthy weight and, with this, reduce risks associated with chronic diseases[39]. In all these remedies, we should never forget that sexuality is not a simple function, but is inserted in a relationship and socio-cultural context, and so is also influenced by credence and messages on sexuality that we acquire during our education and from our experiences.

Summary/Conclusion

New approaches in sex therapies strengthen the need for an integrative approach to these dysfunctions. These new approaches are associated with basic sex therapy, which still remains fundamental for the understanding and treatment of sexuality disorders.

The establishment of online therapies has been pushed by the COVID-19 restrictions and probably will become a modality that will remain part of the sex therapies, while inclusiveness is the tendency for which we should aim, from a clinical and research approach, even if the paradigm of studies in our field is still focused on gender binarism and heterosexual practices. Mindfulness-based therapies are the most recently studied, also being emerging therapies in other psychological symptoms, and the new boundaries of clinics will be to integrate them into the already established protocols along with the use of new pharmacological treatments, including nutraceutics, laser treatments, and sex toys, recently confirmed to be effective by these studies. Of course, we know that our article cannot include in a single proposal all the new aspects of such a large area, but to the best of our knowledge, we have included the most important recent changes we have identified in sex therapy.

References

1. Simonelli C, Fabrizi A, Rossi R, *et al.*: **Clinical sexology: An integrated approach between the psychosomatic and the somatopsychic.** *Sexologies.* 2010; **19**(1): 3–7.
Publisher Full Text
2. Suler J: **Assessing a Person's Suitability for Online Therapy: The ISMHO Clinical Case Study Group.** *Cyberpsychol Behav.* 2001; **4**(6): 675–6799.
PubMed Abstract | Publisher Full Text
3. Alleman J: **Online counseling: The Internet and mental health treatment.** *Psychol Psychother.* 2002; **39**(2): 199–209.
Publisher Full Text
4. Suler J: **The online disinhibition effect.** *Cyberpsychol Behav.* 2004; **7**(3): 321–6.
PubMed Abstract | Publisher Full Text
5. Sweeney GM, Donovan CL, March S, *et al.*: **Logging into therapy: Adolescent perceptions of online therapies for mental health problems.** *Internet Interv.* 2016; **15**: 93–99.
PubMed Abstract | Publisher Full Text | Free Full Text
6. Stofle GS: **Choosing an online therapist: A stepby-step guide to finding professional help on the Web.** Harrisburg, PA: White Hat Communications; 2001.
Reference Source
7. Gupta B, Joshi S, Agarwal M: **The effect of Expected benefit and perceived cost on employees' knowledge sharing behavior: A study of IT Employees in India.** *Organ Mark Emerg Econ.* 2012; **3**(1): 8–19.
Publisher Full Text
8. Brotto LA, Stephenson KR, Zippan N: **Feasibility of an online mindfulness-based intervention for women with sexual interest/arousal disorder.** *Mindfulness (N Y).* 2022; **13**(3): 647–659.
PubMed Abstract | Publisher Full Text | Free Full Text | Faculty Recommended
9. Schover LR, Strollo S, Stein K, *et al.*: **Effectiveness trial of an online self-help intervention for sexual problems after cancer.** *J Sex Marital Ther.* 2020; **46**(6): 576–588.
PubMed Abstract | Publisher Full Text
10. Bamberger ET, Farrow A: **Language for Sex and Gender Inclusiveness in Writing.** *J Hum Lact.* 2021; **37**(2): 251–259.
PubMed Abstract | Publisher Full Text
11. Romanelli M, Lindsey MA: **Patterns of Healthcare Discrimination Among Transgender Help-Seekers.** *Am J Prev Med.* 2020; **58**(4): e123–e131.
PubMed Abstract | Publisher Full Text
12. Nimbi FM, Galizia R, Rossi R, *et al.*: **The Biopsychosocial Model and the Sex-Positive Approach: an Integrative Perspective for Sexology and General Health Care.** *Sex Res Soc Policy.* 2022; **19**: 894–908.
Publisher Full Text
13. Bradford J, Reisner SL, Honnold JA, *et al.*: **Experiences of transgender-related discrimination and implications for health: Results from the Virginia transgender health initiative study.** *Am J Public Health.* 2013; **103**(10): 1820–1829.
PubMed Abstract | Publisher Full Text | Free Full Text
14. Bauer GR, Hammond R, Travers R, *et al.*: **"I don't think this is theoretical; this is our lives": How erasure impacts health care for transgender people.** *J Assoc Nurses AIDS Care.* 2009; **20**(5): 348–361.
PubMed Abstract | Publisher Full Text
15. Safer JD, Coleman E, Feldman J, *et al.*: **Barriers to HealthCare for Transgender Individuals.** *Curr Opin Endocrinol Diabetes Obes.* 2016; **23**(2): 168–171.
PubMed Abstract | Publisher Full Text | Free Full Text
16. Meyer IH: **Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence.** *Psychol Bull.* 2003; **129**(5): 674–697.
PubMed Abstract | Publisher Full Text | Free Full Text
17. Drescher J, Fadus M: **Issues Arising in Psychotherapy With Lesbian, Gay, Bisexual, and Transgender Patients.** *Focus (Am Psychiatr Publ).* 2020; **18**(3): 262–267.
PubMed Abstract | Publisher Full Text | Free Full Text
18. Brotto LA, Galea LAM: **Gender inclusivity in women's health research.** *BJOG.* 2022; **129**(12): 1950–1952.
PubMed Abstract | Publisher Full Text
19. Behan C: **The benefits of meditation and mindfulness practices during times of crisis such as COVID-19.** *Ir J Psychol Med.* 2020; **37**(4): 256–258.
PubMed Abstract | Publisher Full Text | Free Full Text
20. Afonso RF, Kraft I, Aratanha MA, *et al.*: **Neural correlates of meditation: a review of structural and functional MRI studies.** *Front Biosci (Schol Ed).* 2020; **12**(1): 92–115.
PubMed Abstract | Publisher Full Text
21. Brotto LA, Zdaniuk B, Chivers ML, *et al.*: **A randomized trial comparing group mindfulness-based cognitive therapy with group supportive sex education and therapy for the treatment of female sexual interest/arousal disorder.** *J Consult Clin Psychol.* 2021; **89**(7): 626–639.
PubMed Abstract | Publisher Full Text
22. Stephenson KR, Zippan N, Brotto LA: **Feasibility of a cognitive behavioral online intervention for women with Sexual Interest/Arousal Disorder.** *J Clin Psychol.* 2021; **77**(9): 1877–1893.
PubMed Abstract | Publisher Full Text
23. Zippan N, Stephenson KR, Brotto LA: **Feasibility of a Brief Online Psychoeducational Intervention for Women With Sexual Interest/Arousal**

Faculty Recommended

Disorder. *J Sex Med.* 2020; **17**(11): 2208–2219.
PubMed Abstract | Publisher Full Text | Free Full Text

24. Brotto LA, Zdaniuk B, Rietchel L, *et al.*: **Moderators of Improvement From Mindfulness-Based vs Traditional Cognitive Behavioral Therapy for the Treatment of Provoked Vestibulodynia.** *J Sex Med.* 2020; **17**(11): 2247–2259.
PubMed Abstract | Publisher Full Text

25. Brotto LA, Bergeron S, Zdaniuk B, *et al.*: **Mindfulness and Cognitive Behavior Therapy for Provoked Vestibulodynia: Mediators of Treatment Outcome and Long-Term Effects.** *J Consult Clin Psychol.* 2020; **88**(1): 48–64.
PubMed Abstract | Publisher Full Text

26. Stephenson KR: **Mindfulness-Based Therapies for Sexual Dysfunction: a Review of Potential Theory-Based Mechanisms of Change.** *Mindfulness.* 2017; **8**: 527–543.
Publisher Full Text

27. Velten J, Brotto LA, Chivers ML, *et al.*: **The Power of the Present: Effects of Three Mindfulness Tasks on Women's Sexual Response.** *Clin Psychol Sci.* 2020; **8**(1): 125–38.
Publisher Full Text

28. Dubinskaya A, Horwitz R, Shoureshi P, *et al.*: **MP38-16 IS IT TIME FOR FPMRS TO PRESCRIBE VIBRATORS?** *J Urol.* 2022; **207**(5S): e624.
Publisher Full Text

29. Parish SJ, Simon JA, Davis SR, *et al.*: **International Society for the Study of Women's Sexual Health Clinical Practice Guideline for the Use of Systemic Testosterone for Hypoactive Sexual Desire Disorder in Women.** *J Sex Med.* 2021; **18**(5): 849–867.
PubMed Abstract | Publisher Full Text | Faculty Recommended

30. Montejo AL, Prieto N, de Alarcón R, *et al.*: **Management Strategies for Antidepressant-Related Sexual Dysfunction: A Clinical Approach.** *J Clin Med.* 2019; **8**(10): 1640.
PubMed Abstract | Publisher Full Text | Free Full Text

31. Frangou S, Travis-Lumer Y, Kodesh A, *et al.*: **Increased incident rates of antidepressant use during the COVID-19 pandemic: interrupted time-series analysis of a nationally representative sample.** *Psychol Med.* 2022; 1–9.
PubMed Abstract | Publisher Full Text | Free Full Text

32. Jing E, Straw-Wilson K: **Sexual dysfunction in selective serotonin reuptake inhibitors (SSRIs) and potential solutions: A narrative literature review.** *Ment Health Clin.* 2016; **6**(4): 191–196.
PubMed Abstract | Publisher Full Text | Free Full Text

33. Lorenz T, Rullo J, Faubion S: **Antidepressant-Induced Female Sexual Dysfunction.** *Mayo Clin Proc.* 2016; **91**(9): 1280–1286.
PubMed Abstract | Publisher Full Text | Free Full Text

34. Long CY, Wu PC, Chen HS, *et al.*: **Changes in sexual function and vaginal topography using transperineal ultrasound after vaginal laser treatment for women with stress urinary incontinence.** *Sci Rep.* 2022; **12**(1): 3435.
PubMed Abstract | Publisher Full Text | Free Full Text

35. Sekiguchi Y, Utsugisawa Y, Azekosi Y, *et al.*: **Laxity of the vaginal introitus after childbirth: nonsurgical outpatient procedure for vaginal tissue restoration and improved sexual satisfaction using low-energy radiofrequency thermal therapy.** *J Womens Health (Larchmt).* 2013; **22**(9): 775–81.
PubMed Abstract | Publisher Full Text

36. Hailparn T: **The Effects of Radiofrequency on Female Sexual Health.** *J Sex Med.* 2020; **17**(S3): s242–s243.
Publisher Full Text

37. Silva T, Jesus M, Cagigal C, *et al.*: **Food with Influence in the Sexual and Reproductive Health.** *Curr Pharm Biotechnol.* 2019; **20**(2): 114–122.
PubMed Abstract | Publisher Full Text

38. Srivatsav A, Balasubramanian A, Pathak UI, *et al.*: **Efficacy and Safety of Common Ingredients in Aphrodisiacs Used for Erectile Dysfunction: A Review.** *Sex Med Rev.* 2020; **8**(3): 431–442.
PubMed Abstract | Publisher Full Text | Free Full Text

39. World Health Organization: **Health 2020. A European policy framework and strategy for the 21st century.** WHO Regional Office for Europe: Copenhagen, 2020.
Reference Source