Algorithms for Screening and Treating FSD

You do not need to be a sex therapist to screen for and treat female sexual dysfunction.

Frontline members of the health care team should be prepared to discuss sexual health, function, and wellness with patients. Use these two algorithms as evidence-based guidelines for addressing women's sexual health concerns.

The algorithms were developed by Michael Krychman, MD, Susan Kellogg Spadt, PhD, CRNP, as part of the <u>Sexual Health Fundamentals for Patient Care Initiative</u> from the <u>Association of Reproductive Health Professionals</u> (ARHP).

Which algorithm should I use?

Use DESIRE 101 if:

- ✓ You are a clinician who is new to screening for and treating female sexual dysfunction
- ✓ You have limited time with your patient
- ✓ You are developing your comfort level with sexual health interventions

Use FSD Intermediate if:

- ✓ You have some experience screening for and treating female sexual dysfunction
- ✓ You are seeking an in-depth screening tool
- ✓ You have ample time with your patient



DESIRE 101

Krychman-Kellogg Algorithm, 2010

	 Discuss the sexual health concern and
DISCUSS	personal distress, and discern the context of the sexual complaint.
Evaluate	 Evaluate for depression, and the overlapping nature of sexual complaints and the impact on the relationship.
SCREENERS	 Screeners like the DSDS which are quick to complete and validated can be easily incorporated into clinical practice.
	 Simple interventions like lubricant use,
NTERVENTION	stress reduction, or making sexual intimacy a priority in the relationship can be helpful.
Referrals	 Referral networks for complicated patients are available. Know the specialists in your community.
Educate	 Education about sexual response, anatomy, and aging can be helpful and reasurring to the patient. Never miss an opportunity to educate the patient.



FSD INTERMEDIATE

Kellogg-Krychman Algorithm, 2010



