

zzzzZs
Before
Oohs

Sleep Disorders, Sexual Health & Clinical Action Steps

- ✦ Sleep and sex occur in bed, and the health of both is intimately related
- ✦ Reduced libido, arousal, sexual desire, and satisfaction can be signs of sleep and circadian disorders, as well as inadequate treatments
- ✦ Mechanisms for sexual dysfunction include neuroendocrine disruption, autonomic nervous system imbalance, vascular/endothelial dysfunction, and psychobehavioral factors
- ✦ Conversations about sex and intimacy with your patients are essential – don't snooze on the opportunity to optimize treatment and enhance quality of life

Getting Comfortable with Sexual Dysfunction Screening:

- ✓ Use neutral, nonjudgmental language and ask permission to discuss sex
- ✓ Normalize prevalence: "Many people with sleep problems notice changes in intimacy"
- ✓ Offer privacy options: "If you prefer, we can have a separate visit about sexual concerns"
- ✓ Offer treatment pathways: "Treating sleep disorders often improves energy, mood, hormone levels, and sexual function"
- ✓ Provide patient handout and local sleep clinic resources



How to Talk to Your Patients About Sexual Health

POSING THE SENSITIVE QUESTIONS

"Because sleep affects many parts of life, may I ask a few brief questions about your sexual health?"

"How much do daytime sleepiness, your sleep schedule, or other sleep related symptoms you experience, like cataplexy, impact your intimacy?"

"I ask all patients about energy, mood, and intimacy — is it OK if I ask about sexual activity and any changes you're concerned about?"

Red flags for referral

- ✓ Erectile dysfunction is the equivalent of angina of the penis. Oxidative stress and endothelial dysfunction are at the "heart" of this problem. Cardiovascular and Urologic evaluations should be considered.
- ✓ Consider psychology referral if there has been the development of shame or avoidance.

Review medications and comorbidities.

Coordinate with urology/sexual health and mental health as needed.

sleephealth.org

Sleep & Sexual Dysfunction Stats



Circadian Rhythm Dysfunction

TESTOSTERONE DEFICIENCY:

>2.5× likelihood

ERECTILE DYSFUNCTION:

>1.5× likelihood

(note: after propensity-score matching for cardiometabolic confounders)



Insomnia & Sexual Dysfunction

♀ Woman

53.8%

INSOMNIA

31.8%

NO INSOMNIA

♂ Men

22.7%

INSOMNIA

12.5%

NO INSOMNIA



Women & Sleep Duration

EACH + HOUR SLEEP

+14%

likelihood of sex



OSA Treatment

Improves endothelial & erectile function

Reduces oxidative stress



Hypersomnolence Disorders

- ✓ Reduced wakefulness & Interest
- ✓ Psychosocial & relationship impacts
- ✓ Autonomic dysfunction
- ✓ Orgasmoplexy (orgasm-induced cataplexy)
- ✓ Medication effects