

Case Study V

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What are some questions her healthcare provider may ask her when she goes for an appointment?

Michelle's healthcare provider needs to ask her about her medical and surgical history when she goes to the appointment. "The patient health record will be more complete and valuable if you know whether he or she has ever been hospitalized, treated for a chronic condition, had medical tests, or had surgery. Even if an adult patient had surgery or some other treatment as a child, it's important to know about it when creating a treatment plan and delivering healthcare. (Houseman, 2015)"

Michelle's healthcare provider needs to ask her about her medication when she goes to the appointment. "Some people think that over-the-counter medications don't count, or that herbal supplements don't matter. Make it clear to new patients that the physician needs to know not only about any prescription medications he or she takes, but also over-the-counter medications, vitamins, and herbal supplements. (Houseman, 2015)

Michelle's healthcare provider needs to ask her about the confirmation of the allergy that she has. "In addition to knowing whether a new patient has seasonal or food allergies, doctors need to know if they have any drug allergies, a latex allergy, or a serious reaction to bee stings, for example. EHRs are terrific for using this information to alert doctors and nurses of potential drug interactions and allergies so allergens can be avoided. (Houseman, 2015)"

Michelle's healthcare provider needs to determine if she has a history of smoking, alcohol, and illicit drug use. "If you make it clear up front that you take patient confidentiality seriously and protect their information at all times, they're more likely to be forthright about whether they use tobacco products, drink alcohol regularly, or use (or have used) illicit substances. Answers to these questions can make a difference when it comes to diagnosing and

treating health conditions, and reassuring patients of their privacy helps elicit honesty from the start. (Houseman, 2015)”

Is there anything her healthcare provider could learn about her sexual dysfunction from a physical exam?

Michelle’s healthcare provider could learn about her sexual dysfunction from a physical exam to find treatments that would be useful for her such as hormone therapy and flibanserin.

“Hormone therapy (estrogen alone or estrogen plus progestogen): hormone therapy comes in the form of pills, skin applications (patches, gels, creams, or sprays), and a vaginal ring. This therapy benefits sexual function by building up vaginal tissue, improving vaginal health, restoring lubrication, and reducing pain during sex. Flibanserin: approved by the U.S. Food and Drug Administration as a treatment for low sexual desire, Flibanserin is often referred to as the ‘female Viagra.’ Flibanserin works by raising the levels of dopamine and norepinephrine and lowering levels of serotonin, thereby promoting sexual desire through changes in brain chemicals.

(Alexander, Garfield, Bader, LaRosa, pg. 88)”

Make sure that her healthcare provider needs to give her question for self-evaluation to begin the process. “Do you experience pain or discomfort during intercourse?, Do you lack interest in or desire for sex?, Do you feel anxious when you begin to engage in sexual activity?, Do you lack pleasure when sexually stimulated?, and Do you have difficulty achieving orgasm?

(Alexander, Garfield, Bader, LaRosa, pg. 88)”

What are other external factors that could lead to a lack of vaginal lubrication?

Dysmenorrhea is the external factor that could lead to a lack of vaginal lubrication.

“Dysmenorrhea, meaning “painful menstrual flow,” is a term for what most women call “cramps.” Dysmenorrhea may be caused by the normal production of prostaglandins that

produce strong contractions of the uterus (primary dysmenorrhea) or by problems in the uterus, fallopian tubes, or ovaries (secondary dysmenorrhea). Women with primary dysmenorrhea experience pain in the lower abdomen and back, while those with secondary dysmenorrhea often feel pain during urination and bowel movements. (Alexander, Garfield, Bader, LaRosa, pg. 81)”

Amenorrhoea is the external factor that could lead to a lack of vaginal lubrication.

“Amenorrhoea is the lack of menstrual flow. Primary amenorrhoea occurs in women who have not yet begun menstruation and may result from hormone-related problems or extremely low body fat. Secondary amenorrhoea is the lack of blood flow for 3 or more consecutive months, outside of pregnancy, breastfeeding, and perimenopause; it may result from conditions such as anorexia nervosa, ovarian cysts or tumors, substance abuse, stress, or use of oral contraceptives. Health care providers will want to work with a woman to first establish the cause of her amenorrhoea and then consider options for treatment. (Alexander, Garfield, Bader, LaRosa, pg. 81)”

Could Michelle’s age be a factor? If so, why?

Michelle’s age could not be a factor in sexual behavior due to their progression in older adulthood that relates to menopause. “Menopause, one of the climacteric events, refers to the cessation of menstruation and generally occurs at about 45 to 55 years of age. The hormonal changes of menopause affect the sexual response of most women. In general, all phases of the response cycle continue at a decreased intensity. The depletion of hormones associated with menopause can result in several vaginal changes, including dryness, thinning of the walls, and delayed or absent lubrication during sexual excitement. (Alexander, Garfield, Bader, LaRosa, pg. 87)”

### Conclusion

Michelle's healthcare provider needs to ask her at least four questions or as much as possible to begin her medical appointment. She needs to learn about her sexual dysfunction through treatment and self-evaluation. At age of 47, she should not be a factor because of her lifespan. Amenorrhea and Dysmenorrhea are the external factors that could lead to a lack of vaginal dysfunction.

References

Alexander, L. L., Garfield, S., Bader, H., & LaRosa, J. H. (2020). *New Dimensions in Women's Health* (8th Edition). Jones & Bartlett Learning.

Houseman, K. (2015, June 13). *5 critical questions to ask every patient*. Healthcare Revenue Cycle Management Solutions. Retrieved May 26, 2022, from

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