Wahine Health
GYNECOLOGY CARE FOR MAUI

PATIENT EDUCATION
INTIMATE WELLNESS

Your sexual health options, *mapped.*

Desire, arousal, orgasm, and comfort — every tool we use, plainly explained.

If desire has gone quiet, arousal takes longer, orgasm has become elusive, or sex has started to hurt — none of that is a character flaw, and none of it is just "getting older." Sexual function runs on hormones, blood flow, nerve signaling, pelvic-floor muscle, mood, sleep, and relationship, and midlife shifts several at once. **Each piece has a treatment; the first job is figuring out which pieces are yours.**

Cost tiers: $ under ~$30/mo · $$ ~$30–100/mo · $$$ often $100+/mo
Estimates only. Coverage notes reflect what we typically see with Hawai'i plans (HMSA and others) and Medicare — confirm with your plan. Manufacturer programs often beat a copay.

OUR PREFERRED ROUTE FOR LOW DESIRE

Testosterone — compounded cream $$

The best-established treatment for low sexual desire after menopause, backed by international consensus. Testosterone is a normal female hormone that falls steadily from the 30s on.

Where it goes: a pea-size amount to the inner thigh or upper arm daily; let dry before skin contact.

Dosing flexibility: the widest — true female strengths, adjusted in small steps. Levels checked at ~8–10 weeks and optimized to *your* response, not a lab range.

Good to know: no FDA-approved female product exists, so use is off-label. Typically cash-pay, ~$30–80/mo. See our testosterone handout.

Local vaginal estrogen or DHEA $-$$$

If sex hurts, desire follows the pain. Dryness, burning, and tearing after menopause are tissue changes (GSM), and local therapy rebuilds the tissue itself.

Where it goes: vaginally — cream, tablet, softgel, 90-day ring, or a DHEA insert; cream can also go on the vulva.

Dosing flexibility: nightly to start, then 1–3× a week; creams are the most adjustable form.

Good to know: minimal absorption, no progestogen needed. Often the highest-yield step when pain is in the picture. See our local estrogen handout.

Ospemifene — oral, for painful sex $$$

A daily tablet (a selective estrogen receptor modulator) that acts like estrogen on vaginal tissue — FDA-approved for moderate-to-severe painful sex from GSM, for those who prefer a pill to a vaginal product.

Where it goes: by mouth, daily, with food.

Dosing flexibility: one strength, fixed. Tissue change builds over ~12 weeks.

Good to know: hot flashes are the most common side effect. Not used after breast cancer or with clot history. Brand-only; a copay card helps on commercial plans.

Flibanserin (Addyi) $$$

A nightly tablet that works in the brain, not the pelvis — rebalancing serotonin and dopamine signaling tied to desire. FDA-approved for low desire in both premenopausal and postmenopausal women (up to age 65).

Where it goes: by mouth, every night at bedtime.

Dosing flexibility: one strength. Give it 8 weeks; if nothing has changed, we stop.

Good to know: the alcohol rule — finish drinking at least 2 hours before the dose, or skip that night. Dizziness and sleepiness are why it's a bedtime dose. Rarely covered; ~$149/mo via the manufacturer program.

Bremelanotide — Vyleesi or compounded PT-141 $$$

An on-demand option that acts on melanocortin pathways in the brain, taken ~45 minutes before sex. Available as the FDA-approved pen (Vyleesi) or compounded as PT-141 through our pharmacy.

Where it goes: the pen under the skin of the abdomen or thigh; compounded PT-141 as a nasal spray, troche, or injection.

Dosing flexibility: per-dose, as needed — no more than one in 24 hours or eight a month.

Good to know: nausea and flushing are common (mostly early), with a brief blood-pressure rise; not with uncontrolled hypertension. Vyleesi ~$900+/mo retail; compounded PT-141 is far less, cash-pay.

Bupropion — off-label $

An antidepressant with dopamine activity and, unusually, no sexual side effects — the go-to when an SSRI has muted desire or orgasm. Added to your current antidepressant, or swapped in.

Where it goes: by mouth, daily (extended-release).

Dosing flexibility: several strengths; titrated to effect over weeks.

Good to know: generic, covered by nearly every plan. Avoided with a seizure history or active eating disorder. Evidence modest but consistent, with decades of use.

Lubricants & moisturizers $

Two different jobs: a **lubricant** is for the moment; a **moisturizer** is for the tissue in between. They add comfort (they don't restore tissue the way local estrogen does), and nearly everyone benefits from both.

Where it goes: lubricant at the time of sex (silicone lasts longest; water-based for toys and condoms); moisturizer vaginally 2–3× a week.

Dosing flexibility: as needed; glycerin-free, low-osmolality if irritation-prone. Hyaluronic acid inserts are the strongest non-hormonal moisturizer.

Good to know: oil-based products weaken latex condoms. Ask us for patient discount codes on the products we trust (Überlube: MauiWahine).

Pelvic floor PT & devices $-$$

When pain is muscular — tightness, spasm, "hitting a wall" — the fix is retraining muscle, not adding hormone. Pelvic-floor physical therapy is first-line, and we refer on Maui.

Where it goes: PT sessions plus a home program; dilators for gradual stretch; vibrators, which improve blood flow, arousal, and orgasm — evidence-backed, not a novelty.

Dosing flexibility: a course of 6–12 sessions, then maintenance at home.

Good to know: PT is covered by many plans with a referral. Devices are one-time purchases — body-safe silicone, easy to clean.

A closer look: *compounded* options for sexual function $$

Several of the most useful tools here don't exist as a commercial product at female doses, or at a price that makes sense — which is why we work closely with a highly regarded Maui compounding pharmacy. Preparations are made to your exact prescription, and because the relationship is local, dose changes move in days.

TESTOSTERONE CREAM — OUR PREFERRED ROUTE
True female-strength dosing instead of eyeballing a fraction of a male product; no alcohol odor; easy to adjust in small steps between visits. A troche (dissolved in the cheek) is available when cream doesn't suit.

"SCREAM CREAM" — TOPICAL AROUSAL CREAM
Our formula — L-arginine, sildenafil, and pentoxifylline — applied to the clitoris and vulva 15–30 minutes before sex to boost local blood flow and sensation. Formal trials are small; in practice it is inexpensive, low-risk, and many wāhine find it a real help with arousal and orgasm.

PT-141 (BREMELANOTIDE)
The same active ingredient as Vyleesi, compounded at a fraction of the brand cost — ours is paired with vitamin B12, which noticeably reduces the nausea. Same as-needed timing and blood-pressure caveats.

VAGINAL ESTROGEN, ESTRIOL, DHEA & TESTOSTERONE
Creams and suppositories tailored in hormone, strength, and base — including estriol (a gentler estrogen available only through compounding) and vaginal testosterone, useful for tissue and sensation, including after breast cancer when estrogen is off the table.

OXYTOCIN
The "bonding" hormone, compounded as a nasal spray or troche used shortly before intimacy. Small studies suggest stronger arousal and orgasm in some women; side effects are minimal. Often paired with other options rather than used alone.

KISSPEPTIN — EARLY-STAGE
A brain hormone upstream of the whole reproductive axis. Two small UK trials in women with low desire showed increased sexual brain activity and arousal. We can offer it to select patients, with a clear caveat: this is new, short-follow-up science, not an established treatment.

One thing worth knowing: compounded preparations aren't FDA-approved products; they're prepared for an individual patient by licensed pharmacies under federal 503A/503B rules. PT-141 and oxytocin are compounded from the same active ingredients found in FDA-approved medicines. Typically cash-pay.

What the evidence *actually says.*

Desire is a system — and mindfulness is a treatment.
For most women in long relationships, desire is *responsive* — it shows up after arousal begins, not before. That's normal physiology, not a deficit. Hormones set the baseline; sleep, stress, mood, body image, pain, and the relationship turn the dial. The best-studied non-drug treatment for low desire is mindfulness-based sex therapy. Start free with Dr. Lori Brotto's guided recordings at **www.loribrotto.com/resources** (try "Sexual Sensations Awareness"), and find a certified sex therapist — most see patients by video — at **www.aasect.org/referral-directory**.

Pain comes first.
No medication for desire works while sex hurts — the body learns to avoid what hurts. Any pain, dryness, or burning gets treated first, at the tissue and the pelvic floor. For many wāhine, that alone brings desire back.

Check the medicine cabinet.
SSRIs and SNRIs are the most common cause of muted desire and orgasm we see. Some blood-pressure medicines, opioids, and antihistamines contribute; oral estrogen and hormonal contraception raise SHBG, which binds free testosterone (a patch or gel doesn't). Sometimes the fix is a swap, not an addition.

Blood-flow medicines: tadalafil & sildenafil.
They increase genital blood flow, so they help *arousal and orgasm*, not desire. Best evidence: arousal muted by an SSRI, or lagging despite estrogen. Low-dose daily tadalafil is the practical version — generic, off-label, inexpensive. Headache, flushing; never with nitrates.

The supplement shelf, honestly.
Saffron and maca have the best trials, especially for antidepressant-related low desire. L-arginine blends, ashwagandha, fenugreek, and Tribulus show modest effects in small studies; oral DHEA isn't recommended for sexual function by endocrine guidelines. Beware "libido" blends sold online — some have contained hidden prescription drugs. What we recommend is in our Fullscript store (10% patient discount).

In-office energy treatments: EmFemme 360 & FemiLift.
We offer two. **EmFemme 360** uses radiofrequency — gentle, controlled heating of vaginal and vulvar tissue to stimulate collagen and blood flow, with no downtime. **FemiLift** is a fractional CO_2 laser that creates micro-columns of tissue remodeling for dryness, laxity, and some urinary symptoms. Both are a short series, cash-pay.

Questions worth bringing to your visit

- Is my low desire about pain, hormones, mood, medication — or several at once?
- Is testosterone right for me, and how would we monitor it?
- Would pelvic floor physical therapy help — and can you refer me?
- What will this cost with my coverage?

Wahine Health · *Gynecology Care for Maui*
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Wondering if this *is* perimenopause? Free, private 3-minute symptom check-in: wahinehealth.com/gynecology-blog/perimenopause-

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This handout is patient education, not medical advice or a treatment plan. Treatment decisions are individual and made with your clinician. Cost tiers are general estimates and vary by pharmacy and insurance.