



Wild & Sublime® Podcast, Season 2 Episode 22
“Are Your Meds Messing with Your Sex Life?”
May 13, 2021

How many meds — from specialized to common — come with sexual side effects? You’d be surprised. Will your doctor tell you this, and if not, how can you ask? A sex educator and a cancer survivor talk through what docs often don’t tell you, or don’t know how to talk about, and what you can do.

Host: Karen Yates

Guests: Ren Grabert, Mary Osing Welch

[Wild & Sublime theme music]

Ren Grabert

Doctors only get about 10 hours or less of sex ed in all of their training, generally speaking, in the US. So they're not really getting information on how to have conversations about sex and sexuality. They're not thinking about how to bring up these topics in a way that is safe and comfortable for themselves as well as the patient. So they just don't, a lot of the time. And later, these conversations come up when somebody is having these side effects and asking, "Why didn't you tell me about this?"

Mary Osing Welch

Fifteen percent won't even start the meds. Around 23% are done by a year. And then the further out you go, the more people have stopped. [sarcastically] Of course, I can't figure out why! Gee, it ruins sex for me. You know, nobody's asking that question.

Karen Yates

Welcome to Wild & Sublime, a sexy spin on infotainment®, no matter your preferences, orientation, or relationship style, based on the popular live Chicago show. Each week, I'll chat about sex and relationships with citizens from the world of sex positivity. You'll hear meaningful conversation, dialogues that go deeper, and information that can help you become more free in your sexual expression. I'm sex educator Karen Yates. Today we talk with sex educator Ren Grabert about the sexual side effects of over-the-counter and prescription meds. Plus, a medical practitioner recounts the

details of her post-cancer treatment that left her sex life in the dust, and how she mobilized to get the info she needed. Keep listening.

If you're a Wild & Sublime fan and love what we do, consider joining The Afterglow, our Wild & Sublime community on Patreon. You get a bonus Q&A session with experts every month where you get to ask the questions, my unvarnished audio creator notes, shout-outs, and more. All starting for as little as \$5 a month, all the way up to the VIP level that includes a Zoom hangout with moi, and cool guests. If a monthly membership is not your thing, consider throwing a few bucks in the tip jar in appreciation for our work. More info is in the show notes.

Hi, folks, I am really looking forward to having you hear this episode today. First, because it has two people I adore on it: recurring guest Ren Grabert, and also one of my oldest friends, the feisty-as-fuck Mary Osing Welch. But more importantly, for the purpose of this podcast, this episode has some really important things to consider when you're taking any sort of medication. Namely: Are there sexual side effects? Because guess what? A lot of common medications have sexual side effects that you had no clue about. A few really common over-the-counter things that sort of blew my mind. So you'll be hearing about that. And then, how do you talk to your medical practitioner about these things? Then we'll be walking through a real-life story with my pal Mary about what it looks like when a side effect completely shuts down your sex life, and how you can take action to work through it. So first, we'll be chatting with a Chicago-based sex educator Ren Grabert, who focuses on integrating sex positivity into health care, which is so needed right now, as you will hear. Ren has a webinar on meds and sexual side effects coming up on May 20, and we'll be hearing more about that too. Enjoy.

Ren Grabert, welcome. It is always awesome to have you on the show.

Ren Grabert

Thanks for having me, Karen. I'm happy to be here.

Karen Yates

So I am really excited about this topic today, because I feel like it doesn't get discussed enough. The side effects, the sexual side effects, from basic prescription medicine — nothing exotic here. So my first question to you is, do you see sexual side effects in just certain types of medicine, prescription medicine, or what areas of medicine do you usually see sexual side effects?

Ren Grabert

Well, it is pretty much everywhere. But I have a list, a non-exhaustive list, that I'm going to read out, just so you get an idea. So anti-anxiety, drugs, anti-epileptic drugs, antidepressants, antihistamines, antipsychotics, blood pressure medications, chemotherapy drugs, any kind of estrogen-containing drugs or anything that contains a hormone or a hormone blocker, finasteride, NSAIDs — so this isn't even prescribed, but NSAIDs like ibuprofen and aspirin.

Karen Yates

What?

Ren Grabert

Yeah.

Karen Yates

Wha... Wait, wait, wait, wait, ibuprofen?! Ok...Aspirin? Ahhh!!! Wait, wait stop. Okay, what else?

Ren Grabert

Also, oral contraceptives are a huge one. And we see this a lot — and doctors don't talk about it — I mean, we will go on about this at length, but that's one that really gets me. Prostate cancer medications, Parkinson's disease medications. I also have a full list of over 300 medications that just cause vaginal dryness alone. 300.

Karen Yates

Wow. Wow. Wow. Okay. Okay. So. Let's talk a little bit about what are the common side effects that you are aware of, that kind of float among all of these?

Ren Grabert

Yeah. A lot of the common side effects are decreased libido, orgasm difficulties, erectile dysfunction, vaginal dryness. We hear these ones more than any others. And I think part of that is also the fact that more people are concerned about them, or that they're more debilitating than other side effects. But we also see priapism, which is that erection lasting for more than four hours. Priapism is the actual medical term for it.

Karen Yates

So it's not just, like, Viagra that can do this for people. This can be a side effect.

Ren Grabert

This can be a side effect. Absolutely.

Karen Yates

Okay. I know some people out there like, "Which medicine??" [laughs] But to have an erection for four hours, not good.

Ren Grabert

It can get really uncomfortable. And not the safest thing in the world. An erection, when you think about it, is really, really high blood pressure in one area. So having it be that way for an extended period of time could be less enjoyable than one might think.

Karen Yates

Right. So beyond that symptom, what other kinds of sexual side effects are there?

Ren Grabert

Another one that I heard a lot when I was researching for this class and had conversations with people about was heightened sexual arousal and libido. I think it's less common that that happens. And a lot of times people aren't bringing that to their doctor's attention. But I spoke to some folks who identify as asexual, and all of a sudden they were experiencing sexual desire, and it was a bit distressing for them. And so it's not something that I think the medical community is really considering as a potential side effect that could influence and impact somebody's life pretty greatly.

Karen Yates

Yeah, I mean, it's interesting, because I think that's always — you know, when you see any sort of drug, prescription or otherwise, that enhances libido, it's like, Oh, I want that. I want that. But if you if your baseline is not that, that can be extremely disruptive. Wow. So you talked about aspirin and ibuprofen. Are there other super-common over-the-counter drugs that cause sexual issues?

Ren Grabert

Definitely. Antihistamines are one. So, your allergy medications. Also, antacids can cause issues as well. So that's important to think about. And I also think, you know, it's not necessarily over the counter or prescribed, but we're seeing a lot more medical cannabis patients these days. And that's very likely to cause vaginal dryness. Think of people who get dry mouth from smoking weed. That causes dryness elsewhere.

Karen Yates

Yeah. I'd like to move into: how do people start becoming attuned to the fact that it's not them? It's the drug. And I know that might sound like a really simple question. But given the fact that we're leading, many of us are leading stressful lives to begin with, and stress is a factor in sexual functioning, what can you tell folks about honing in on, yeah, it's the drug.

Ren Grabert

Yeah, it can be tough to figure that out. But I think the first thing I want to focus on is if it's not the medication you're taking, it's not necessarily you. You don't have to take on the blame. Your body's fine. There are fluctuations in sexual experience and drive, regardless of medication or other experiences, just bodies change over time. It's just what it is. So having these experiences are very normal. If you are on a new medication, and you're noticing the symptoms coming up, it could definitely be the medication. But I would definitely say to think about what else is going on in your life. As you mentioned, stress can be a huge component for some folks, depending on where they are in their menstrual cycle and hormonally, it can really change how they experience sexual desire and function. Focusing on, are there any big changes in my life right now? Do I have a lot of stress at work? Did I start a new job? Did I lose my job? Am I moving? Is there any kind of familial or relationship stress? And just tracking each day of what's going on can really help you pinpoint what else might be at play — if it's not just the medication, or if it is.

Karen Yates

So would you say that like basically, within that first week or two, that's when maybe you're going to have more of a heightened awareness, once you start taking a drug, that's when you're going to be noticing some of the side effects coming into play? Would that be a correct assumption?

Ren Grabert

I think it depends on the medication. You know, sometimes it's two weeks to have it settle in for you. I know for antidepressants, that's the common timeframe, but each medication is different. So if you're already on that medication, it can be a little bit more difficult to parse everything out. If it's brand new, if you haven't taken this medication yet, if it's just a conversation you're having with your doctor, that's the best place to start, for your baseline, and recognizing where you are at baseline. But unfortunately, we don't always have that opportunity ahead of time. So just thinking about it that way, you know, what's the earliest I can start paying attention?

Karen Yates

Yeah. So before we move on to the conversation with doctors and nurses, I do want to get back to the aspirin and the ibuprofen, because I'm like, What the hell? What would people typically be seeing with those two?

Ren Grabert

I mostly see this is one where you're getting decreased libido, and either ED or vaginal dryness. But there are so many things that can happen from taking those medications. So I don't want to just box it into those few things.

Karen Yates

Right. As I'm asking this question, I'm aware, you know, it's not just about taking it once for a headache. There are people who take aspirin or ibuprofen religiously every day, because they're in pain, or because that whole thing about 'Take an aspirin every day, it's good for you,' all of this stuff. So people have no clue that there is a potential side effect. So before we talk about the doctor conversation, or discussing with your medical practitioner, talk a little bit about percentages. Because I know with any drug that is prescribed, there are percentages. Like, you know, 90% of the population taking this will have this sort of response, or 10% of this population. And I suppose that rolls into the conversation with the medical practitioner. Do you find medical practitioners, if it is a lower probability that a patient might have a side effect, even discussing it?

Ren Grabert

I think that can play into it. If fewer people are likely to have that side effect, it might feel more distressing to bring that up to the patient. But I also think that in general, doctors are not super comfortable talking about sexual side effects. So I wouldn't pin it just on these percentages. I think it's more they feel that taking the medication is more important, and the patient will be happy to feel healthier, and that'll help their libido or their sex drive. But that's not always the case.

Karen Yates

So does really the onus fall on the patient to discuss sexual side effects? Is that the bottom line?

Ren Grabert

Unfortunately, at this point, I would say yes, if your doctor is not bringing it up on their own. And I think a lot of the time, that's the case, is that the doctor isn't bringing it up on their own. I feel like a broken record, because I say this a million times. I might have already said this on your podcast once or twice, but doctors only get about 10 hours or

less of sex ed and all of their training, generally speaking, in the US. So they're not really getting information on how to have conversations about sex and sexuality. They're not focusing on their biases, or thinking about how to bring up these topics in a way that is safe and comfortable for themselves as well as the patient. So they just don't a lot of the time. And later these conversations come up, when somebody is having these side effects and asking, "Why didn't you tell me about this? I would have liked to know ahead of time." And I think another issue, too, is that doctors are concerned that if they tell their patient about the side effects, that they might not take it, right? And time and time again, I'm hearing from folks that they still would have taken the medication, but it would have been nice to have that heads-up.

Karen Yates

Right, right. And like, let's not forget — because I did a podcast episode a while ago with therapist Carrie Jameson, who has been working on kink awareness for therapists — this idea that just because someone is a therapist or a doctor or a nurse does not mean they're like conversant in matters of sexuality — and shame-free. We are all human beings, and we all have sexual biases. We all have stuff, period. And that comes into play. Let's talk a little bit about the authority of the medical establishment, which comes basically out of the patriarchy. And of course as I always need to say, patriarchy affects you whether you are male-identified or female-identified. It affects everybody! And this idea of the authority, and keeping people not asking questions, that the doctor knows best. Do you see that in play?

Ren Grabert

Absolutely. There is an inherent power imbalance between patients and providers. And more and more, I'm finding the discussions I'm having with providers is around how to level that power imbalance as much as possible, and giving patients more of a voice in their own care, and being seen as an agent of their own care, and seeing themselves as the person who knows their body best. And the doctor just being that person who has the medical knowledge to follow, and hear, "Okay, this is what is happening. This is what your desired outcome is, how can I help you get there?" Versus the traditional scenario, when you have a provider who's saying that they know more about the patient's body than the patient does, and that they should just follow orders, this is the best thing for you, don't ask questions, just do it.

Karen Yates

Right. And just now I said, the male identified and female identified, but I'm also aware that like within the agender community, or the trans community where you're even talking about a population that's even more marginalized, there's probably even more

issues, which is a completely other podcast episode. I mean, yes, let's just say yes, that is another podcast episode. And I'll have you back for that! Because I think that is a really important topic. I watched my own gynecologist get like, a little — I don't know, like, "Oooh!" when I just started talking about sex. I'm like, Wait, you're my gynecologist! Stoppp! Wait! So, how do people even begin having the conversation. Like, is it just go in with one question, go in with two questions? Because I realize everyone's uncomfortable, usually, about the conversation. I shouldn't say blanket "everyone," but many people are uncomfortable. And so, how do you go into a conversation?

Ren Grabert

That's a great question. Because you're right, we're all from the society where we've been indoctrinated into thinking that sex is dirty, it's a bad word, we can't talk about it. But I think about all of my years of being a sex educator, and how often I tell people, if you're not sure about something, ask your doctor. Or if you have a really specific question that's about your body that I can't answer, because I don't have that medical knowledge, and I don't know your body, as well as a provider might, go talk to that doctor. But they, again, don't have that information or the skill set, necessarily, to bring it up. So I think it's really important to kind of psych yourself up before you go in. These are the questions I want to ask. It's important because it's my body, it's my health, and I need to take control of this. Writing yourself notes so you don't forget. I mean, I have really bad anxiety, myself, and ADHD, and I forget things. So if I don't have my list when I walk in, it's all gone. And I could have a whole appointment without talking about any of that, leave, get in my car, and then all of a sudden, oh wait, all those questions that I had! So definitely having that available.

I also recommend doing some of your own research. And in the class, we'll talk a little bit more about how to do a little bit of research for yourself. Depending on your provider, they might be really enthusiastic about you looking into things and having that background knowledge. And others might feel a little bit concerned that you're looking up information without having that medical background. So it is kind of a fine line. But having that information with you can never hurt. If you get the sense that bringing it up might not be a good idea, at least have it in your pocket. Also having a friend or a family member or somebody who can be an advocate for you, if you're nervous to do this on your own. There are patient advocates out there where that's their job. But it's really important to remember that if the patient advocate is through your health care system, that their main responsibility is to the doctor, the medical system, and not to you. There are individual patient advocates out there, but they're a little bit harder to find sometimes, but there's no legal requirements around being an advocate, at least at

this point. So you could just bring your friends, your partner, a family member, and they're your patient advocate. So if you have somebody who is that strong voice for you, consider if you want to have these conversations with them, and see if they can help you, go into the office with you.

Karen Yates

So let's talk a little bit about, if you are on a medication and you can't go off of it for whatever reason, how to work with the medicine you've been prescribed.

Ren Grabert

Yeah. So if you're noticing particular symptoms from a medication that you're taking, it's always worthwhile to ask your doctor if there's another medication for the same condition that they're treating that is less likely to cause those side effects. It's very possible that there might be, or that they can adjust the dosage that they're giving you to help alleviate some of those symptoms. But barring that, it might just become part of how your body functions at this point in your life. And again, as I mentioned, we all age, and our bodies change, and what we find pleasurable and desirable, and what feels good changes over time. So it can feel like a bit of a grieving process. And I think people should take the time to really process their feelings about what's going on. But ultimately, it can be really helpful to start exploring your body and figuring out, okay, what feels good to me now? What do I find hot now, that I didn't maybe five or 10 years ago? It's a helpful practice for anybody, but especially if your body's changing rapidly due to these medications. Super helpful.

Karen Yates

On the third episode, we had Dr. Pia Holec on, talking about sensate focus therapy, where you really do very simple exercises to see what type of touch do you like? Because types of touch change, our preferences change over time. And you might like a firmer touch, or a lighter touch, depending on where you're at. If the medication is making you more sensitive or less sensitive, that might be an exploration. I mean, in some regards, it could be a great reason to begin doing exploration that you may have been putting off, you know? And it could be like, Oh, I can now try new sex toys, I can ask my partner to pleasure me differently, or we can explore this differently, and perhaps use that as a bridge to open up a whole new avenue of pleasure.

Ren Grabert

Yeah, I've also seen a lot of folks start exploring things like kink, too, if they're having a new experience with their genitals, that they're not functioning the way that they used to. Coming up with another type of play, like, you know, different types of BDSM,

where they can enjoy intimacy with another person and sensation and other types of activities that aren't so genitally focused can also be a really fun and interesting way to go with it.

Karen Yates

We'll return to more of the interview in a moment. Wild & Sublime is also sponsored in part by our Sublime Supporter, Chicago-based Full Color Life Therapy, therapy for all of you, at fullcolorlifetherapy.com. If you would like to be a Sublime Supporter, showcasing you and your business and supporting us at the same time, contact us at info@wildandsublime.com.

We now return to the interview with sex educator Ren Grabert. And we'll be joined by Mary Osing Welch, a mental health nurse practitioner. She'll be giving us the nitty-gritty on her sojourn with estrogen blockers after breast cancer, talking about how to do research on your meds, and more. [to interviewees] So I want to bring on my dear friend, Mary, Osing Welch, nurse practitioner in mental health in Portland, who has had quite a journey in the past couple of years around the subject we are talking about. And I thought Mary could give us some insight as to what it looks like for one person's experience — and also one person's experience who is already a medical provider. So before we talk about your specific experience, Mary, first, welcome.

Mary Osing Welch

Thank you. It's good to be here.

Karen Yates

Yeah. So Mary, what were some of the things that were striking you as Ren was talking?

Mary Osing Welch

Well, the thing I really underscored is: don't take on the blame. And so my experience was having not been informed of the severity and the intensity of the side effects that could occur. I had been blaming myself. "Oh, I haven't been doing enough kegels, is there something wrong in my relationship?" You know, what am I doing wrong?

Karen Yates

Yeah. So several years ago, you had breast cancer.

Mary Osing Welch

Yes. 2018, I was diagnosed with early-stage breast cancer, ductal carcinoma in situ. Part of the tumor had the potential to be invasive. So I was given chemotherapy and radiation. And then I was started on what they call endocrine therapy, which are basically medications that block your ability to make estrogen, or the ability of estrogen to sort of hook up to the receptor sites and do its job.

Karen Yates

And the reason the estrogen blockers were because...?

Mary Osing Welch

So a lot of breast cancers and other types of cancer have estrogen receptors on them that help the cancer cells to grow, and possibly proliferate. So one of the ways they say, oh, we can help prevent recurrence by blocking estrogen, which feeds different types of tumors, benign and cancerous. I'm one of those people, I'm generally very careful to do a little bit of research, but not like, a deep dive. Because I don't want to, like, medicalize myself too much, because you're already being medicalized as the patient. And so I was looking at standard websites. You know, when I started, I did not expect painful intercourse, let me just start with that. They give you a vague term — "You may experience menopausal symptoms" — but they don't always specify. So what was not specified in "menopausal symptoms" was painful intercourse, or vulvo-vaginal atrophy. That blocking your estrogen can literally affect your genitals in a very concrete way. I mean, I knew that with menopause, that can happen. But it all kind of rests on the fact that I was never told the degree to which these medications block estrogen. So when I would sit and talk with my other menopausal friends, and they're like, "Oh yeah, I just, you know, use some lube or, you know, these little coconut oil things, you get them on Amazon." And none of that worked for me. And I had a session, a Zoom session, with my oncologist, and basically complained about the side effects the whole time. And I asked, is there another aromatase inhibitor that, you know, might be more tolerable? And he was like, well, you tried two, I don't know if you should really try another one. And so I started looking at the journals at that point. I was like, I can't be the only one.

Karen Yates

So that's when you did, like, the deep dive into research.

Mary Osing Welch

Right. That's when I'm like, I'm going to break my own rule. I'm going to read about my own health problem in the journals.

Karen Yates

Now, would you say that as a nurse practitioner, you probably had more ability to do this? Is this something that a person without medical training could do a deep dive easily?

Mary Osing Welch

Yes and no. I think because of my training, I had to read a gazillion journal articles in graduate school, where you are taught how to understand, at least get the gist of the methods and the statistics and all the tables. But I do think that if somebody, you know, has decent reading skills, they can read a journal abstract, and they can read the discussion. Absolutely. I mean, yeah, they could. I think the hard part is finding the key words to do your Google Scholar search. Because I had difficulty with that. I tried googling "sexual side effects," and I wasn't getting anywhere. And so then I was thinking, well, I bet a lot of people stop taking these. I bet there's people that do not adhere to their medication. And it was not until I got to the adherence literature, about how many people actually take these down things for five to 10 years, that blammo, then in that was the discussion of cognitive and sexual side effects.

Karen Yates

Whoa. And at this point, you began realizing, putting it together, that perhaps people were not adhering to the prescription, due to side effects.

Mary Osing Welch

Yeah, you know, like 15% won't even start the meds. Around 23% are done by a year. And then the further out you go, the more people have stopped. Of course, I can't figure out why. You know, well, gee, it ruins sex for me! You know, nobody's asking that question. But don't get me started. One of the keys to unblocking and really get into the middle of that onion, for me, was learning that these drugs take your already menopausal estrogen levels and deplete them by 90 to 99%.

Karen Yates

Whoa, wow, wow.

Mary Osing Welch

That is a profound decrease in estrogen. And they do not measure it. Because it can only be measured by various special labs, and it's very expensive to try to even measure these low levels of estrogen.

Karen Yates

Yeah. So what was the next thing you did, after you started doing the deep dive into research, and what was your next course of action?

Mary Osing Welch

My next course of action was to see a OB/GYN women's health care provider, to really get some help about different products. The estrogen cream wasn't doing its job. And, you know, some estrogen creams contain a little bit of testosterone or DHEA. And I was like, Is there anything that's going to work a little better? I found the most amazing provider. I just looked at the clinic I had gone to and looked at the bios. Thank you, internet. I found a family nurse practitioner who specializes in vaginal and vulva dermatology.

Karen Yates

Wow. Wow.

Mary Osing Welch

Yeah.

Karen Yates

That's specialized.

Mary Osing Welch

That is very specialized. So, I'm in her office, crying of course. I have cried in so many doctors offices about this! I can't even tell you. And she was great. She was like, "You know what? The estrogen cream..." — first of all, she did a thorough examination, hands on. Where are you feeling the irritation? Is it here? Is it here? Is it here? Is it here? With a gloved finger. And I was like, Yes, it's at like, the entrance to my vagina. It's not in there. It's not muscle. It's not spasm. It's my irritated, burning skin, you know? And so she said, "Here's what you do with your estrogen cream. You use just a tiny amount, and you're gonna apply it with your finger, and you're going to put it right where the irritation is. Because using those applicators puts it way up in there, by your cervix. That's not where you need it."

Karen Yates

Wow. And I'm assuming that made a big difference.

Mary Osing Welch

It made a big difference. I was at least willing to try penis-in-vagina intercourse after four weeks of that. So I, like a happy, plucky person you know me to be, oh I can't wait to share this with my oncologist! [laughs]

Karen Yates

What happened, Mary? [laughing]

Mary Osing Welch

I am now like, marked as the difficult patient. I was like, "Well, you know, there's all these glands near the entrance of your vagina, and that's like, where they produce a lot of like, the lubrication and stuff. And so with the applicator and blah, blah, blah." And I'm like, explaining this whole thing. And his eyes are just getting wider and wider and wider. And he kind of turns red. And he's very nice, gentle bedside manner. He's like, "Oh, wow, you're teaching me something."

Karen Yates

[laughs] And what ultimately happened with the estrogen blocker you were taking?

Mary Osing Welch

He had given me a six-week break. And I said, I'm willing to try one more thing. You know, I've tried two, I'm willing to try one more. And the one that I tried was an absolute disaster. So at this point, where I am at is, I no longer blame myself or my relationship, or my laziness about kegels or the sexual side effects. Our sex life now revolves around, "ooh, let's try this lube or that, and see if this works better. You know, we're doing a nerdy science project — you know, maybe we could roleplay like, scientists in the lab or something. [Karen laughs] Like a "Jacob's Ladder" for the bedroom.

Karen Yates

[laughing] You made me snort! You truly are an old friend. You made me snort.

Mary Osing Welch

Also, what happened was, it got to the point where I was like, that's it, I'm not taking these anymore. And that's when you get your doctor's attention sometimes. And I'm sorry to say that, but it wasn't until I left a message with the physician assistant and his other assistant, where I just got down to brass tacks and said, these side effects, the sexual side effects, the cognitive side effects, are absolutely intolerable. And there's no

way I'm taking this medication for another three to seven years. No. And that is when you get the call to set up an appointment immediately, as soon as possible.

Karen Yates

Mmhmm. So let's bring Ren back in. So listening to this Ren, thoughts?

Ren Grabert

Yeah, I wish I were more surprised to hear all of this. I'm really sorry that that was your experience. I think it mirrors a lot of folks' experience, unfortunately. But also I was thinking as you were telling the story, about how I used to work in an outpatient cancer center, years and years ago. And I remember that the providers would often prescribe Viagra to patients who were experiencing ED. And there is a lot more information around ED and its treatment, and I think a lot of specifically men who are doctors are more empathetic to that situation. So I think for a lot of vagina and vulva owners, they have their experiences more — not taking this seriously, unfortunately.

Mary Osing Welch

One card that I played, with both my primary care provider — who actually was much more open to topics of sex than my oncologist — to both of them I said, I just have to wonder if a man would keep taking a medication that caused his penis pain during sexual activity. My primary care provider just chuckled, as if, "Well, of course not." And my oncologist just looked away and blushed. Like, again, the answer was, of course not. And that's what they're expecting me to do.

Karen Yates

So one thing I want to ask you, Mary, since Ren and I were talking earlier about the conversation patients have with doctors and other medical practitioners — you are a nurse practitioner. You write prescriptions in mental health. So you write prescriptions for anti-anxiety, antidepressants, and a whole host of other medicines. How does the conversation look in your office?

Mary Osing Welch

Well...

Karen Yates

Because you're pretty sassy. [laughing] I don't think you're gonna shy away.

Mary Osing Welch

Yeah, you can't! So I try to, and I don't always do it perfectly. But you have to list the specifics. You know, sometimes you can say any sexual side effects, and the person will say, Oh, yeah. Like if you know they're kind of a modest person, and, and they're gonna feel more comfortable. Like, if you have the rapport and you just kind of know, if you start getting very specific, they might be uncomfortable, you can say, Are you having sexual side effects? But certainly I try to say when I'm starting new medication, this medication can cause sexual side effects, including decreased libido, delayed orgasm, lack of orgasm, erectile dysfunction. Because if you don't tell somebody about these, they get frightened. Because as a young provider, I made the mistake of not mentioning one of these, only to find out my client had been purchasing some sort of testosterone-boosting product over the internet. And I was like, Oh, my God, no, no, no, this is just a side effect. We just need to change your med. And you know, unfortunately, life is the best teacher after all. You make a mistake like that once, you're not gonna make it again.

Karen Yates

What do you see your patients do after you start talking? Is there relief? What goes on?

Mary Osing Welch

Most people tend to be pretty matter-of-fact, and will say, yeah, that's what I had. And sometimes they don't want to name it. And so I go through a list, they'll say, yeah, that's what I had. And I'll say, Well, did you have just the decreased libido? Or was it erectile dysfunction? Was it that severe? And they'll say, Yeah.

Karen Yates

Okay. Ren, any thoughts?

Ren Grabert

Yeah, I would really be remiss if I didn't mention that, you know, as common as these experiences are, when it's a trans person, they tend to be invalidated even more. So I'm thinking about, specifically trans women, if they're taking spironolactone, which is a diuretic, but it also is an androgen blocker. So a lot of times that is taken in addition to estrogen. And I've seen so many young folks on spironolactone have trouble in conversations with our providers, because they're too young to be on a diuretic, why are you doing this to your body? Without taking into consideration, this is a huge part of their identity, right? But spironolactone is also really likely to cause sexual side effects, and especially erectile dysfunction. And for some trans folks, that might be what they want, and that's great for them. And for others, it might not be the case. So

then they're dealing with a whole bunch of other assumptions about their bodies, their sexual preferences, and what they want their sex lives to look like. And so, yeah, it's really complicated, depending on so many factors, for disabled folks too. Don't even get me started! But—

Karen Yates

Wow... Yeah, yeah, yeah, for sure. For sure.

Mary Osing Welch

I think we need better insurance coverage, too. What was really frustrating for me is a trans male that was having sexual side effects. And we wanted to try like a Viagra or Cialis type thing. And that particular insurance company would only prescribe it if someone has benign, you know, enlarged prostate. Well, if you're trans male, you don't have a prostate. And so, I'm never gonna get that medication covered for him. And so, you know, with help, you can find coupons and pharmacies that have deals.

Karen Yates

Wow, that's a lot. That's a lot of hoops to jump. So, thank you, Mary, for you know, telling us about your story in great detail. Because I think it's always the details where you really get the most information on stories such as these. So I just want to thank you for bringing it all up. I think listeners are going to get a lot out of your story. Ren, I wanted to ask you a little bit about your webinar that you're going to be doing on May 20, which will be a week from the drop of this podcast episode.

Ren Grabert

Yeah, I am so excited to be doing this webinar for the Center for Sexual Pleasure and Health in Rhode Island. I have been a huge fan of their work forever, and being able to work with them is just such an honor. And yeah, so on May 20, we're doing a webinar called "Sex, Drugs and Side Effects: What Your Doctor Didn't Tell You About Your Meds and Sex." And it's really going to focus on this exact topic, of medications that cause sexual side effects, some basic information over a wide scale of different medications, figuring out how to research all of these side effects and symptoms, to have these conversations with your doctor, guiding folks through the conversation, how to start the conversation and get their questions answered, and how to advocate for themselves. Because it's such a huge piece of all of this, right, is self-advocacy. So I think it's going to be pretty great, and I can't wait for it.

Karen Yates

Awesome. We'll have the link to that in the show notes. Any final thoughts?

Mary Osing Welch

As far as sharing journal articles, I found that two of my providers were very receptive. Like, I said, I want you to know, I'm not just going to random places on the web. I'll share with you an article that I read that scared me. And they gave me an article to read, too. So, some providers are very open to it.

Karen Yates

You know, and I wanted to end with a note of optimism. Because that was optimistic. So I noticed, Ren, recently you posted that you were doing some sort of training for social workers. Can you tell us about that?

Ren Grabert

Yeah, that was a guest speaking appearance for a social work, a Master of Social Work class at the University of Chicago. And we were talking about BDSM and intimate partner violence, and telling the difference. And I think that there are individual professors, and folks working in medical education and healthcare education, who are bringing in these discussions. I think we're going to see a whole lot more of this happening over time. People are getting more open-minded and willing to talk about these things. So I think the future is bright. I think that it has to happen on a more wide-scale level. And we could talk about that forever. But I do see it getting better. Very slowly, but getting better.

Karen Yates

Yes. Yes. Ren Grabert, thank you. Mary Osing Welch, thank you. For more information on Ren Grabert's webinar on May 20, go to the show notes. [music] The work I do in Biofield Tuning, an energy medicine that uses sound waves to repattern distortions in the human electric biofield, can support you in getting out of stuck behavior and become more aware of different choices. If you're interested in working with me, in person or remotely, or to learn more about my weekly group biofield tuning sessions on Zoom on a variety of topics, including increasing intuition, expanding consciousness, balancing your energy and more, go to karen-yates.com. That link is in the show notes. Well, that's it for this week's episode. Have a very pleasurable week.

Thank you for listening. If you know someone who might be interested in this episode, send it to them. Do you like what you heard? Then give us a nice review on your podcast app. You can follow us on social media @wildandsublime and sign up for newsletters at wildandsublime.com. I'd like to thank associate producer Julia Williams and design guru Jean-Francois Gervais. Theme Music by David Ben-Porat. This

episode was edited by The Creative Imposter studios. Our media sponsor is Rebellious Magazine, feminist media, at rebelliousmagazine.com.