



SEXUAL DYSFUNCTION

Sexual dysfunction affects many couples. Causes of sexual dysfunction involve emotions that inhibit appropriate responses, and often involve both physical and psychological issues.

TYPES OF SEXUAL DYSFUNCTION:

Sexual dysfunction can be separated into several different categories. These include desire disorders, arousal disorders, orgasmic disorders, and pain during intercourse. The causes and treatments for each of these types of disorders in the male and female will be discussed.

DESIRE DISORDERS

Hypoactive sexual desire is a persistent or recurrent deficiency or absence of sexual desire and/or fantasies. This is one of the most common sexual dysfunction disorders for both men and women. Men and women with these disorders often have very little interest in initiating sexual activities, but when approached by their partner are often able to become sexually aroused and are able to achieve orgasm. Some of these people have a severe form of sexual desire disorder, progressing to sexual aversion, where they avoid all forms of sexual activity with a partner.

Several causes of sexual desire disorder have been suggested. It is thought that interpersonal relationships may play a heavy role in sexual desire disorders. A woman may associate certain sexual experiences or psychologically threatening experiences with intercourse in general, therefore starting to have an aversion and lack of desire. Often counseling will help a woman with her interpersonal relationships. As well, counseling may help in teaching her to dissociate from unpleasant experiences in the past.

AROUSAL DISORDERS

There are several causes of difficulty or inability to become aroused. Insufficient foreplay, which involves touching, caressing, and kissing, is often the problem. Psychological issues may also play a role in lack of arousal. These include poor self-image, poor communication between partners, or stressors outside of the home.

Additionally, some neurological disorders may affect the ability to be aroused.

Several exercises have been advocated in couple therapy in an attempt to treat arousal disorder. The most known of these treatments are described by Masters and Johnson which involve gradual increases in exploration between partners, initially starting with very little contact and ultimately leading to intercourse.

ORGASMIC DISORDERS

Orgasmic disorders in women are often characterized by persistent failure to achieve orgasm or persistent delay in orgasm following a normal excitement phase. This type of disorder is only a problem if it causes distress to the woman or her partner. It is more common in young and sexually inexperienced women. Primary anorgasmia (inability to achieve orgasm the entire life-long) is seen in approximately 5 to 10% of women. Secondary anorgasmia (inability to achieve orgasm even though orgasm has been achieved in the past) is often caused by communication problems between partners, depression, certain medications, alcohol, or chronic neurological illnesses.

Orgasm is often more likely during foreplay, with manual stimulation, or with masturbation. This is because there is often more intense stimulation of the clitoris during this time. Many women are unable to achieve orgasm during actual intercourse.

The most effective treatment for anorgasmia is sexual counseling. Sexual fantasy with masturbation is initially used to treat this disorder. Manual stimulation of the clitoris during intercourse may help women become orgasmic.

PAIN DURING INTERCOURSE

Pain during intercourse is also known as dyspareunia. It may involve pain during initial penetration, during deep thrusting, or following intercourse. Several gynecologic disorders may be associated with painful intercourse. These may include low levels of estrogen, endometriosis, or infections to name a few.

Often dyspareunia is caused by lack of lubrication during intercourse. This may be from inadequate production of fluid or from lack of foreplay. Lubricating agents such as K-Y jelly and Astroglide often help.

There also is a condition known as vaginismus. Vaginismus is a recurrent contraction of the muscles of the vagina when penetration is attempted. This is an involuntary reaction. Vaginismus is relatively rare and affects approximately 1% of women. It is often thought to be a conditioned response to some prior adverse experience. Treatment often involves reconditioning with relaxation techniques and insertion of dilators into the vagina.

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