

Female Sexual Dysfunction

Introduction

Sexual dysfunction is the inability to fully enjoy sexual intercourse. These dysfunctions incorporate disorders associated with interference in a full sexual response cycle. These disorders make it difficult for a person to enjoy sexual intercourse. Sexual dysfunctions seldom threaten physical health, but can produce a heavy psychological burden causing depression, anxiety, and feelings of inadequacy. It has been found that approximately 40 million American women are affected by this condition. The National Health and Social Life Survey showed that sexual dysfunction is more prevalent in women (43%) than in men (31%), and increases as women age (18 to 59).

Description

Women experience sexual dysfunction differently than men, however, in both sexes dysfunction can be life-long and always present, acquired, situational, or generalized, occurring despite the situation.

- A woman may be experiencing a sexual problem if she lacks or loses sexual desire, has difficulty achieving orgasm, feels anxiety during intercourse, feels pain during intercourse, feels vaginal or other muscles contract involuntarily before or during sex, or has inadequate lubrication.

Causes of Female Sexual Dysfunction

Are often interconnected involving physical, hormonal and psychological factors: Physical conditions may include diabetes, heart disease, cancer, neurological disorders (depression, anxiety, and history of sexual abuse), arthritis, fatigue, headaches, urinary or bowel difficulties, alcoholism, and drug abuse. Other physical conditions may be due to side effects from certain medications, such as antidepressants, blood pressure, and chemotherapy drugs.

- Hormonal changes due to menopause may cause estrogen levels to decrease, which can cause alterations to occur in genital tissues and decrease responsiveness to sex. Intercourse may become painful, and it may take longer to achieve an orgasm.
- Psychological and emotional issues need to be addressed for treatment to be effective. The most problematic psychological factors that affect sexual function include anxiety, depression, stress, and sexual abuse.

Risk Factors

A risk factor increases a person's chance of getting a disease or condition. Risk factors include medical conditions or diseases, hormonal changes, side effects of medications, and psychological and social conditions.

Symptoms

Experiencing personal distress because of one or more of the following:

- Low sexual desire—A lack of interest in sex or poor libido.
- Inability to become aroused—The desire to have sex but lacking the ability to become physically aroused or to maintain arousal during sex, possibly due to insufficient vaginal lubrication, anxiety, or lack of clitoral and vaginal sensation.
- Orgasmic disorder—Consistent difficulty achieving sexual climax.
- Pain during intercourse—Feeling pain during sexual stimulation and/or penetration is sometimes called vaginismus which is an involuntary, painful vaginal contraction that inhibits penetration.

Diagnosis

Will occur after seeing a physician who will ask about your symptoms, medical history, sexual history, and the medications you take.

Diagnostic Processes

- Swabs of vaginal fluid to evaluate for infection or bacterial imbalance
- Cervical swabs to test for sexually transmitted diseases (STDs)
- Urine tests
- A pelvic exam to check for signs of physical changes, including thinning of genital tissues, decreased skin elasticity, and scarring
- A psychological evaluation of possible contributing factors, such as anxiety, depression, past sexual abuse, and relationship problems

Treatment

Female Sexual Dysfunction may require both medical and non-medical treatments.

Medical treatments that help address the underlying conditions include:

- Changing medication that may have sexual side effects
- Treating depression and anxiety
- Using vaginal lubricants to relieve dyspareunia, vaginal dryness, and irritation
- Possible hormone therapies that may include estrogen replacement therapy (ERT) and androgen therapy.
- Estrogen supplementation is available in low-dose estradiol skin patches to relieve vaginal pain and dryness.
- Androgen therapy which is controversial due to the use of testosterone for the treatment of low sex drive/libido. The treatment is only to be used under medical supervision because it is not approved by the US Food and Drug Administration (FDA) at this time.

Compounded Medical Treatments include the following Topical formulations:

- Aminophylline 3%/Arginine HCl 11.7%/Naltrexone HCl 0.817% Topical Cream (VersaBase)
- Aminophylline 3%/Arginine HCl 6% Topical Cream (VersaBase)
- Papaverine HCl 5%/Arginine HCl 6% Topical Cream (VersaBase)
- Testosterone 1% Topical Cream
- Nifedipine 0.2%/Arginine HCl 6%/Aminophylline 3% Compound Topical Cream (VersaBase)
- Dehydroepiandrosterone 15mg/0.25mL Topical Cream
- Sildenafil Citrate 2% Aminophylline 3%/ Arginine HCl 6% Topical Cream (VersaBase)
- Sildenafil Citrate 1%/Arginine HCl 6%/Aminophylline 3% Topical Cream (VersaBase)

Non-medical treatments which may improve sexual health and promote an increase in sexual desire includes:

- Discussions with a sex therapist
- Making lifestyle modifications such as changes in eating habits and physical activity
- Doing Kegel exercises to strengthen pelvic muscles

References:

American Academy of Family Physicians <http://www.aafp.org>

American College of Obstetricians and Gynecologists <http://www.acog.org>

Cleveland Clinic Foundation <http://www.clevelandclinic.org/health>

Mayo Foundation for Medical Education and Research <http://www.mayoclinic.com/>

<http://medicaldictionary.thefreedictionary.com/sexual+dysfunction>

<http://www.aurorahealthcare.org/yourhealth/healthgate/getcontent.asp?URLhealthgate=11866.html>

American Association of Sexuality Educators, Counselors and Therapists

<http://www.aasect.orgwww.clevelandclinicmeded.com/.../female-sexual-dysfunction/>

PCCA, 2009 Formulas, Updated 09/18/2009