

FEMALE SEXUAL DYSFUNCTION

DEFINITION

If you are experiencing persistent problems with sexual arousal, response or desire that is causing distress to you and/or your partner, you may be experiencing what is called Female Sexual Dysfunction. This is a multi-dimensional disease, with both psychological and physical components, often in combination, and can be a major stressor within intimate relationships.

Female sexual dysfunction is very common, with many women experiencing sexual problems at different times in their lives. Female sexual dysfunction can be a lifelong problem, or it can happen periodically or with some frequency, come on later in life after a history of satisfactory functioning.

SYMPTOMS

Female sexual dysfunction can develop at any age, but sexual problems often happen when hormones are fluctuating, such as after having a baby or during menopause. Sexual concerns may also occur with major illness, such as cancer, cancer treatment, diabetes, history of smoking or cardiovascular disease. History of sexual assault or abuse, societal and religious norms, patient's sexual orientation and societal and family beliefs can produce immediate or latent problems as well.

- Desire disorders: you may not be interested in having sex even if you have a history of successful sexual activity. You may seldom desire sexual intimacy when it has formerly been a rewarding part of your life.
- Arousal disorders: when you don't feel the sexual response you are accustomed to, or you start to respond but can't keep it up to a point of orgasm.
- Orgasmic disorders: If you can't achieve an satisfactory orgasm, have pain during orgasm, especially if this has not been a problem over time.
- Sex pain disorders: when you have pain during or after sex, you may have a sex pain disorder, which may have a muscular source, or may be related to vaginal dryness or vaginal atrophy.
- Any medical condition which may cause unrelated discomfort, such as arthritis or urinary incontinence may be a secondary factor in the diagnosis.

CAUSES OF SEXUAL DYSFUNCTION

Female sexual dysfunction is a common side effect of many anti-depressant drugs, as well as some antihistamines, blood pressure medicines, and chemotherapy drugs. In addition, many physical illnesses, and urological conditions can contribute to dysfunction.

Changes in hormone levels is another major contributor to female sexual dysfunction. The vaginal lining becomes thinner and less elastic during and after menopause, particularly if you're not sexually active. At the same time, the vagina requires more stimulation to relax and lubricate before intercourse, and experiencing orgasm may take longer. Women who have recently gone through pregnancy or who are nursing may experience hormonal fluctuations that contribute to sexual difficulties.

Because human sexual response is a unique combination of mental and physical response factors, fatigue, stress and relationship issues can contribute to sexual dysfunction.

TREATMENT ALTERNATIVES

As Female Sexual Dysfunction ranges from the simple to the complex, there is no single course of treatment. As many of the causes are a combination of physical conditions and emotional issues, professional help is suggested as soon as the problem is constant and reoccurring. Some treatments are very simple, but a complete assessment is essential to pin-point the cause or causes of the difficulties.

PREPARING TO SEE A DOCTOR

When difficulties with sexual response disrupt your relationships and you feel frustrated or hopeless it may be time to schedule an appointment for an evaluation. Some careful preparation before your initial appointment will prove beneficial to you and your doctor. Although some of the discussion may seem awkward, it is important to remember that discussions with your doctor are confidential, and if you withhold information, it may make it difficult for your doctor to create the best course of treatment.

- Make a list of your symptoms, including frequency and intensity.
- If you use alcohol, keep count of your daily consumption for 1-2 weeks
- Make a list of your medications and supplements, and your history of significant disease or operations you have had.
- Be prepared to discuss your sexual history since you became sexually active. It will be important to be forthcoming with information about sexual trauma or abuse you may have experienced.
- Give some time to thinking about your stressors and relationship issues, as they may play a significant part in the creation of a treatment plan.

PARTICIPATE IN A CLINICAL RESEARCH STUDY

If you have been diagnosed with Female Sexual Dysfunction or you or someone you know has been diagnosed with or any other gynecological or urological condition, you may want to receive notice of upcoming clinical research study with Precision Trials. Please click here to complete an on-line inquiry form or call:

602-931-4507

Compensation may be available to qualified participants for travel in the Phoenix, AZ area, including but not limited to Gilbert, Chandler, Mesa, Scottsdale, Glendale, Paradise Valley, Peoria, and Sun City.

Participation is voluntary, and participants may leave a study at any time.