

Presented by HealthyWomen

## Understanding Sexual Health Disorders

So you're not in the mood. Or you're just not enjoying it anymore. Or sometimes, well, it hurts. And the thing is, these problems are bothering you or your partner or both of you. It's important to remember that sexual health issues—often referred to as sexual dysfunction by health care professionals—can affect women of all ages and at any stage of life.<sup>1</sup>

### Female Sexual Dysfunction Defined

Sexual dysfunction in women is not just one condition. Instead, sexual health experts have identified several types of female sexual dysfunction (FSD). These include:

- sexual desire disorders
- sexual arousal disorders
- orgasmic disorders
- sexual pain disorders<sup>3</sup>

Just as there are different types of pneumonia, depression and cancer, there also are different types of sexual disorders. Your diagnosis—and how you, your partner and your health care professional approach treatment—depends on your symptoms.

The following list presents the different types of female sexual disorders and the definitions health care professionals use to diagnose them. Keep in mind that even if you think your sex life fits the description, if your condition doesn't bother you and you're just fine with your current sex life, then you do not have a disorder.<sup>2</sup> Unless your sexual health issue causes distress, you don't necessarily need to "fix" it.

Just as there are different types of pneumonia, depression and cancer, there also are different types of sexual disorders.

- **Hypoactive Sexual Desire Disorder (HSDD):** The technical definition of HSDD is the persistent or recurrent lack (or absence) of sexual thoughts and desire for sexual activity.<sup>3</sup> HSDD causes distress for the patient, may put a strain on relationships with partners and is not due to the effects of a substance, including medications, or another medical condition.<sup>3a</sup> If you have HSDD, you simply aren't interested—or aren't as interested—in having sex as you once were. HSDD is undiagnosed for many women.<sup>4</sup>
- **Subjective Arousal Disorder.** You don't feel sexually aroused or excited, and you don't get pleasure from sex, but you are still able to become lubricated.<sup>5</sup>
- **Genital Sexual Arousal Disorder.** You don't get physically aroused when your partner touches your genitals, but you can still become aroused from other sexual stimuli (for example, kissing, having your breasts stroked, touching your partner).<sup>5a</sup>
- **Combined Genital and Subjective Arousal Disorder.** As its name implies, this condition is a mix of both arousal disorders. Basically, nothing turns you on.<sup>5b</sup>

- **Persistent Genital Arousal Disorder.** This is the opposite of the other three arousal disorders. You become physically aroused when nothing sexual is going on. Even having an orgasm doesn't make this feeling go away. The key here is that this constant arousal bothers you; you want it to go away.<sup>5c</sup>

### Questions to Ask Your Health Care Professional

1. I don't enjoy sex anymore, and I want to know why. Do you have experience diagnosing and treating sexual health problems?
2. Will you do a physical exam to help diagnose my sexual health issue? What types of tests will you perform?
3. Should my partner come to this or the next appointment with me?
4. Could a medication I am taking be causing my problem with sex?
5. Could a medication help make sex better?
6. How long will the medicine take to work?
7. Could counseling help?
8. Would physical therapy or other therapy help?
9. If I want to know more about my sexual health disorder, what resources and/or support groups would you recommend?
10. Will I need ongoing visits with you or another health care professional?

- **Orgasmic Disorder.** Put simply, despite being highly aroused and enjoying sex, you can't experience orgasm.<sup>5d</sup> This applies to women who have never experienced orgasm or to women who previously had orgasms but now no longer have them because of changes in their health, their medications, life circumstances or relationships.<sup>6</sup>
- **Dyspareunia.** This condition means pain with sex. Whether the pain occurs before, during or after intercourse, if it interferes with your enjoyment of sex and your quality of life, it's a sexual disorder.<sup>5e</sup> Dyspareunia is more common than you might think. One study suggests that as many as six out of 10 women experience pain with intercourse.<sup>7</sup>
- **Vaginismus.** This condition refers to a persistent or recurrent involuntary contraction of the muscles surrounding the vagina when penetration is attempted, making intercourse—or even inserting a tampon into your vagina—painful, if not impossible.<sup>5f</sup>

### Getting the Diagnosis

If you have problems or concerns about sex and they are an issue for you—for whatever reason—it's time to see your health care professional. Only your health care professional can conduct the type of medical history and examination required to determine if you have a sexual disorder or if something else is going on. It is important that you are completely open and honest with your health care professional about your

sexual history, including any sexual or physical abuse, sexually transmitted infections, problems with alcohol and/or drugs and history of depression and/or anxiety.<sup>5f</sup>

### Treating Sexual Dysfunction Disorders

There are numerous treatments for sexual disorders, including certain medications, surgical procedures, counseling, physical therapy and lifestyle changes. You may need to see

other health care professionals, such as a physical therapist or sex therapist.<sup>5g</sup> No matter what you and your health care professional decide, be patient. Most likely this health issue didn't occur overnight, and it may not improve overnight.

#### Want more information?

Visit [www.SexandaHealthierYou.org](http://www.SexandaHealthierYou.org) for more information about women and sexual health disorders.

### Resources

**American Association for Marriage and Family Therapy**  
[www.aamft.org](http://www.aamft.org)

**American Association of Sexuality Educators, Counselors and Therapists**  
[www.aasect.org](http://www.aasect.org)

**American Society for Reproductive Medicine**  
[www.asrm.org](http://www.asrm.org)

**Association of Reproductive Health Professionals**  
[www.arhp.org](http://www.arhp.org)

**HealthyWomen**  
[www.HealthyWomen.org](http://www.HealthyWomen.org)

**U.S. National Library of Medicine, National Institutes of Health**  
[www.nlm.nih.gov/medlineplus/sexualhealth.html](http://www.nlm.nih.gov/medlineplus/sexualhealth.html)

### References

1. Segraves, R. Female Hypoactive Sexual Desire Disorder: History and Current Status. *J Sex Med* 2006;3:408-419.
2. Basson R, Berman JR, Burnett A, et al. Report of the International Consensus Development Conference on Female Sexual Dysfunction: Definitions and classifications. *J Urol.* 2000;163(3):888-893.
3. Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR Fourth Edition, American Psychiatric Publishing, Inc.; 4th edition (June 2000)
4. Shifren JL, Monz BU, Russo PA, et al. Sexual problems and distress in United States women: prevalence and correlates. *Obstet Gynecol.* 2008;112(5):970-978.
5. Basson R, Wierman ME, van Lankveld J, Brotto L. Summary of the recommendations on sexual dysfunctions in women. *J Sex Med.* 2010;7(1 pt2):314-326.
6. Verit FF, Yeni E, Kafali H. Progress in female sexual dysfunction. *Urol Int.* 2006;76(1):1-10.
7. Heim LJ. Evaluation and differential diagnosis of dyspareunia. *Am Fam Physician.* 2001;63(8):1535-1544.

*This publication was developed with the support of a sponsorship from Boehringer Ingelheim Pharmaceuticals, Inc.*

For more information on this and other women's health and lifestyle topics, visit [www.HealthyWomen.org](http://www.HealthyWomen.org), or call toll-free: 1-877-986-9472.