

Disorders of Desire

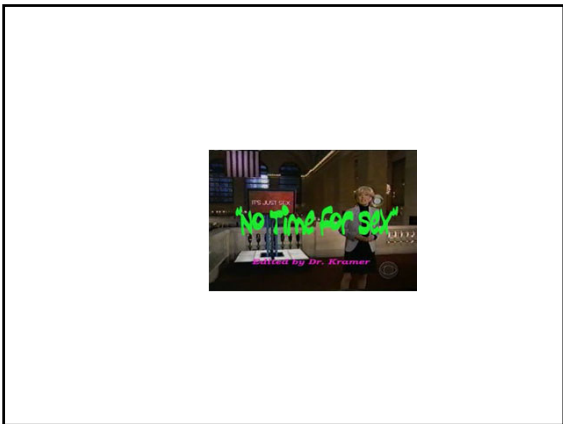
- **Hypoactive Sexual Desire Disorder**
 - Low desire for sex
 - (Hint: Hyper is too much, Hypo is too little)
- **In the new DSM5, low desire and inadequate arousal was combined into one disorder for women only.** Because prior it was thought that you had first you experienced desire, then arousal. Might be true for men, but they came to believe less so for women. For many they may first experience arousal and THEN desire.

Hypoactive Sexual Desire Disorder

- **Deficiency or absence of sexual fantasies and desire for sexual activity**
 - Can be global or specific (situational)
 - Can be lifelong or learned
- **Diagnostic Issues**
 - What is normal desire?
- **Prevalence**
 - 1970's it was 70% female, in 1990's gender equal
 - Very common - probably #2 most frequent sexual disorder in men and women.

Hypoactive Sexual Desire Causes

- **Biological factors:**
 - Any medical condition that causes pain or discomfort could make sex less enjoyable
 - Low testosterone levels
 - Medications: SSRIs for example
 - Depression, PTSD
- **Psychosocial factors**
 - Lack of attraction or love toward one's partner
 - Relationship difficulties
 - Mood: anger, anxiety resentment can block sexual drive
 - Power imbalance
 - Poor sexual skills in the high driver partner
 - Other sexual disorders
 - Prior sexual abuse
 - Negative sexual messages received in childhood (family dysfunction)



Disorders of Arousal

- **Female Sexual Arousal Disorder**
 - Much less attention has been paid to female arousal disorder than male arousal disorder
 - Absence of vaginal lubrication and expansion
 - Women don't react as negatively to this disorder as males do to erectile dysfunction
 - Prevalence:
 - Not rare. Problem increases with age

Male Erectile Disorder

- **Persistent inability to attain or maintain an adequate erection until the completion of the sexual activity**
 - Different patterns
 - No erection from onset
 - Losing erection at penetration
 - Losing erection during thrusting
 - Frequently associated with anxiety, fear of failure, and concerns about performance.

Male Erectile Disorder (cont)

- **In a study of normal couples, (80% were sexually satisfied), 40% of the men reported occasional problems with erections.**
- **The problem increases with age.**
- This is the most common problem in men seeking sexual help (over 50%) complain of this.
- **Older method of assessment: Nocturnal penile tumescence**
- **Need to rule out medical conditions or drugs as possible causes**
 - Diabetes, Multiple sclerosis, renal failure, peripheral vascular disease, prostate surgery, alcohol, hypertensive drugs, antidepressants.
 - Difficult to assess affects of alcohol because of the psychological enhancement of desire may partially compensate for degradation of physiological capability.



Male Erectile Disorder (cont)

- **Causes**
 - Performance demands
 - Relation ship factors –dysfunctional men report more frequent arguments.
 - Physical factors that increase with age

Disorders of Orgasm Female Orgasmic Disorder

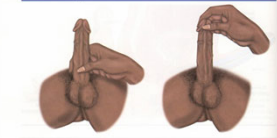
- **Delay in or absence of orgasm following a normal sexual excitement phase**
- **This is the most common complaint among women who seek therapy**
- **Not rare**
 - Laumann et. al. 1999 reported that 24% of women have been unable to achieve orgasm for several months over the past year
- **Is more prevalent in younger women. Once one learns how to achieve orgasm, it is uncommon to lose the capacity on its own.**

Male Orgasmic Disorder

- **The disorder is relatively rare**
 - 0% to 3%, but is experienced with greater upset than inorgasmic women.
- **Relationship problems have been implicated**

Premature Ejaculation

- **Ejaculation with minimal stimulation, before or shortly after penetration, before the person wishes it.**
- **Prevalence: Is very common**
 - Some suggest this is the #1 male sexual disorder
 - Lifetime prevalence estimated to be between 4% and 31%
- **Must take into account age, novelty of sexual partner or situation, and recent frequency of sexual activity.**
- **Caused by lack of awareness of high arousal**
 - Pause and Squeeze



Sexual Pain Disorders

- **Vaginismus**
 - Involuntary contraction of the vaginal muscles when vaginal penetration is attempted.
 - Rates vary widely.

Vaginismus (cont)

- **More often found in**
 - Younger women
 - Females with negative attitudes toward sex
 - Females who have a history of sexual abuse or trauma
- **Treatment**
 - Inserting gradually larger dilators.

Vaginismus ved mp4
med length for introhb



Causes of Sexual Dysfunctions

- **Biological**
 - Diabetes, kidney disease (erectile dysfunction)
 - Vascular Disease
 - Blockages in arteries or venous leakage
 - Heart attacks can cause one to be wary of physical exertion
 - Prescription meds – blood pressure meds, antidepressants, and anti-anxiety meds
 - 75% who take SSRIs experience some dysfunction
 - Alcohol use
 - Desire might increase, but performance does not.

Causes of Sexual Dysfunctions (cont)

- **Psychological**
 - Erectile Disorder
 - Anxiety can be a problem for dysfunctional men
 - Dysfunctional men are overly concerned about not being able to perform
 - Negative thoughts (I'm going to make a fool of myself)
 - Erotophobia (sex as negative and threatening) predicts sexual dysfunction in adults)
 - Negative experiences associated with sexual activity can cause dysfunction
 - Rape
 - Poor interpersonal relationship (hard to have good sex if you don't like your partner)
 - Poor sexual skills – can lead to failure and lack of desire
 - Belief in cultural myths

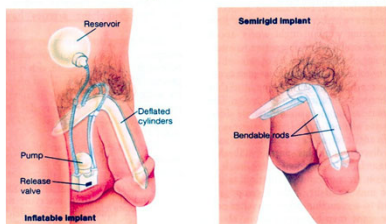
Sexual Dysfunction Treatments

- **Psychological**
 - Education
 - Alter deep seated myths
 - Increase communication between partners
 - Eliminate performance anxiety
 - **Sensate Focus**
 - Pause and Squeeze method for premature ejaculation
 - Man develops a sense of control
 - Directed masturbation for inorgasmic females
 - Inserting gradually larger and larger dilators for females with vaginismus

Medical Treatments for Erectile Disorder

- **Viagra**
 - Side effects can include flushing and headaches
- **Injections (papaverine & prostaglandin)**
 - Can be painful and leave bruises
 - Sometimes difficult to get need through skin
 - Muse is capsule form inserted into urethra. (is painful)
- **Implants**
 - Semi-rigid rod that can be bent to correct position when needed.
 - Pump inserted into scrotum that forces fluid into cylinder inserted into shaft of penis

Two different approaches to a surgical implant



- Here you see the implant on the right
- On the left you see a pump inserted into the scrotum.

Medical Treatments (cont)

- **Vacuum device**
 - Draws blood into penis which is then clamped off
 - Disadvantages
 - Penile skin temperature falls as a result of decreased arterial blood flow
 - “Penis is rigid only distal to the constrictive bands and thus pivots at its base”
 - Ejaculate is trapped in urethra until bands are removed
 - Few men like the vacuum device
 - One study showed 80% discontinued its use.
 - But is a non-invasive alternative
- **Vascular surgery**
 - High likelihood of failure

