

REVIEW PAPERS

Sexual Dysfunction in Veterans with Post-Traumatic Stress Disorder

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ABSTRACT

Introduction. Veterans with post-traumatic stress disorder (PTSD) experience high rates of sexual dysfunction. However, the topic of sexual dysfunction is often overlooked clinically and underexamined in the PTSD research literature. Clinician assessment and treatment of sexual dysfunction are particularly important for Veterans, who are at increased risk of exposure to trauma.

Aim. Review the literature regarding sexual dysfunction among Veterans with PTSD.

Method. Review of the literature.

Results. Sexual dysfunction, including erectile difficulties in males and vaginal pain in females, is common among Veterans with PTSD. Several underlying mechanisms may account for the overlap between PTSD and sexual dysfunction. Certain barriers may contribute to the reluctance of providers in addressing problems of sexual dysfunction in Veterans with PTSD.

Conclusions. With the high likelihood of sexual dysfunction among Veterans with PTSD, it is important to consider the integration of treatment strategies. Efforts to further the research on this important topic are needed. **Tran JK, Dunckel G, and Teng EJ. Sexual dysfunction in veterans with post-traumatic stress disorder. J Sex Med 2015;12:847–855.**

Key Words. Post-Traumatic Stress Disorder; Sexual Dysfunction; Erectile Dysfunction; Veterans

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Sexual health is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity” [1]. Healthy sexual functioning (e.g., sexual desire, erection, orgasm, ejaculation) is an important part of sexual health and general well-being [2]. In fact, sexual functioning is a significant predictor of physical and emotional health and overall quality of life [3]. As such, the rates of sexual dysfunction within the general U.S. population are quite alarming, with 43% of women and 31% of men experiencing sexual dysfunction [3].

In comparison with the general population, military Veterans are at increased risk of sexual

dysfunction with psychological trauma being one cause of impairment [4]. Post-traumatic stress disorder (PTSD) is the most prevalent mental health diagnosis among Veterans enrolled in healthcare at the Department of Veterans Affairs [5]. PTSD is characterized by exposure to a traumatic event followed by a constellation of symptoms, including intrusion symptoms (e.g., memories of the traumatic event), avoidance symptoms (e.g., avoidance of situations that are reminiscent of the traumatic event), negative alterations in cognitions and mood (e.g., persistent emotional negative state), and alterations in arousal and reactivity (e.g., exaggerated startle response) [6]. The negative impact of PTSD on physical and emotional health and interpersonal and occupational functioning has been well documented [7–9]. Thus, it is not surprising that Veterans with PTSD experience increased rates of sexual dysfunction.

This article provides a review of the current literature on the rates and types of sexual dysfunction typically seen among Veterans with PTSD. To aid clinicians in case conceptualization and clinical practice, we discuss underlying mechanisms that may account for the high degree of overlap between PTSD and sexual dysfunction. Common reasons and barriers that may contribute to the reluctance of providers in addressing problems of sexual dysfunction in Veterans with PTSD are also discussed. Finally, recommendations and considerations for treatment and future research, including the integration of treatment strategies for Veterans with PTSD and sexual dysfunction, are presented.

Impact of PTSD on Sexual Functioning

PTSD impairs sexual functioning across multiple domains: desire, arousal, orgasm, activity, and satisfaction [10]. Research suggests that the rates of sexual dysfunction among Veterans with PTSD are higher than in the general population. In a sample of 90 male combat Veterans diagnosed with PTSD, over 80% were experiencing sexual dysfunction, with erectile dysfunction, premature ejaculation, and sexual disinterest being the most frequently reported problems [11]. Similarly, the rate of erectile dysfunction in male combat Veterans with PTSD is significantly higher than those without PTSD (85% vs. 22%, respectively) [12]. Those with PTSD also score significantly lower on scales of overall sexual satisfaction and orgasmic function [12].

Although these studies were conducted with older Veterans with index traumas occurring many

years in the past, research on recently returning (Operation Enduring Freedom/Operation Iraqi Freedom [OEF/OIF]) Veterans with PTSD demonstrates comparable rates of erectile dysfunction, premature ejaculation, and sexual disinterest [13]. Male OEF/OIF Veterans with PTSD have an increased risk of being diagnosed with erectile dysfunction (3%) compared with Veterans with no mental health diagnosis (0.8%) or another mental health diagnosis other than PTSD (2.4%) [14]. They also have an increased risk of being prescribed medication for sexual dysfunction and visiting a urologist for sexual dysfunction [14]. Similarly, OEF/OIF Veterans with sexual dysfunction have significantly greater PTSD symptom severity than Veterans without sexual dysfunction [15]. Thus, PTSD appears to be directly linked to sexual dysfunction among male combat Veterans across different ages and eras.

As research on this topic has focused primarily on male Veterans, the impact of PTSD on sexual functioning in female Veterans is virtually unknown. Few studies have investigated the relationships between mental, physical, and sexual health among women Veterans. Based on the scant literature focusing on women Veterans, there appears to be a positive relationship between PTSD and sexual dysfunction, including sexual disinterest, fear of sex, arousal problems, orgasm problems, and painful vaginal intercourse [16]. Compared with those without mental health diagnoses, OEF/OIF female Veterans with mental health diagnoses have significantly higher rates of reproductive health problems, including vaginal pain and other sexual problems [17]. Moreover, women with comorbid PTSD and depression are at greatest risk in all outcome categories, suggesting that, similar to male Veterans, PTSD plays an important role in the development of sexual dysfunction among women Veterans.

Unique Consequences of PTSD Secondary to Sexual Trauma

Although combat is a common index trauma among Veterans, there is also a high rate of military sexual trauma (MST), or sexual harassment and assault that occurs while serving in the military. Recent screening data indicate that MST is higher among Veterans who seek VA healthcare, with 23.6% of female Veterans and 1.2% of male Veterans reporting a history of MST [18]. Rates of sexual assault (73%) reported by female Veterans are considerably higher than civilians [19]. Moreover, although research on the sequelae of rape has

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