Female Sexual Arousal Disorders

Annamaria Giraldi, MD, PhD,* Alessandra H. Rellini, PhD,† James Pfaus, PhD,‡ and Ellen Laan, PhD§

*Department of Sexological Research, Rigshospitalet 7411, Copenhagen, Denmark; †Department of Psychology, University of Vermont, Burlington, VT, USA; ‡Department of Psychology, Concordia University, Montreal, QC, Canada; §Department of Sexology and Psychosomatic Obstetrics and Gynaecology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

DOI: 10.1111/j.1743-6109.2012.02820.x

ABSTRACT

Introduction. Definitions and terminology for female sexual arousal disorder (FSAD) are currently being debated. While some authors have suggested that FSAD is more a subjective response rather than a genital response, others have suggested that desire and arousal disorders should be combined in one entity. Persistent genital arousal disorder (PGAD) is a new entity which is suggested to be defined as Restless Genital Syndrome.

Aims. The aims of this brief review are to give definitions of the different types of FSAD, describe their aetiology, prevalence and comorbidity with somatic and psychological disorders, as well as to discuss different medical and psychological assessment and treatment modalities.

Methods. The experts of the International Society for Sexual Medicine's Standard Committee convened to provide a survey using relevant databases, journal articles, and own clinical experience.

Results. Female Arousal Disorders have been defined in several ways with focus on the genital or subjective response or a combination of both. The prevalence varies and increases with increasing age, especially at the time of menopause, while distress decreases with age. Arousal disorders are often comorbid with other sexual problems and are of biopsychosocial etiology. In the assessment, a thorough sexological history as well as medical and gynecological history and examination are recommended. Treatment should be based on of the symptoms, clinical findings and, if possibly, on underlying etiology.

Conclusion. Recommendations are given for assessment and treatment of FSAD and PGAD. **Giraldi A, Rellini AH, Pfaus J, and Laan E. Female sexual arousal disorders. J Sex Med 2013;10:58–73.**

Key Words. Female Sexual Arousal Disorder; Persistent Genital Arousal Disorder; Definitions; Assessment; Treatment

Definition

Definitions of sexual arousal have in the past focused solely on the physiological aspect of arousal, i.e., genital vasocongestion, lubrication, tingling as well erection of the nipples and flushing of the skin as based on the largely phenomenological and objective descriptions by Dickinson [1], Kinsey et al. [2], and Masters and Johnson [3].

Based on this concept Female Sexual Arousal Disorder (FSAD), in the current edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), is defined as the "Persistent or recurrent inability to attain, or to maintain until completion of the sexual activity an adequate lubrication-swelling response to sexual excitement. The disturbance causes marked distress or interpersonal difficulty. The sexual dysfunction is not better accounted for by another AXIS I disorder (except another sexual dysfunction) and is not due to the direct physiological effects of substance abuse or a general medical condition" [4].

This exclusive focus on genital response in the DSM-IV-TR diagnosis has been criticized, because it overlooks the subjective component of sexual arousal: the experience of sexual excitement and pleasure. In the clinical setting, women often complain of vaginal dryness or discomfort and pain with intercourse, while lack of sexual arousal is more likely referred to as low or absent subjective

experiences of excitement [5]. There is evidence that, especially for women, genital sexual arousal responses do not always clearly coincide with subjective experiences [6,7]. Instead, women's subjective experiences of sexual arousal appear to be based more on their appraisal of the situation [7]. Moreover, in somatically healthy women diagnosed with FSAD according to DSM-IV-TR criteria, genital responses are rarely compromised [8]. However, it is plausible that for some women physiological impairments in sexual arousal are causing distress. For example, there is substantial evidence that many postmenopausal women with FSAD report symptoms from urogenital atrophy including vaginal dryness [9].

Another limitation of the definition of FSAD is the variance in the meaning of adequate arousal across women. For some, adequate arousal involves physical as well as "psychological" and situational sexual arousal [10]. Moreover, there is great variety in the ease with which women can become sexually aroused and the types and intensity of stimulation needed [11].

In an attempt to reconcile the discrepancy between the DSM-IV-TR definition of arousal and the described empirical evidence collected by psychophysiological studies, an international committee was convened by the American Urological Association in 2002 [12]. The committee proposed to divide FSAD into three subtypes:

Genital Sexual Arousal Disorder

"Complaints of absent or impaired genital sexual arousal. Self-report may include minimal vulval swelling or vaginal lubrication from any type of sexual stimulation and reduced sexual sensations from caressing genitalia. Subjective sexual excitement still occurs from non-genital sexual stimuli."

Subjective Arousal Disorder

"Absence of or markedly diminished feelings of sexual arousal (sexual excitement and sexual pleasure) from any type of sexual stimulation. Vaginal lubrication or other signs of physical response still occur."

Combined Genital and Subjective Arousal Disorder

"Absence of or markedly diminished feelings of sexual arousal (sexual excitement and sexual pleasure) from any type of sexual stimulation as well as complaints of absent or impaired genital sexual arousal (vulval swelling, lubrication)."

Although these proposed revisions are an improvement because they better capture the experiences of some women, they are not part of any accepted nomenclature and only a paucity of research has addressed the validity and clinical usefulness of such subdivision. We believe that collecting information on the type of sexual arousal problem experienced by the women is useful. However, at the present time, it remains unclear how this subdivision of FSAD could lead to a different diagnosis or treatment. One of the main limitations of research trying to establish the clinical utility of this subdivision is that women are not very accurate in their reports of physiological sexual arousal and most of the assessments are based on self-reports [13]. Moreover, only two studies [14,15] have investigated a distinction between the described subtypes of FSAD and the results from these studies do not completely match the expected outcomes and need to be replicated before we can state that Genital FSAD can be distinguished from Subjective FSAD.

Recently, in the proposal for revision of the DSM-5, recommendations have been made to combine women's sexual desire and arousal disorders into one entity [16]. It is not the goal of this article to review the proposal and the criticism that has been published on this topic, but it is important to acknowledge that scholars are still unclear on whether women can distinguish between sexual desire and subjective states of sexual arousal and how arousal definitions shall be in the future [16–18].

Overall, FSAD can be divided into primary arousal problems, meaning that the woman has never experienced sufficient arousal despite sufficient desire and sexual stimulation, and secondary arousal disorder, in which the woman experiences decreased arousal but has previously been able to become aroused. The disorder can be generalized (it appears in all sexual situations) or situational (it only appears in some situations). Very often FSAD coexist with other sexual dysfunctions [19,20].

Conclusions and Recommendations

- The current definition of FSAD is focusing on loss of genital arousal (lubrication, congestion, swelling, sensation), which may be an inaccurate or limited definition of the type of difficulties experienced by women who have problems becoming sexually aroused (level A).
- The focus on "lubrication/swelling response" in the DSM-IV-TR definition of FSAD is not representative of many women's perception of sexual arousal (level A).