REPORTS

Summary of the Recommendations on Sexual Dysfunctions in Women

Rosemary Basson, MD,* Margaret E. Wierman, MD,† Jacques van Lankveld, PhD,‡ and Lori Brotto, PhD*

*University of British Columbia, Vancouver, BC, Canada; †Div. Endocrinology, Metabolism & Diabetes, University of Colorado Denver, Aurora, CO, USA; ‡Department of Clinical Psychological Science, University of Maastricht, Maastricht, the Netherlands

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ABSTRACT

Introduction. Women's sexual dysfunction includes reduced interest/incentives for sexual engagement, difficulties with becoming subjectively and/or genitally aroused, difficulties in triggering desire during sexual engagement, orgasm disorder, and sexual pain.

Aim. To update the recommendations published in 2004, from the 2nd International Consultation on Sexual Medicine (ICSM) pertaining to the diagnosis and treatment of women's sexual dysfunctions.

Methods. A third international consultation in collaboration with the major sexual medicine associations assembled over 186 multidisciplinary experts from 33 countries into 25 committees. Twenty one experts from six countries contributed to the Recommendations on Sexual Dysfunctions in Women.

Main Outcome Measure. Expert opinion was based on grading of evidence-based medical literature, widespread internal committee discussion, public presentation, and debate.

Results. A comprehensive assessment of medical, sexual, and psychosocial history is recommended for diagnosis and management. Indications for general and focused pelvic genital examination are identified. Evidence based recommendations for further revisions of definitions for sexual disorders are given. An evidence based approach to management is provided. Extensive references are provided in the full ICSM reports.

Conclusions. There remains a need for more research and scientific reporting on the optimal management of women's sexual dysfunctions including multidisciplinary approaches. **Basson R, Wierman ME, van Lankveld J, and Brotto L. Summary of the recommendations on sexual dysfunctions in women. J Sex Med 2010;7:314–326.**

Key Words. Female Sexual Dysfunction; Definition; Diagnosis and Treatment of Women's Sexual Dysfunction; Desire Disorder; Arousal Disorder; Orgasm Disorder; Sexual Pain Disorder

Introduction

The current conceptualization of women's sexual function emphasizes the responsive component of women's desire. The circular model depicted in Figure 1 explains our current understanding of how desire is triggered during the sexual engagement thereby adding to any initial desire. Research confirms that women provide a variety of reasons and incentives for engaging in sexual activity. Sexually competent stimuli are integral to a sexual response and must always be assessed when considering a diagnosis and formulation of dysfunction. Women's sexual dysfunction includes reduced interest/incentives for sexual engagement, difficulties with becoming subjectively aroused and/or genitally aroused, and difficulties in triggering desire during sexual engagement. Frequently, all of these aspects are involved. Orgasmic disorder denotes sexual experiences consistently associated with high arousal but absence of orgasm. Other dysfunctions include pain and difficulty with attempted or completed intercourse or any attempts at vaginal penetration.

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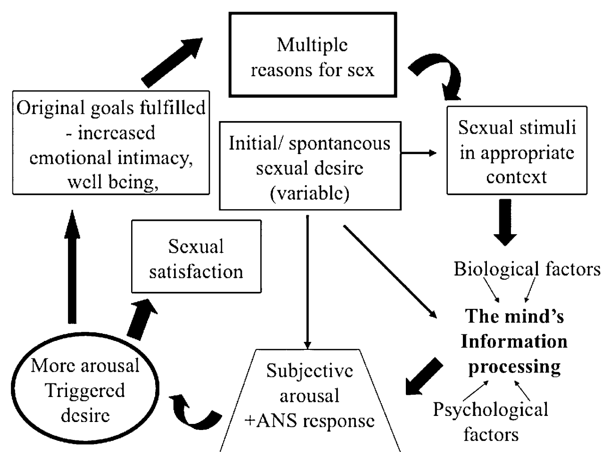

Figure 1 Circular sexual response cycle of overlapping phases may be experienced many times during any one sexual encounter. Desire may or may not be present initially: it is triggered by the arousal to sexual stimuli. The sexual and nonsexual outcomes influence future sexual motivation. Copied with permission from Lippincott Williams & Wilkins from Figure 2 in Basson R. Female sexual response: The role of drugs in the management of sexual dysfunction. Am Coll Obstet Gynecol 2001;98(2):350–2.

Definitions of Sexual Disorder in Women

The available evidence suggests that there are problems with existing definitions of sexual desire, arousal, and orgasmic disorders in women. The proposed definitions that were sponsored by the AUAF in 2003 present alternative criteria for these disorders: currently these are recommended for the clinical setting. Given the upcoming publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM)-V in 2012, it is likely that the current diagnostic criteria for these disorders will change. **Grade B.**

Sexual Desire/Interest Disorder (or Hypoactive Sexual Desire Disorder [HSDD in the DSM-IV-TR])

> There are absent or diminished feelings of sexual interest or desire, absent sexual thoughts or fantasies, and a lack of responsive desire. Motivations (here defined as reasons/incentives) for attempting to become sexually aroused are scarce or absent. The lack of interest is considered to be beyond the normative lessening with lifecycle and relationship duration.

Apparently innate desire (or experienced desire where the stimuli are not evident to the woman), present before sexual engagement begins is sometimes present for women, especially early in relationships and sometimes associated with menstrual cycles. However, this definition of sexual desire disorder argues that its absence does not equate to dysfunction.

Arousal Disorder (or Female Sexual Arousal Disorder [FSAD in the DSM-IV-TR])

Somatically healthy women diagnosed with sexual arousal disorder usually show a normal vasocongestive response in the genitalia in response to erotic sexual stimulation, when tested in a controlled laboratory environment. Thus, it is these women's lack of subjective arousal that is key to their distress, rather than failure of genital congestion.

It is recommended that subtypes of sexual arousal disorder are recognized: subjective sexual arousal disorder, genital sexual arousal disorder, combined genital and subjective arousal disorder, and persistent genital arousal disorder. Of note, it is the woman's self-report of absent or impaired genital congestion and lubrication that is the basis of these definitions, and psychophysiological testing would be necessary to identify any underlying physiological pathology.

Subjective Arousal Disorder

> There is 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.

Genital Sexual Arousal Disorder

> There are complaints of impaired genital sexual arousal. Self-report may include minimal vulvar 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.

A woman diagnosed with the genital subtype of arousal disorder indicates that she can still be subjectively aroused by, for instance, viewing an erotic film, or pleasuring her partner, being kissed, or receiving breast stimulation. She complains of the marked loss of intensity of any genital response including orgasm. Awareness of throbbing/swelling/lubrication is absent or markedly diminished. Moreover, loss of sexual quality of genital sensations despite apparently adequate engorgement can occur and is poorly understood.

Combined Genital and Subjective Arousal Disorder

> "There is 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)."

It is the lack of the subjective excitement from any type of sexual stimulation that distinguishes these women from those with genital arousal disorder.

Persistent Genital Arousal Disorder

> There is spontaneous, intrusive and unwanted genital arousal, e.g., tingling, throbbing, and pulsating, in the absence of sexual interest and desire. Any awareness of subjective arousal is typically but not invariably unpleasant. The arousal is unrelieved by one or more orgasms and the feelings of arousal persist for hours or days.

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