

HEALTHY MINDS
A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS
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Female Sexual Dysfunction



Not Interested in Sex? Men and women are prone to occasional or even chronic sexual dysfunction. Sexual function can be defined by one of the following four headings: lack of interest in sex or low libido (hypoactive sexual desire disorder – HSDD); painful sexual intercourse (dyspareunia); inability to reach orgasm (anorgasmia), and; difficulty in becoming aroused. Possible causes are as follows, some physical, and some emotional: diminished blood flow to parts of the reproductive system; recent childbirth; diabetes, hypothyroidism; injuries following a hysterectomy; insufficient hormones; high stress; fatigue, other emotional problems; childhood sexual abuse; depression and anxiety disorders; use of antidepressants and other medications, and; incontinence.

Male erectile dysfunction is highly publicized, and 90% has a physical cause; prescription drugs such as Viagra and Cialis can help immensely. Much less known is that about 43% of adult women suffer from some sort of female sexual dysfunction (FSD), according to medical surveys. The problem is not just in your mind and there are ways to feel sexual again.

FSD can be very distressing and lead to personal relationship problems; it is characterized by a lack or inconsistency of sexual fantasies, desire or initiative to perform the sexual act and is fuelled by psychological factors such as worries about jobs, money and family, illness, emotional or physical abuse, depression, and unsatisfactory family life or relationships. Sexual dysfunction (in men or women) can be treated for people of all ages.

In order to be considered as having FSD a woman must have persistent problems that cause her distress, whether psychological or physical or both. Symptoms may include difficulty reaching orgasm, genital pain or decreased sensation, or vaginal dryness. Some of these symptoms can be caused by pregnancy, hysterectomy, hormone irregularities, side effects of some medicines, or other medical conditions, or psychological stressors such as inability to get along with your partner. Often it is a combination of several factors.

Taking contraceptive pills can sap your sex drive because it closes down the ovaries for three out of every four weeks, and thus stops hormone flow. Talk to your family practitioner or gynecologist to try different contraceptive methods. Antidepressants, particularly SSRIs (like Prozac or Paxil) lower sex drive (libido), as can certain blood-pressure drugs and antihistamines which reduce lubrication, causing discomfort.

Depression is often accompanied by a lack of libido, some of it characterized by low self-esteem or negative body image. Counseling can help and some medications can help as well; some pharmaceuticals, mentioned above, can actually further lower your sex drive. You can help yourself by focusing on the time in your life when you felt very sexual; think about what you wore, how you ate, your cosmetics and perfumes, your activities and your exercise. Shaping up can help. Exercise itself is helpful.

Menopause is accompanied by many changes in your body: hormones, diminished sensitivity, reduction in estrogen and testosterone production and a simultaneous rise in weight, fatigue, and sleeplessness. Talk to your doctor about a regime of exercise, use of hormones, internally or as a cream, patch or lozenge. Sexual activity can continue despite advancing years.

Other medical conditions that lower libido, such as high blood pressure or cholesterol, thyroid conditions or autoimmune disorders can be treated, with the result of increasing sexual interest or reducing pain. Some of the cures can be greatly enhanced by exercise and change of diet.

Childbirth and breastfeeding is also a damper on sexual interest not only because of accompanying hormonal changes, but by the sheer fatigue of the duties of motherhood. A condition of depression called postpartum depression often occurs after childbirth. Usually, as time passes, sexual activity returns. Sometimes it is enough for both partners to realize that the baby's healthy development must come first.

The stressors of life's problems often alter the libido. Ironically, sexual orgasms are a wonderful source of stress relief. When stress interferes, relief can be found with exercise, including yoga. Don't underestimate the power of these remedies.

Sometimes changing your sexual activities with your partner, such as schedules and techniques, erotic clothing, literature, and so on, can help. Sometimes a semi-reluctant beginning to a sexual encounter can become a great turn on, increasing the emotional connection and the blood flow. Don't be afraid to talk to your partner about sexual problems (but not during sex). Honesty and openness is always the best approach. Patience is essential and is an essential part of kindness. The hardest part of this approach is making the first statement or breaking the ice. Some partners may not be willing to talk. Remember, slow progress is much preferable to no progress.

Always express your love for your partner, emphasizing that you want to find a way to improve the relationship or get past the problem; agree to find a solution together. Don't blame the partner for the problem; rather try to work it through without assigning responsibility. Reinforce your positive feelings for your partner, and your desire to get back on track. This positive approach will go a long way. Physical intimacy without emotional intimacy may not be long lasting. Remember that no partners should be made to feel that they are responsible for the other's problems.

Make sure that there is not a medical reason for the change in sexual desire or for the appearance of physical pain by consulting your physician, who can help with problems that have a physiological basis. Be specific about your symptoms and bring them up at the beginning of your appointment. Keep a diary of your concerns and problem situations. Some doctors will be more forthcoming or knowledgeable than others in the realm of behavioral or relationship problems; if they are not, consulting a competent counselor, preferably as a couple, or individually if the spouse won't participate, can go a long way in making the situation better.

TIP OF THE WEEK: Solving sexual problems can save relationships and preserve families. What are some of the available treatments for female sexual dysfunction? For medical issues there are Intrinsic Patches, Eros-CD, a nonsurgical device, testosterone cream, vaginal lubricants, estrogen (patch or pills), or a weight reduction or exercise regimens. A counselor can successfully encourage a client to stick to the diet or exercise schedule. Moreover, there are various forms of behavioral therapy and psychotherapy, marriage counseling, and stress reduction that can be applied by a counselor.