

Female sexual dysfunction essay

[Sociology](#), [Women](#)



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Female sexual problem is one of the most challenging topics for health care providers as the patient may feel discomfort in discussing the topic or misattribute sexual dysfunction to depression (Nurnberg, Hensley, Lauriello, Parker, & Keith, 1999). On the other hand, health care providers may have inadequate training and insufficient experience to have in-depth sexual discussion with the patient and deal with this problematic issue (Wright & O'Connor 2015). It has been estimated that fewer than 20% of health care providers ask about the sexual activity including enjoyment, difficulties, and frequency (Loeb, Aagaard, Cali, & Lee, 2010). Female sexual dysfunction is better treated with psychological treatment of the patient, and more studies are required for pharmacological treatment.

Causes of Female Sexual Dysfunction

Female sexual dysfunction is an important patient concern that can be ongoing or can occur occasionally. It has been reported that nearly 40% of women have sex related issues in the U. S. and nearly 12% have sexual problems (Shifren, 2013). Female sexual dysfunction may include a number of problems such as absence of sexual desire, inability to arouse the feelings, absence of sexual climax or orgasm, painful intercourse (Wright & O'Connor 2015), or combination of these problems. These problems may arise as a result of physical and/or psychological issues. Physical causes can be the presence of certain biological problems such as diabetes, nerve disorders, heart disease and/or hormonal disturbances. Some medicines can

also affect sexual desire and function. Studies have shown that antidepressants such as selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), and tricyclics can result in sexual dysfunction (Nurnberg et al., 1999). On the other hand, psychological problems can be stress as well as anxiety. Psychological problems may also include depression and relationship problems. However, occasional problems can occur in sexual functions but long term problems need proper checkup.

Management of Female Sexual Dysfunction

Females may go through the problem of sexual dysfunction at any stage of life. It is important to know the evaluation and management strategies that can help in dealing with the problem of sexual dysfunction. One of the best strategies to deal with the problem is to know the physical aspects of the body. The more a female and her partner know her body, the more they will be able to cope with the problem and find ways to ease sexual difficulties. In order to know more about the body and the problem, it is important to gather as much information as possible. So, a female and her partner can ask their doctor or get help through educational materials to know more about several issues that can affect sex life such as aging, pregnancy, illnesses, menopause, and medicines. It is also important for a female to communicate openly with her partner. Both of them can work together on areas that can improve intimacy and bring them together.

Treatment of Female Sexual Dysfunction

Medical treatment is insufficient

Studies have shown that topical testosterone can help in the treatment of

hypoactive sexual desire. However, magnitude of the treatment is small, and there is no long-term safety data. Moreover, studied testosterone replacement preparations have not been approved by the Food and Drug Administration (FDA) (Wright & O'Connor 2015). SSRIs, which are commonly used to treat depression and anxiety, can also result in sexual problems. Studies have shown that sexual dysfunction as a result of SSRIs can be treated with the help of bupropion, which is also used to treat depression or stop smoking, or sildenafil, which is helpful in treating erectile dysfunction (Wright & O'Connor 2015). In order to treat atrophic vaginitis, which usually results in pain during intercourse, topical estrogen is effective (Wright & O'Connor 2015).

Before starting a treatment for sexual problem, it is important to address all medical problems, mental health problems, or relationship problems. Usually, pharmacologic therapy is used for those women, who meet diagnostic criteria for a sexual problem or who have distressing problems or who are unable to respond to non-pharmacologic interventions (Shifren, 2013).

Psychological treatment could work better

Researchers have noted that female sexual dysfunction is adversely affected by psychological factors and problems in male sexual activities. So, it has been reported that many cases of female sexual dysfunction can be managed by considering the attitudes and sexual problems of her male partner, i. e. psychological treatment (Shaeer, Shaeer, & Shaeer, 2012).

It can be noted from above mentioned studies that medicinally or pharmacologically it is still difficult to cope with the problem of female sexual

dysfunction. So, psychological therapy is best with occasional use of medicines especially for pain.

Concluding Remarks

Sexual problems are often found in women. It can be in different forms usually caused by physical or psychological issues. It is one of the most important issues to consider for normal life of females. Careful evaluation and treatment strategies can help in dealing with this problem. Evaluation can be done by considering all the sex-related issues and other physical as well as psychological aspects of the women, but limited therapeutic options are among the most important challenges for health care providers to deal with female sexual dysfunction. No pharmacologic agent for desire, arousal and/or orgasmic problem has been approved by FDA, probably due to safety problems. So, further studies are required to deal with various issues of female sexual dysfunction and treat them medicinally. Consequently, it can be said that psychological treatment of the female and her sexual partner are essential to deal with the problem of sexual dysfunction.

References

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