WHAT TREATMENTS ARE AVAILABLE FOR FSD?

Treatments depend on what FSD you have and what is thought to be the cause of it. Women who are concerned about FSD should educate themselves with books and articles, so they can seek out and understand the treatment options. An important part of any treatment is an interview with a therapist who can evaluate the psychological causes and the psychological impact of a woman's FSD. This interview may be conducted individually or with the woman's partner. The outcome may be that therapy or counseling is necessary.

Medical causes for FSD should be investigated; a through medical history and physical examination including specific examination of the vulva, vagina, and perineum should be performed. Blood testing including a general panel and specific endocrine tests should be considered. Medications without sexual side-effects should be explored. Hormonal replacement should be addressed. Injuries, atherosclerosis, and diabetes can cause blood flow problems which must be addressed. Some products are available for various conditions; additional products are in research now. Pain disorders and vaginismus can be treated with medications, physical therapy, exercises, and transcutaneous nerve stimulation. Surgery may be considered for certain pain disorders if all other treatments have been unsuccessful.

If you think you may have FSD, speak with your doctor.

RESOURCES

The Women's Sexual Health Foundation
http://www.twshf.org

The Sexual Health Network
http://www.sexualhealth.com

Information on Female Sexual Dysfunction
http://www.fsdinfo.org

AASECT - American Association of Sex Educators, Counselors, and Therapists.
(804) 644-3288
http://www.aasect.org

National Women's Health Network
(202) 628-7814
http://www.womenshealthnetwork.org

National Vulvodynia Association
(301) 299-0775
http://www.nva.org

National Institutes of Health,
National Library of Medicine
http://www.nlm.nih.gov/medlineplus/femalesexualdysfunction.html

Network for Excellence in Women's Sexual Health
http://www.newshe.com

Institute for Sexual Medicine
Boston University School of Medicine
http://www.bumc.bu.edu/sexualmedicine

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Ferguson, Martinez& Tepper

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Are You A Woman Experiencing Sexual Difficulties?

WHAT IS FEMALE SEXUAL DYSFUNCTION?

A woman's sexuality is complex. It is the product of her genes, her upbringing, her history, her mood, her physical health, her medications, her environment, and her relationships. Female sexual dysfunction (FSD) is a collection of disorders that has received much attention lately. A survey published in 1999 in the Journal of the American Medical Association estimated that 43% of American women had experienced sexual difficulties. This does not mean that they all have chronic FSD. In this survey, approximately one third of the women reported lack of interest in sex; one fourth did not have orgasms; and one fifth did not find pleasure in sex. Many women find sexual dysfunction upsetting and damaging to their relationships

Every woman may experience ups and downs in her sexual function. When difficulties are persistent or recur frequently, then she may have FSD. FSD may be lifelong or acquired; it can be generalized or situational. Under the general heading of FSD, there are seven classifications; their official definitions are given below:

Hypoactive Sexual Desire Disorder: the persistent or recurrent deficiency (or absence) of sexual fantasies/ thoughts, and/or desire for, or receptivity to, sexual activity which causes personal distress.

Sexual Aversion Disorder: the persistent or recurrent phobic aversion to and avoidance of sexual contact with a sexual partner, which causes personal distress.

Sexual Arousal Disorder: the persistent or recurrent inability to attain or maintain sufficient sexual excitement, causing personal distress. It may be expressed as a lack of subjective excitement or a lack of genital (lubrication/swelling) or other somatic responses.

Orgasmic Disorder: the persistent or recurrent difficulty, delay in, or absence of attaining orgasm following sufficient sexual stimulation and arousal, which causes personal distress.

Dyspareunia: recurrent or persistent genital pain associated with sexual intercourse.

Vaginismus: recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with vaginal penetration, which causes personal distress.

NonCoital Sexual Pain Disorder: recurrent or persistent genital pain induced by noncoital sexual stimulation.

It is important to note that each of these definitions requires the condition to be persistent or recurrent. Since so many factors contribute to a woman's sexuality, an occasional disappointment or difficulty can be expected. But, when the difficulty happens frequently or all the time, then the woman may have one of the FSDs.

The requirement for personal distress in many of these definitions is controversial. A woman with Hypoactive Sexual Desire Disorder might have no personal distress about her low libido. On the other hand, her partner may suffer greatly causing distress to the relationship.

WHAT IS THE CAUSE OF FSD?

This is a new field; much is unknown. Many factors contribute to female sexuality. The cause of FSD in any woman may be psychogenic, physical, mixed psychogenic and physical, or unknown.

Psychogenic factors are very important. These may include ignorance of one's body and the sexual response, environment, religious beliefs, social pressures, history of sexual abuse, bad sexual experiences, coercive partners, stress, unrealistic expectations, and relationship issues, as well as fear of intimacy, vulnerability, and losing control. Anger and resentment towards a partner, or sexual dysfunction in the partner can strain the relationship. An inattentive, insensitive, or unskilled partner can make sex unrewarding and thus, suppress interest. Stress related to raising children or balancing a job and homemaking can interfere with intimacy.

Physical factors that may contribute to FSD include medications (antidepressants, birth control pills, and some hypertension drugs), depression, hypothyroidism, spinal cord injury, nerve damage (diabetes, perineal trauma, hysterectomy, childbirth), atherosclerosis, and hormonal deficiencies among others.

Mixed physical and psychogenic causes would be those cases in which there is a combination of both types. Since there usually is a psychological reaction to FSD, women who have physical factors may appear to have both.

Finally, some cases will be a mystery. No cause can be identified at this time.