



Women sexual dysfunction: An Overview

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Abstract

Sexual dysfunction is defined as disturbances in sexual desire and in the psychophysiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty. The problem is often multifactorial, necessitating a multidisciplinary evaluation and treatment approach that addresses biological, psychological, sociocultural, and relational factors. Emphasize should be given on nonpharmacologic and behavioural therapies with the goal of achieving satisfying and pleasurable experiences. The continued quest to understand female sexual function and dysfunction requires more education and research on treatment of underlying medical conditions and use of pharmacologic therapies. Many women experience problems with sexual function at some point, and some have difficulties throughout their lives. Female sexual dysfunction can occur at any stage of life. It can occur only in certain sexual situations or in all sexual situations. Sexual response involves a complex interplay of physiology, emotions, experiences, beliefs, lifestyle and relationships. Disruption of any component can affect sexual desire, arousal or satisfaction, and treatment often involves more than one approach.

Keywords: Female sexual dysfunction, clitoris, vagina, pudendal arteries.

Introduction

Female sexual dysfunction is a disorder of sexual desire, arousal, or orgasm, and/or sexual pain, which results in personal distress and has an impact on quality of life and interpersonal relationships. It is a compilation of problems that has both biologic and psychosocial components and is multifactorial in aetiology. Sexual dysfunction in women is a common and often distressing problem that has a negative impact on quality of life and medication compliance. Female sexual dysfunction refers to a sexual problem associated with personal distress. It takes different forms, including lack of sexual desire, impaired arousal, inability to achieve orgasm, or pain with sexual activity. Sexual dysfunction may be a problem since the start of sexual activity or may be acquired later in life after a period of normal sexual functioning.

Types of sexual dysfunction

Sexual dysfunction in women is a disorder that can take many forms and have many causes. It can occur before, during or even after sex. The most common types of sexual dysfunction include:

- **Anorgasmia:** Orgasmic disorder, or inability to have an orgasm.
- **Dyspareunia:** Pain during sex.
- **Hypoactive sexual desire disorder:** Low libido, or lack of sexual desire.
- **Sexual arousal disorder:** Difficulty becoming aroused.

CAUSES

- Blood flow disorders
- Certain medications and treatments
- Gynaecologic conditions
- Hormonal changes
- Particular health conditions

DIAGNOSIS

- A thorough evaluation of physical and psychological factors tied to sex.
- Complete history of symptoms and a physical examination. They may order diagnostic tests to rule out medical problems that may be contributing to the dysfunction.
- An evaluation of attitudes about sex, as well as other possible contributing factors are fear, anxiety, past sexual trauma/abuse, relationship concerns, medications, alcohol or drug abuse, etc.
- Pelvic examination and a Pap smear can also be done to reveal final diagnosis.
- In some cases, other tests such as imaging may be necessary. Doctor uses these tests to check for tumours, cysts or other unusual growths. Blood tests can help diagnose hormone imbalances. Vaginal cultures may be collected to look for an infection.

TREATMENTS

- **Arousal techniques:** Talk with partner about different ways you can enhance desire and arousal. Consider making changes to your sexual routine. You may also try erotic materials (sexual stimulation devices, videos or books), massage or masturbation.
- **Counselling:** Talking with a mental health professional may help. You can work through emotional or psychological barriers to pleasurable sex. Women can choose to have one-on-one counselling or couples counselling.
- **Sex therapy:** Sex therapists can help people experiencing sexual problems that can't be addressed by their primary clinician. Therapists are often good marital counsellors, as well. For the couple who wants to begin enjoying their sexual relationship, it's well worth the time and effort to work with a trained professional.
- **Behavioural treatments:** These involve various techniques, including insights into harmful behaviours in the relationship, or techniques such as self-stimulation for treatment of problems with arousal and/or orgasm.
- **Hormone therapy:** depending on your symptoms, doctor may recommend topical creams, vaginally administered medications or hormones taken orally or applied to your skin.
- **Medication:** Flibanserin and bremelanotide are the only medications approved to treat hypoactive sexual desire disorder (low sex drive) in women.
- **Pain management:** There are several approaches to reducing pain during intercourse. couple can try different sexual positions, vaginal lubricants or relaxation techniques before sex. Doctors may also talk to you about use of vaginal dilators.

PREVENTION

- Avoiding drugs and too much alcohol.
- Eating a balanced diet.
- Exercising regularly.
- Maintaining a healthy body weight.
- Seeking help from a health care professional if you are experiencing trouble with your mood or difficulty communicating with your partner.

CONCLUSIONS

The sexual and reproductive lives of women are highly impacted by female sexual dysfunction, and a number of biological, psychological and social factors play a role in the prevalence of sexual dysfunction. Healthcare professionals who work with women should be aware of the many risk factors for reproductive-age women. Future prevention strategies should aim to address modifiable factors, e.g. Physical activity and access to sex education; international efforts in empowering women should continue.

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