

HOSPITAL PHYSICIAN®

PSYCHIATRY BOARD REVIEW MANUAL

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The *Hospital Physician Psychiatry Board Review Manual* is a study guide for residents and practicing physicians preparing for board examinations in psychiatry. Each manual reviews a topic essential to the current practice of psychiatry.

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Sexual Dysfunction Disorders

Editor:

Jerald Kay, MD

Professor and Chair, Department of Psychiatry, Wright State University School of Medicine, Dayton, OH

Contributors:

Keith A. Montgomery, MD

Psychiatry Resident, Department of Psychiatry, Wright State University School of Medicine, Dayton, OH

Bethany J. Stockholm, MD

Psychiatry Resident, Department of Psychiatry, Wright State University School of Medicine, Dayton, OH

Table of Contents

Introduction	2
Sexuality Defined	2
Sexual Response Cycle	2
Criteria for the Sexual Dysfunction Disorders.....	2
Sexual Desire Disorders	3
Sexual Arousal Disorders	4
Orgasmic Disorders	7
Sexual Pain Disorders.....	9
References	10

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Sexual Dysfunction Disorders

Keith A. Montgomery, MD, and Bethany J. Stockholm, MD

INTRODUCTION

Sexual dysfunction disorders affect both men and women. Despite their prevalence, these disorders are often not addressed by health care providers or patients due to their private and awkward nature. Physicians must move beyond their unease in order to adequately address patients' sexual problems and implement appropriate treatment.

SEXUALITY DEFINED

Sexuality is a complex interplay of multiple facets, including anatomic, physiologic, psychologic, developmental, cultural, and relational factors.¹ All of these contribute to an individual's sexuality in varying degrees at any point in time as well as developing and changing throughout the life cycle. Sexuality in adults consists of 7 components: gender identity, orientation, intention, desire, arousal, orgasm, and emotional satisfaction. Gender identity, orientation, and intention form sexual identity, whereas desire, arousal, and orgasm are components of sexual function. The interplay of the first 6 components results in the emotional satisfaction experienced. In addition to the multiple factors involved in sexuality, there is the added complexity of the corresponding sexuality of the partner, as the expression of a person's sexuality is intimately related to their partner's sexuality.²

SEXUAL RESPONSE CYCLE

The sexual response cycle consists of 4 phases: desire, arousal, orgasm, and resolution. Phase 1 of the sexual response cycle, desire, consists of 3 components: sexual drive, sexual motivation, and sexual wish. These reflect the biologic, psychologic, and social aspects of desire, respectively. Sexual drive is produced through psychoneuroendocrine mechanisms. The limbic system and the preoptic area of the anterior-medial hypothalamus are believed to play a role in sexual drive. Drive is also highly influenced by hormones, medications (eg, decreased by antihypertensive drugs, increased by dopaminergic compounds),³ and legal and illegal substances (eg, alcohol, cocaine).

Phase 2, arousal, is brought on by psychologic and/or physiologic stimulation. Multiple physiologic changes occur in men and women that prepare them for orgasm, mainly perpetuated by vasocongestion. In men, increased blood flow causes erection, penile color changes, and testicular elevation. Vasocongestion in women leads to vaginal lubrication, clitoral tumescence, and labial color changes. In general, heart rate, blood pressure, and respiratory rate as well as myotonia of many muscle groups increase during this phase.⁴

Phase 3, orgasm, may last between 3 and 25 seconds, with continued elevation of respiratory rate, heart rate, and blood pressure and the voluntary and involuntary contraction of many muscle groups. In men, ejaculation is perpetuated by the contraction of the urethra, vas, seminal vesicles, and prostate. Conversely, in women, the uterus and lower third of the vagina contract involuntarily.

The duration of the final phase, resolution, is highly dependent on whether orgasm was achieved. If orgasm is not achieved, irritability and discomfort can result, potentially lasting for several hours. If orgasm is achieved, resolution may last 10 to 15 minutes with a sense of calm and relaxation. Respiratory rate, heart rate, and blood pressure return to baseline and vasocongestion diminishes. Women can have multiple successive orgasms secondary to a lack of a refractory period.¹ The vast majority of men have a refractory period following orgasm in which subsequent orgasm is not possible.⁵

CRITERIA FOR THE SEXUAL DYSFUNCTION DISORDERS

The DSM-IV-TR lists 12 sexual dysfunction disorders (**Table 1**). There are 2 disorders of desire: hypoactive sexual desire disorder (HSDD) and sexual aversion disorder (SAD). There are 2 disorders of arousal: female sexual arousal disorder (FSAD) and male erectile disorder. The orgasmic phase of the sexual response cycle has 3 corresponding disorders: female orgasmic disorder (FOD), male orgasmic disorder (MOD), and premature ejaculation (PE). Vaginismus and dyspareunia are sexual pain disorders and do not correspond to the sexual response cycle. The DSM-IV lists 6 subtypes