

## SEXUAL DYSFUNCTIONS & DISORDERS

Sexual dysfunctions involve physical issues, sexual disorders involved psychological issues. In some cases, both can be present.

Sexual dysfunctions include delayed ejaculation, erectile disorder, female orgasmic disorder, female sexual interest/arousal disorder, genito-pelvic pain/penetration disorder, male hypoactive sexual desire disorder, premature (early) ejaculation, substance/medication-induced sexual dysfunction, other specified sexual dysfunction, and unspecified sexual dysfunction. Sexual dysfunctions are a heterogeneous group of disorders that are typically characterized by a clinically significant disturbance in a person's ability to respond sexually or to experience sexual pleasure.

Beyond that, you need to be aware of when the problem started (lifelong vs acquired), whether or not it's generalized (in all situations) or specific (under specific conditions or with specific partners), and the severity (as seen by the individual and/or their partner).

### Most Common Issues With Men

1. Erectile Disorder: a marked difficulty in obtaining an erection during sexual activity, difficulty in maintaining an erection until the completion of sexual activity, or a decrease in erectile rigidity. This can be the physiological or psychological. If a man wakes up with a morning wood every now and again, and is able to get and maintain rigid erections on his own, we're likely looking at psychological origin.
2. Premature Ejaculation: a persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 minute following vaginal penetration and before the individual wishes it.
3. Delayed Ejaculation: a marked delay in or inability to achieve ejaculation, despite the presence of adequate sexual stimulation and the desire to ejaculate. The presenting complaint usually involves partnered sexual activity.
4. Male Hypoactive Sexual Desire Disorder: a persistent or recurrent deficiency (or absence) of sexual/erotic thoughts or fantasies and/or the desire for sexual activity.
5. Substance/Medication-Induced Sexual Dysfunction: a clinically significant disturbance in sexual function that develops during or soon after substance intoxication or withdrawal, or after exposure to a medication.

## Most Common Issues With Women

1. Female Orgasmic Disorder: a marked delay in, a marked infrequency of, or an absence of orgasm; or markedly reduced intensity of orgasmic sensations.

When it happens as a woman ages, the following should be looked into:

- Topical CBD oil – like Awaken by *Foria* – is designed for the clitoris, to help with both engorgement as well as increased pleasure.
  - Indica Marijuana provides a body high that can help some women.
  - Twenty minutes of full body caressing, building oxytocin in the body paired with long deep relaxing breathing in the lower abdomen, aids engorgement.
  - Topical estrogen – obtained with a prescription – can help if the vaginal walls are getting thin.
  - Repagyn (non hormonal), Vmagic, and YES are great vaginal moisturizers.
  - Digital exploration can provide g-spot orgasms.
  - Increased foreplay – digital or oral – to stimulate the vulva for at least 15 minutes can enhance pleasure.
  - Use of a vibrator before, during or after penetration can aide orgasms.
  - Having hormonal levels checked out and balancing those can help both libido as well as orgasms. Migraines can be a sign of low or unbalanced hormones.
2. Female Sexual Interest/Arousal Disorder: a lack of, or significantly reduced, sexual interest/arousal, as manifested by at least three of the following:
    - Absent/reduced interest in sexual activity
    - Absent/reduced sexual/erotic thoughts or fantasies
    - No/reduced initiation of sexual activity, and typically unreceptive to a partner's attempts to initiate
    - Absent/reduced sexual excitement/pleasure during sexual activity in almost all or all (approximately 75%-100%) sexual encounters
    - Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues (e.g., written, verbal, visual)
    - Absent/reduced genital or non-genital sensations during sexual activity in almost all or all (approximately 75%-100%) sexual encounters
  3. Genito-Pelvic Pain/Penetration Disorder: a persistent or recurrent difficulties with one (or more) of the following:
    - Vaginal penetration during intercourse
    - Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts
    - Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration
    - Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration (aka vaginismus)

If you are suffering from any of the above, we're trained in sex therapy to help you. Call us!