

Patient information from BMJ

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Sexual dysfunction in women

A woman is said to have sexual dysfunction if she regularly struggles to feel sexual desire, to respond sexually to her partner, or to achieve orgasm, over many months.

These symptoms are not usually caused by anything physical, and they can often be traced to mental-health issues, especially depression.

If you feel that you are affected by sexual dysfunction, you can use our information to talk with your doctor about the best ways to approach the problem. It often helps when both partners talk with their doctor together.

What is sexual dysfunction in women?

Sexual dysfunction in women is a broad term that covers several specific problems. For example, you might read about, or hear your doctor talk about:

- **Sexual interest/arousal disorder (SIAD)**, where someone has had no interest in sex or no sexual arousal for at least six months, and
- **Female orgasmic disorder (FOD)**, where there is a marked reduction in the ability to reach orgasm, or reduced intensity of orgasm.

Some conditions can cause sex to be painful. For example, you might have heard terms such as **vaginismus** or **dyspareunia**. Another condition, called **persistent genital arousal disorder (PGAD)**, causes sudden, random, and unwanted sensations in the genitals.

These conditions, which we don't cover here, have mainly **physical causes**. The issues we look at in this leaflet are largely linked to **mental health**.

Many women go through spells of reduced sexual interest: for example, during or just after pregnancy, or when you are stressed or anxious - or for no reason that you can pin down. But these spells don't usually last.

But some women find that their reduced interest in sex doesn't go away. If this happens to you, you might want to talk to your doctor. A doctor might say that you have sexual dysfunction if your symptoms:

- Have lasted at least six months

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- Affect your sexual activity most of the time, and
- Are causing you distress.

Sexual dysfunction that fits these descriptions seems to affect about 5 in every 100 women at some time in their lives.

What causes sexual dysfunction?

Sexual dysfunction is not likely to be caused by anything physical. It's true that some physical factors, such as some medications, can affect your sex drive. But arousal and desire are usually linked to your mental wellbeing.

Things that can cause you to have reduced sexual desire include:

- Depression, and other mental health issues such as low self-esteem and anxiety
- Personal issues that might or might not involve your partner
- Cultural issues and pressures
- Experiences from your teenage years, such as neglect, abuse, or a difficult relationship with a parent or guardian
- Problems in your relationship, and
- Your partner having sexual problems.

Some **medications and recreational drugs** can also cause reduced sexual desire and arousal. These include:

- Antidepressants, which are used to treat depression and other mental health conditions
- Anticonvulsants, which are used to treat conditions that involve seizures and sudden muscle movements
- Antipsychotics, which are used to treat conditions that involve psychosis (seeing and hearing things that aren't real)
- Some hormone treatments used to treat women who have had some types of cancer
- Combined contraceptives containing certain hormones
- Opioid pain relievers
- Alcohol, and
- Cocaine.

What are the symptoms?

If you see your doctor about problems with sexual arousal, they will need to ask you a lot of questions to help them to understand your issues. This helps to guide what kind of treatment might help the most.

These questions are likely to be personal and intimate, and you might feel uncomfortable answering some of them, especially at first.

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But your doctor should be respectful and should try to make you feel as comfortable as possible. Remember, they will probably have helped many other women with similar problems before.

Your doctor will probably start by asking you:

- About your past and present mental health
- About your past and present sex life
- About your self image - how you feel about yourself
- About any past life experiences that you feel might be important
- If you find sex painful
- How long you feel that you have had sexual problems
- Whether your problems happen with your partner, or when you are alone, or both
- About any past or present medical conditions, and
- About any medications you are taking.

The symptoms you describe to your doctor might well fit one of two well recognized types of sexual problem.

The symptoms of **sexual interest/arousal disorder (SIAD)** include:

- Having no interest, or less interest than you used to, in sexual activity
- Not having sexual thoughts or fantasies, or having them a lot less than you used to
- Not initiating (starting) sexual contact with your partner, or not responding to your partner's attempts to start sexual contact
- Not enjoying sexual activity, or enjoying it much less than you used to, most of the time
- Not becoming aroused by things that might normally stimulate you, such as talking about sex, seeing erotic images, or reading about sex, and
- Not feeling much or any pleasant sensation in your genitals during sexual contact.

The symptoms of what doctors call **female orgasmic disorder (FOD)** include:

- Taking much longer than usual to reach orgasm
- Having orgasms much less often than you used to, or not being able to reach orgasm at all, and
- Your orgasms feeling much less intense than they used to.

If your symptoms fit either of the issues above, it's not likely that they are caused by anything physical. But your doctor might recommend a scan of your pelvic area, just to make sure.

What treatments are available?

Most women who have symptoms of sexual dysfunction don't have any physical problems. So treatment usually involves dealing with the mental-health issues that you and your doctor think might be causing you sexual symptoms.

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For example, there is a strong link between **depression** and reduced interest in sex. Many women find that having treatment for depression helps them to recover their interest in sex.

As part of this treatment, you might be able to have sessions with a **counselor**. These might cover issues such as:

- Your self-image: for example, you might have problems with low self-esteem; or perhaps you don't see yourself as sexually attractive, even though others do
- The way you deal with relationships
- You and your partner learning about the different ways that women - and men - become aroused, and
- Challenging myths and mistaken beliefs about yourself, your partner and their wishes and needs, and about sex and sexual desire in general.

Some women address these issues using **specific types of therapy**. These include:

- **mindfulness**. Mindfulness techniques help you to enjoy sex by staying “in the moment”, and not judging yourself, or thinking about distractions or past experiences. Your counselor might encourage you to practice mindfulness techniques in non-sexual everyday life first, before moving onto using the skills in sexual situations
- **cognitive behavioral therapy (CBT)**. This type of therapy helps you to leave behind negative behaviors and beliefs, and to replace them with positive ones. Some therapists recommend keeping a diary of your thoughts and feelings in sexual situations. This helps you to recognize and challenge negative thoughts
- **Sex therapy**. This approach is a bit like starting sex again from scratch. You and your partner don't try to have sex at first. Instead, you start with simple touching that gradually becomes more intimate with each session until you feel ready to have sex. You are encouraged to talk to each other at these times and give each other feedback; and
- **Psychotherapy**. Some women have therapy that works through issues and conflicts that lie behind their sexual problems.

As well as counseling, your doctor might suggest some **medical treatments**. For example, if you need treatment for depression, or if you are taking antidepressants whose possible side effects include reduced sex drive, your doctor might suggest that you try antidepressants that don't have this side effect.

As part of whatever approach you take, and depending on your specific needs, your doctor might also suggest vaginal lubricants, or hormone treatments that help with lubrication. These might be especially helpful if you are going through **menopause**.

What to expect in the future

Many women find that the treatments mentioned above help them to have a more healthy and satisfactory sex life.

But successful therapy - for any problem, not just a sexual one - depends on your willingness to give it a chance and work through it.

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For example, it's likely that you will need to challenge your usual thoughts and behaviors around sex, to see what is not working, and to replace them with ones that do. This can be hard to do and can take time and patience.

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