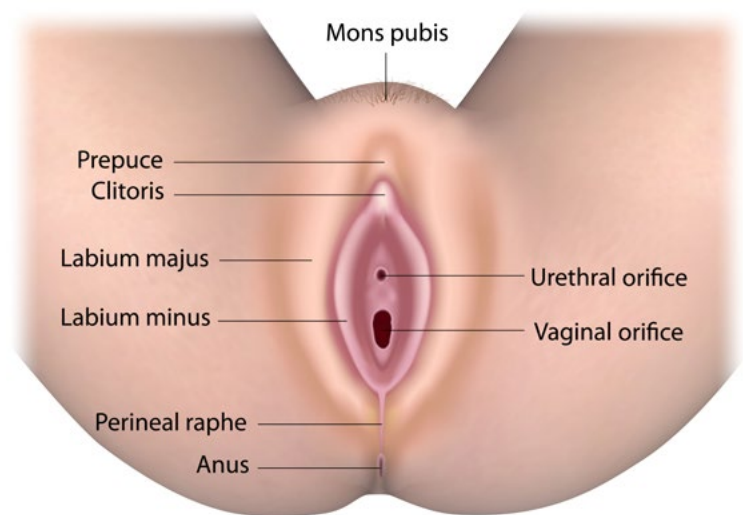


Female Sexual Dysfunction

Female Sexual Dysfunction (FSD) is a catch-all term for any persistent or recurrent problem that a woman has with sexual desire, response, orgasm, or pain that causes distress.

About FSD

FSD is very common and can include a multitude of sexual issues that many women face. The most common concern is sexual pain, experienced by 75% of women at some point in their life. FSD also includes low sexual desire, absent or diminished orgasm, and decreased arousal or sexual response. There are many causes of FSD including medical problems, hormonal changes, mental health issues, stress, relationship dynamics, history of sexual trauma, and many more factors. Often, there may be more than one contributing cause.



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LEARN THE TERMS

Sexual pain (dyspareunia): Persistent or recurrent genital pain that occurs just before, during or after intercourse. Causes could include endometriosis, vaginismus, vulvodynia, vaginal infection, or hormonal changes due to menopause.

Low sexual desire: A bothersome decrease in sexual activity that persists over time. Causes could include depression, anxiety, stress, medication side effects, and hypoactive sexual desire disorder.

Hypoactive Sexual Desire Disorder (HSDD): Bothersome low sexual desire for longer than 6 months that is not caused by external factors and is not responsive to lifestyle interventions.

Decreased arousal: Bothersome decrease or absent physical response to sexual touch or stimulation. Causes include diabetes, nerve injury, hormonal changes, medication side effects, depression, and anxiety.

Orgasmic dysfunction: Absent or diminished orgasm, causes include lack of proper stimulation, hormonal changes, medications side effect, and nerve injury.

Erotica: Literature or art intended to arouse sexual desire.

Female Sexual Dysfunction (FSD)

Diagnosis

FSD is diagnosed by a health care professional. A proper evaluation includes a general medical history to identify potential risk factors for FSD, a physical exam including a pelvic exam, and a personal sexual history including analysis of your baseline sexual function. Your health care provider will decide if further lab work or imaging is needed for an accurate diagnosis.

Treatment

Often, more than one factor is contributing to FSD and a multidisciplinary approach including education, lifestyle changes, and participation from both doctors and therapists are recommended. Depending on the type(s) of FSD you are experiencing, there are many treatments available.

EDUCATION

Evidence-based education about normal sexual function, female pleasure, and improved sexual communication have been shown to improve sexual function. There are many well-researched books on this topic. Ask your health care provider for recommendations. Some quick sex education facts include:

1. 85% of women orgasm through clitoral stimulation.
2. Women need an average of 20 minutes to become adequately lubricated and aroused.
3. Many women experience changes throughout their lifetime in their desire or ability to become aroused. You can use erotica to become aroused if your goal is to increase desire for sex.

LIFESTYLE CHANGES

Exercise, dietary changes, use of erotica, and frequent focused meditation can all improve sexual function. These tools work by improving blood flow and overall general health, sparking sexual thoughts and fantasies, and reducing stress and fatigue.

SEXUAL AIDES

Additionally, your doctor may recommend aides such as lubrication or a sex toy for masturbation or use with a partner. Resources for erotica, guided meditation, masturbation, and safe use of sex toys can be accessed on expert websites and app-based platforms.

MEDICATIONS

There are a few medications that may help you with FSD. It is important to review your current list of medications and make sure that they are not causing or contributing to FSD. Additionally, other medications may improve your symptoms depending on their cause including over-the-counter supplements, flibanserin and bremelanotide (U.S. Food and Drug Administration (FDA) approved for premenopausal women with HSDD), and hormones like estrogen, dehydroepiandrosterone (DHEA), and testosterone. It is important to understand the potential benefits, risks, and side effects of each of these medications in a discussion with your prescriber.

PHYSICAL THERAPY

Pelvic floor physical therapy is an excellent option for pelvic pain, pelvic floor spasm, or postpartum and postsurgical rehabilitation.

COUNSELING

Discussing previous sexual attitudes, education, trauma, psychological and relationship issues with a couples therapist, sex therapist, or psychiatric provider may be highly effective.

SURGERY

Occasionally, your health care provider may recommend a procedure or surgery to optimize your sexual health depending on your unique situation.

Takeaways

- 1. FSD is very common, and you are not alone. There are treatments available.**
- 2. FSD is diagnosed by a medical professional; ask for a second opinion if your health care provider is not an expert.**
- 3. Treatments are individualized to your needs and a multimodal approach between medical providers and counselors are often needed.**