



# Female Sexual Problems

Female anatomy and female psychology are much more complex than that of the males. And hence, their sexual state as well as their problems are. You must have enjoyed a healthy and satisfying sex life during most of your adulthood. But it is possible that lately, intimate moments with your partner are less satisfying than they once used to be. You might feel as though your sexual desire has waned or perhaps things that once brought you pleasure now seem painful. And not only late in life, that is possible even during your youthful days also depending upon various reasons.

You're not alone. Many women experience sexual difficulties at some point in their lives. By some estimates as many as four in ten women experience at least one sexual concern. In medical circles, this is known as female sexual dysfunction. Although sexual problems associated with female sexual dysfunction are multifaceted, they're treatable. Communicating your concerns and understanding your anatomy and your body's normal physiological response to sexual intimacy are important steps toward regaining sexual satisfaction.

**Symptoms:** Sexual concerns occur in women of all ages despite their ethnic, religious or geographical differences, but may become more prevalent during hormonally vulnerable times, such as postpartum or with the menopausal transition. Sexual concerns may also occur with major illness, such as cancer. If you experience one or more of the following and you experience personal distress because of it, then your problems could be considered as female sexual dysfunction :

- If your desire to have sex is low or absent.
- If you can't maintain arousal during sexual activity or you don't become aroused despite a desire to have sex.
- If you cannot achieve an orgasm.
- If you have pain during sexual contact.
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**Causes:** There could be a number of factors responsible to sexual dissatisfaction or dysfunction. These factors tend to be interrelated. Women with sexual concerns benefit from a combined treatment approach that addresses medical as well as emotional issues.

**Physical factors :** Physical conditions that may cause or contribute to sexual problems include arthritis, urinary or bowel difficulties, pelvic surgery, fatigue, headaches, other pain problems and neurological disorders such as multiple sclerosis. Certain medications, including some antidepressants, blood pressure medications, antihistamines and chemotherapy drugs, can decrease sex drive and your ability to achieve orgasm.

**Hormonal factors :** Lower estrogen levels during the menopausal transition may lead to changes in your genital tissues and your sexual responsiveness. The folds of skin that cover your genital region (labia) shrink and become thinner, exposing more of the clitoris. This increased exposure sometimes reduces the sensitivity of the clitoris, or may cause an unpleasant tingling or prickling sensation.

In addition, with the thinning and decreased elasticity of its lining, the vagina becomes narrower, particularly if you're not sexually active. Also, the natural swelling and lubrication of the vagina occur more slowly during arousal. These factors can lead to uncomfortable or painful intercourse known as dyspareunia, and achieving orgasm may take longer. Changes associated with the declining estrogen levels of menopause may impact sexual function. However, most women continue to have satisfying sexual intimacy during and after the menopausal transition.



**Psychological and social factors :** Psychological factors that cause or contribute to sexual problems include emotional difficulties such as untreated anxiety, depression or stress, and a history of sexual abuse. During pregnancy, after childbirth or while breast-feeding, you may experience a decrease in sexual desire. You may find it difficult to fill multiple needs and roles, such as job demands, homemaking, being a mother and sometimes also caring for aging parents. Your partner's age and health, your feelings toward your partner, and your view of your own body or that of your partner are additional factors that may combine to cause sexual problems. Cultural and religious issues also may be contributing factors. Psychological factors may contribute to or result from sexual dysfunction. Regardless of the cause of sexual dysfunction, you usually need to address emotional and relationship issues for treatment to be effective.

**Medical advice:** If you're bothered by your sexual concerns, don't ignore and make an appointment with your doctor for evaluation.

**Diagnosis:** Your doctor may prompt a discussion about your sexual concerns during the course of a routine medical visit, or you can initiate the discussion if you have concerns that you'd like to address with your doctor. You and your doctor will talk about your sexual history, whether you're currently sexually active and what your sexual concerns are. Next, your doctor will likely review medications you're taking along with your medical history and perform a complete physical exam. During the pelvic exam, your doctor may check for signs of physical changes contributing to sexual concerns, such as thinning of your genital tissues, decreased skin elasticity, scarring, pain or pelvic organ prolapse. Your doctor may refer you to a specialized counsellor or sex therapist to evaluate emotional and relationship factors as well as review your sexual identity, beliefs and attitudes. Female sexual dysfunction is generally divided into four categories:

- **Low sexual desire.** You have poor libido, or lack of sex drive. This is the most common type of sexual disorder among women.
- **Sexual arousal disorder.** Your desire for sex might be intact, but you're unable to become aroused or maintain arousal during sexual activity.
- **Orgasmic disorder.** You have persistent or recurrent difficulty in achieving orgasm after sufficient sexual arousal and ongoing stimulation.
- **Sexual pain disorder.** You have pain associated with sexual stimulation or vaginal contact.
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Most sexual problems in women overlap more than one category. With increased information about the complicated nature of female sexual response, a new view has emerged — one that focuses on sexual response as a complex interaction of many components affecting intimacy, including your physiology, emotions, experiences, beliefs, lifestyle and relationships. If any one of these components is affected, sexual drive, arousal or satisfaction may be affected.

**Treatment :** Treatment may involve treating the underlying medical or hormonal condition contributing to sexual dysfunction, as well as addressing emotional and relationship issues that result or contribute to the dysfunction. In some cases, female sexual dysfunction can be treated by taking specially prescribed medications. But quite often, successful treatment requires no medications.

**Non-medical treatment for female sexual dysfunction:** Improve your sexual health by making healthy lifestyle choices and enhancing communication with your partner.

**Communicate with your partner.** Open and honest communication with your partner can enhance your emotional and sexual intimacy. Some couples never talk about sex, while others are less inhibited. Even if you're not used to communicating about your likes and dislikes, learning to do so and providing feedback in a non-threatening manner can set the stage for greater sexual intimacy. There are good books to help you with this. Ask your doctor for recommendations. It can be difficult to resolve differences in sexual desire with your partner over a lifetime. Communicating your feelings can help.



**Make healthy lifestyle changes.** Avoid drinking excessive amounts of alcohol, stop smoking, exercise regularly and make time for leisure and relaxation. All are as important for your sexual health as for your overall health. Too much alcohol blunts your sexual responsiveness. Cigarette smoking restricts blood flow. Decreased blood flow to your sexual organs can lead to decreased sexual arousal or orgasm. Regular aerobic exercise can increase your stamina, improve your body image and elevate your mood. Learning to relax amid the stresses of your daily life can enhance your ability to focus on the sexual experience and attain better arousal and orgasm.

**Strengthen pelvic muscles.** Pelvic floor exercises can help with some arousal and orgasm problems. Doing Kegel exercises strengthens the muscles involved in pleasurable sexual sensations. To perform these exercises, tighten your pelvic muscles as if you're stopping your stream of urine. Hold for a count of five, relax and repeat. Do these exercises several times a day.

Your doctor also may recommend exercising with vaginal weights. By using a series of five weights, each increasingly heavier, that you hold in place in your vagina, you can strengthen pelvic floor muscles. You gradually work up to heavier weights as your muscle tone improves.

**Seek counselling.** Talking with a sex therapist or counsellor skilled in addressing sexual concerns can benefit you whether your condition is due to emotional factors or not, since even sexual problems that are hormonal in origin can affect your emotional health and intimacy with your partner. Evaluation with a sex therapist typically includes a review of your sexual identity, beliefs and attitudes; relationship factors including intimacy and attachment; communication and coping styles; and your overall emotional health. Therapy often includes education about sexual response and techniques, ways to enhance intimacy with your partner, and recommendations for reading materials or couples exercises.

**Medical treatment for female sexual dysfunction:** Effectively treating sexual dysfunction often requires addressing an underlying medical condition or hormonal change that's affecting your sexuality. Medical conditions that can contribute to sexual dysfunction include depression or anxiety, diabetes, cardiovascular and neurological diseases, pelvic or abdominal surgery, and cancers. Vulnerable hormonal times in a woman's life occur during pregnancy and the postpartum period, while using hormonal birth control methods, and during perimenopause and menopause. Therefore, to treat the underlying condition, medical therapy for sexual dysfunction might include:

- Adjusting or changing medications that have sexual side effects
- Treating thyroid problems or other hormonal conditions
- Optimizing treatment for depression or anxiety
- Strengthening pelvic floor muscles
- Trying strategies recommended by your doctor to help with pelvic pain or other pain problems

If your doctor feels you might benefit from a hormonal treatment, possible therapies include:

**Estrogen therapy.** Estrogens are important in maintaining the health of vaginal and external genital tissues. Replacing estrogen can improve sexual function in a number of ways, including increasing the tone and elasticity of vaginal tissues, increasing vaginal blood flow, enhancing lubrication, and having a positive effect on brain function and mood factors that impact sexual response. Localized estrogen therapy in the form of a vaginal cream, gel or tablet can help with sexual changes due to menopause.

**Progestin therapy.** In some research studies, women taking progestins experienced a decrease in sexual desire and vaginal blood flow. However, in other studies, women experienced improvements in desire and arousal when they took a progestin in addition to estrogen. More studies are under way to see if different progestin regimens, alone or in combination with estrogen and other hormonal agents, may benefit sexual function. Progestins generally are prescribed to balance estrogen's effect on the uterus and not to treat sexual dysfunction.



**Androgen therapy.** Androgens include male hormones, such as testosterone. Testosterone is important for sexual function in women as well as men, although testosterone occurs in much lower amounts in a woman. Androgen therapy for sexual dysfunction is controversial. Some studies show a benefit for women who have low testosterone levels and develop sexual dysfunction, for instance after surgical menopause due to removal of the ovaries. In these women, testosterone therapy reportedly improved libido, arousal and sexual thoughts. Other studies show little or no benefit of testosterone therapy for women.

**Side Effects :** Possible side effects for women on testosterone therapy include acne, excess body hair (hirsutism), enlargement of the clitoris, and mood or personality changes such as aggressiveness or hostility. Also, excessive amounts of testosterone can decrease high-density lipoprotein (HDL) cholesterol (the "good" cholesterol) or cause an abnormal rise in liver enzymes in the blood. Because long-term effects aren't known, if you opt for testosterone therapy for sexual dysfunction, you should be closely monitored by your doctor.

Hormonal therapies won't resolve sexual problems that have other causes beyond those factors related to hormones. Because the issues surrounding female sexual dysfunction are usually complex and multifaceted, even the best medications are unlikely to work if other emotional or social factors remain unresolved.

**Emerging treatments :** Researchers are evaluating the effectiveness of sildenafil (Viagra), tadalafil (Cialis) and other drugs approved for the treatment of erectile dysfunction in men in treating certain types of female sexual dysfunction. Early results from the studies are mixed. Most studies have shown little benefit for women, but some have reported a benefit for women with sexual dysfunction due to antidepressant or anti-anxiety medication side effects.

Tibolone is a drug currently used in Europe and Australia for treatment of postmenopausal osteoporosis. In a small study, women taking the drug experienced an increase in vaginal lubrication, arousal and sexual desire. But Tibolone hasn't yet received Food and Drug Administration (FDA) approval for use in the U.S.

**Coping skills :** At each stage of your life, you experience changes in sexual desire, arousal and satisfaction. Accepting these changes and exploring new aspects of your sexuality during times of transition contribute to positive sexual experiences.

Understanding your body and what makes for a healthy sexual response can help, too. The more you and your partner know about the physical aspects of your body and how it works, the better able you'll be to find ways to ease sexual difficulties. Ask your doctor about how things like aging, illnesses, pregnancy, menopause and medicines might affect your sex life.

Know that sexual response often has as much to do with your feelings for your partner as it does with physical sexual stimuli. You may feel sexual because you want to get closer to or communicate your affection with your partner. For women, emotional intimacy tends to be an essential prelude to sexual intimacy. Show affection and communicate openly with your partner about your feelings — it can help you reconnect and discover each other again.

**Prevention :** The most important thing you can do to prevent or recover from sexual problems is communicate openly and honestly with your partner. As I have had left no opportunity stating in all my articles, life style plays a pivotal role in the aggravation of most of the human diseases these days. Hence, it is a sincere advice to all my readers to adopt a healthy lifestyle to promote overall well-being. This will increase your confidence and self-esteem, which will in turn increase your interest in sex and your responsiveness.

- Eat a healthy diet
- Don't use tobacco
- Get active physically for at least 30 minutes every day
- Get plenty of rest
- Keep stress under control
- Don't consume alcohol but you have to then, only in moderation
- Have regular health screening, such as Pap test and mammogram



Some sexual problems resolve naturally with time or with changes in life situation. Most, however, do not. Ignoring persistent sexual problems does not make them go away. Ongoing sexual problems lead to resentment and problems in the relationship. The outlook for sexual problems depends on the cause of the problem. Problems due to reversible or treatable medical conditions often resolve with appropriate treatment. Some mild problems caused by anxiety, stress, or relationship problems can improve with counselling, education, and improved communication.

**To learn more about your body and how to communicate with your partner, check out these books:**

**"Hot Monogamy: Essential Steps to More Passionate, Intimate Lovemaking," by Patricia Love, M.D., and Jo Robinson**

**"Resurrecting Sex: Solving Sexual Problems & Revolutionizing Your Relationship," by David Schnarch, Ph.D.**

**"What Your Mother Never Told You About S-e-x." by Hilda Hutcherson, M.D.**

**"Sex Over 40," by Saul H. Rosenthal, M.D.**

(Reference & Sources : [medlineplusdotcom](http://medlineplusdotcom) / Master & Johnson / American Association of psychological disorders)

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