



Feminine Touch

For female sexual dysfunction, diagnosis and therapy present complicated challenges

There are many pharmacological therapies on the market for men who need assistance achieving erections. Viagra led the way in 1998, followed by competitors Levitra and Cialis. However, it appears as though women are not only affected by sexual dysfunction, but prevalence is higher in this population. Forty-three percent of women report sexual dysfunction compared with 31 percent of men (Laumann et. al., 1999).

Women are taking a proactive stand to enhance their sexual health, and pharmaceutical companies and medical communities are paying attention. Although there is no Food and Drug Administration (FDA)-approved medication for female sexual dysfunction, research in this field is ongoing, and specialty clinics are beginning to spring up.

Addressing the necessary

Clinics focusing on treating women with self-reported sexual problems take a multidisciplinary and comprehensive approach. Medical history and psychological evaluations are equally important. Self-reporting is

essential. Women happy with their levels of sexuality are not candidates for medical or psychological intervention.

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Controversy swirls in medical literature regarding what constitutes sexual dysfunction in women. In fact, the use of the term "female sexual dysfunction" draws criticism from many medical professionals for not being politically correct, although most agree it is more acceptable than "frigidity."

Female sexual dysfunction encompasses problems with desire, arousal, and orgasm, as well as pain with intercourse. Often, women with sexual dysfunction report problems in more than one category.

Many of the conditions contributing to what women report as diminished libido or pain with intercourse are treatable. Even so, experts caution that the physical conditions' underlying problems are varied.

Physical changes contributing to sexual problems encompass everything from decreased estrogen or testosterone levels to decreased blood supply to the clitoris. Spinal cord injuries and neurological diseases, such as multiple sclerosis, can contribute to problems, too, as can pelvic trauma experienced during childbirth. Medication side effects, infections, dermatologic conditions, and thyroid disorders also can contribute to female sexual dysfunction.

Patient population

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years ago. Today, more and more women in the United States live well into an eighth or ninth decade, and they are not ready to give up their sexuality as easily as previously thought.

What about the younger female population? With independence rising among young women, sexual difficulties are no longer being ignored. Women are identifying that sexuality is just as important for them as it is for their male counterparts.

Questions and controversy

For women who desire an active sex life at any age and cannot have one, the problem is real. Urologists, gynecologists, and psychologists are looking for answers for their patients with sexual dysfunction.

Sexuality is multifaceted. It is not like a person's vision. In sexual function, there is nothing akin to 20/20 corrected eyesight everyone aims to achieve. This leaves many providers scratching their heads or shifting uncomfortably when presented with a sexual problem from a female patient.

Achieving a better sex life

The notion is simple: Each woman is the best judge of whether she has the sex life she deserves. If she does not, she is not alone. Professional help is available. A simple question about sexual functioning opens the door for an appropriate referral. ■

Edward O. Laumann; Anthony Paik; Raymond C. Rosen. Sexual Dysfunction in the United States: Prevalence and Predictors. JAMA, Feb 1999; 281: 537 - 544.



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