

Women & Sexuality:



# When You Feel No Joy in Sex

By Jason Cheng, DO

For ages sexual complaints from women have been scorned, dismissed, or grossly misled at best. From fundamentalist religious movements, which forbid women to discuss matters of the groin to scientific experts who have always claimed “it’s all in your head”.



Female sexuality has only until recently been placed on the shelf of medical and scientific priorities for understanding and development. What greater behavior and aspect of human nature could be more important than sexuality? Though women have made incredible strides in political and professional fields alongside their male counterparts in the recent past, an understanding of the complex mechanisms governing their sexuality has largely remained behind.

Until now.

The advent and revolution of understanding female sexuality can be attributed in large part to what Viagra has done for male sexuality: a clinical and scientific study and understanding of sexual response. [TOP](#)

Though later to the party than their male counterparts, female sexual medicine is now undergoing a renaissance due largely to recent advances in clinical and basic science research in both conventional as well as alternative medicine. Our increased focus on health maintenance and wellness are placing diet, stress management, and psychosexual health as critical factors to maintaining health as medication and surgery. The information age that we live in will no doubt pummel us with information on diet, drugs, and exercise, but also tips on enhancing our sexual health as well.

## WHAT IS A SEXUAL DISORDER?

It is estimated that up to 40 million women in America suffer from some form of sexual complaint, either in the form of decreased libido, arousal disorder, or orgasmic dysfunction. (Or any combination of the above). [TOP](#)

The most common complaints that bring a patient to the office include:

- Lack of desire, or decreased libido
- Inability to sustain arousal, such as genital lubrication

- Unable to reach orgasm after sufficient stimulation and arousal
- Pain during intercourse

Because the range of these symptoms are highly variable within the individual, a set of definitions for classifying and studying these complaints are as follows:

### **Hypoactive Sexual Desire Disorder**

According to the Sexual Function Health Council of the America Foundation for Urologic Disease, hypoactive sexual desire disorder is defined as a lack of desire that causes concern and distress for the woman. Up to 35-60% of complaints fall within this category. Loss of desire and decreased libido are common presentations that a patient will bring up either during a sexual health consultation, or even a routine health checkup. [TOP](#)

### ***What are the causes of Sexual Dysfunction?***

To say that the causes are complex would be an understatement. There is sufficient evidence that complex emotional, medical and hormonal factors may be responsible.

#### **Emotional Causes:**

1. Depression is often cited as the most frequent cause of decreased interest in daily activities, with sexual desire topping the list.
2. Chronic stress triggers the fight or flight cascade, and the resulting mental and physical changes will shut off the desire for intimacy.
3. Relationship issues leading to anger or resentment can frequently cause communication and intimacy problems.
4. Histories of sexual assault or sexual abuse are examples of post-traumatic stress disorders that can lead to problems with sexual desire. [TOP](#)

#### **Medical:**

*Drugs that cause diminished libido:*

1. Antidepressants—SSRIs (Prozac-like) and Tricyclics (Elavil)
2. Antihypertensive—Calcium Channel blockers, Beta blockers
3. Anti-ulcer—Tagemet, Pepcid
4. Sedative—Valium like drugs
5. Anti-psychotic agents—Haldol and other schizophrenic agents
6. Cholesterol lowering—Statins (Lipitor, Zocor)
7. Oral Contraceptives
8. And of course—TOBACCO AND ALCOHOL!!

#### **Hormonal:**

1. Testosterone, the hormone traditionally associated with male virility, is also considered the primary hormone in women for sexual desire. Though at an infant

stage, preliminary studies show that giving testosterone in postmenopausal women can increase libido. The identical results have been shown in women who are surgically menopausal via removal of their uterus and ovaries.

2. Endocrine disorders, particularly with the adrenal glands that secrete the corticosteroids that form estrogen and testosterone, can also give rise to the hormone problems discussed above. Breastfeeding women are often observed to have diminished sexual interest and desire, most likely because the prolactin they produce shuts down the estrogen pathway.

## IS THERE ANY TREATMENT FOR LACK OF SEXUAL DESIRE?

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Once medical or hormonal causes are ruled out by your physician, couples and individual psychosocial therapy can help. Several success have been achieved through initiating testosterone therapy, off-label use of Viagra® and the over the counter use of DHEA-S. These medications include complications of their own. Long term use of testosterone causes unwanted facial hair growth and virilization in women, and Viagra as well as DHEA-S can cause heart complications and headaches. These are issues best discussed with your physician based on your holistic approach.



### **Sexual Arousal Disorder**

So you can pass the first stage, but you're having trouble "getting turned on". The most frequent complaints in this phase include decreased vaginal lubrication, swelling, or other responses such as nipple sensitivity.

What are the causes of these problems?

Although the causes can still be emotional in origin, such as depression, there are numerous medical factors that have been recently studied which may attribute to arousal disorders. It is important to keep in mind that physiologic responsiveness to sexual desire is vitally connected to sexual desire, because the inability to enjoy the arousal of sexual stimulation will lead to decreased interest and desire.

### **Medical:**

As before, interactions with medications must be initially ruled out.

1. Circulatory problems including diabetes, elevated blood pressure and heart disease have been notorious for causing erectile dysfunction in men, and are increasingly seen as a culprit for the erectile dysfunction in women. The reduced blood flow leads to decrease clitoral and vaginal blood flow leading to decreased sensation and arousal. This is also the reason high cholesterol and smoking, which also elevate blood pressure and compromise circulation, lead to erectile dysfunction. *Put simply, the cleaner the pipes that head south are, the better the pump will function.*
2. Hormonal deficiencies that drop off, particularly with estrogen, are significantly responsible for the complaints of vaginal dryness and itching that make arousal difficult.
3. Nervous system disorders, such as stroke, spinal cord injuries, and diseases such as multiple sclerosis are all responsible for controlling the nervous system, which is critical for transporting sensory impulses to the brain and the body.

### **Surgical of Nerve Sensations:**

### **Compromise**

4. Something that is only now being understood is the negative outcome of pelvic surgeries in women. Popular gynecologic procedures such as hysterectomies, tubal ligations, and caesarian sections can carry a high risk of pelvic nerve damage. Whereas surgeons have historically taken great care to spare the pelvic nerves in men during prostate surgeries, this same attention has often been neglected in women. Too often the result for women is a diminished sense of sexual stimulation or sensation following surgery.

However, this is also frequently the case for women undergoing breast augmentation. All too frequently, women who have implants placed through the nipple will complain of diminished breast and nipple sensation since the sensory nerves around the nipple have been damaged during the procedure. [TOP](#)

### **What are the current treatments for arousal disorders?**

Correction of any of the medical or surgical complications mentioned above need to be attended to first. [TOP](#)

1. **Estrogen creams and gels** are highly effective in cases where postmenopausal or hormone deficiency has caused vaginal atrophy and dryness. Keep in mind, that many times estrogen alone will decrease testosterone, so it may be wise to have a balance of both hormones, since they are teamed up together for the desire-arousal cycle.
2. **Sildenafil, or Viagra**, is being sometimes utilized for off-label uses in treating sexual dysfunction and arousal problems in women. One of the most common settings that it may be used is adjunctively with an SSRI antidepressant to alleviate the sexual complications they often produce. There are current studies underway to develop a form of this drug for female sexual dysfunction.

- Hormone Replacement Therapy:** In the postmenopausal or surgically menopausal women, low dose, short-term usage of estrogen may be an effective treatment. Keep in mind, that estrogen must be given with progesterone to protect from endometriosis or endometrial cancers. (Assuming an intact uterus, of course). Acceptable alternatives to synthetic estrogen are natural plant and herbal sources, especially from soy products, legumes and flaxseed oil. Soy has an additive effect in promoting sexual health because it has been shown to decrease cholesterol and heart disease. (See “Joy of Soy”) Numerous studies both here and abroad are showing that acupuncture, and Chinese herbs such as black cohosh and dang gui help promote menstrual function. (See herbal dictionary for more info).

[TOP](#)

## Orgasmic Disorder

Whether you've never achieved orgasm (primary orgasmic disorder) or have lost the ability to reach one (secondary orgasmic disorder), it is personal distress and concern to the woman that will bring her to seek attention. As with the prior two examples, the causes can stem from emotional causes such as relationship discord or medical problems such as drug side effects and surgical complications. A full medical workup to determine if any of these problems exist need to be attended to first before any other advanced therapies or treatments are utilized. For a list of medical problems that cause either arousal or orgasmic difficulties, see the comprehensive examples above. [TOP](#)

## Painful Intercourse

Medically known as dyspareunia, there are many common medical conditions that could be responsible for pelvic and vaginal pain. Infections of any sort, to uterine conditions such as endometriosis and fibroids, trauma from episiotomy, and of course hormonal deficiencies causing vaginal dryness and atrophy are all common causes of painful intercourse. Most of these conditions are all easily diagnosed and treated by your health care provider. Treatment will usually be directed either towards the cause (if traumatic), or estrogen creams and gels if dryness and atrophy are the culprits. [TOP](#)

Here, as always, it is important to consider psychogenic causes of pain. Often, traumatic sexual experiences can manifest as painful sensations, and cases such as these do require psychotherapy.

## Enhancing your Sexual IQ:

We are at an exciting time when one of the most complex and beautiful aspects of our humanity is being studied and explored. Without a doubt, sexuality as a clinical field will undergo many changes and answer many questions, as well generate many more. Yet, by staying on top of what the new studies and research shows, the effort and time you put into learning more about the causes of sexual dysfunction and its solutions will be a worthwhile investment that your children will surely appreciate!