

# Female Sexual Dysfunction in Primary Care: When Is Referral to a Sex Therapist Indicated?

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Until recently, most women who had sexual concerns suffered in silence. As women's roles have evolved, however, so too have perceptions about the importance of a fulfilling sexual life. Furthermore, female sexual dysfunction (FSD) was neglected due to the lack of appropriate, available treatment compared with male sexual dysfunction. Today, FSD is recognized as a valid, treatable group of disorders. As multiple effective therapies for FSD have been developed, coupled with the pharmaceutical industry's ongoing race to produce agents to enhance female genital circulation, sexual health has become an essential component of women's medical care.

## WOMEN'S SEXUAL CONCERNS AND THE EXAM ROOM

More women are now looking to their physicians for advice and

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guidance about improving their sexual experiences. However, many physicians are reluctant to engage in such discussions due to lack of knowledge, embarrassment, and/or time limitations. As a result, physicians may fail to address sexual function, and this important element of the patient's history is left undocumented.<sup>1</sup>

In such cases, there is the possibility of missing both the physical and the psychological aspects of sexual complaints. Thus, it is crucial for physicians to acquire the tools to diagnose and treat such problems—and to discern when referral to a sex therapist is indicated.

This article describes brief diagnostic and treatment interventions that physicians can utilize for FSD. In addition, the basic treatment approaches used by sex therapists will be discussed, with emphasis on indications for therapist referral.

## DEFINITIONS

Female sexual dysfunction includes disorders of desire, arousal, and

orgasm, as well as dyspareunia and vaginismus. Hypoactive sexual desire is defined as a persistent lack of desire for sexual activity and sexual fantasies. Female arousal disorder is a chronic inability to develop and maintain sexual excitement and genital lubrication. Orgasm disorder is a persistent delay or absence of orgasm following normal sexual excitement and stimulation. Finally, sexual pain disorders include dyspareunia, which is defined as recurrent complaints of genital pain associated with sexual intercourse. Vaginismus, a subset of pain disorder, is an involuntary contraction of the perineal muscles when vaginal penetration is attempted. In order to satisfy the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria for FSD, the sexual problem must cause marked distress or interpersonal difficulty.<sup>2</sup>

## SEXUAL HISTORY

Physicians can assume a proactive role in evaluating and sometimes treating these disorders. It is imperative that physicians become comfortable talking with their patients about these concerns. If physicians approach this information as a routine aspect of patient history, patients will be more likely to share their difficulties.<sup>3</sup>

The sexual history must be incorporated into the busy schedule of the modern office practice. Certain key questions can help to target common female sexual complaints, and can be integrated easily into the medical history (Table). This will provide the essential information for an initial assessment of the