

PATIENT'S FACT SHEET

Sexual Dysfunction

It is common for couples to experience some form of sexual dysfunction during their relationship. Sexual functioning involves a unique combination of physical, emotional, and social expression, which allows individuals to come together to reproduce, bond, and enjoy each other. Sexual intimacy and activity are influenced by psychosocial factors such as upbringing, religious beliefs, emotions, and a multitude of physiological factors such as hormones, anatomy, and illness. Sex is the way we communicate important feelings as well as procreate. However, advances in reproductive medicine have made it possible to procreate without a sexual encounter, when necessitated by infertility.

SEXUAL DYSFUNCTION AND INFERTILITY

Sexual dysfunction can be either a cause or a consequence of infertility. Infertility that is caused by sexual dysfunction occurs when sexual relations have not or cannot occur to achieve a pregnancy. Types of sexual dysfunction that cause infertility are: failure to have sexual intercourse, infrequent sexual intercourse, erectile or ejaculatory dysfunction (the inability for a man to maintain firmness of the penis and/or produce semen at orgasm), and vaginismus or dyspareunia (painful intercourse in women that prevents intercourse).

The stress, psychological demands, and physically intrusive procedures associated with infertility treatment may affect sexual self-image, desire, and performance. The need for sex on demand (e.g. post-coital tests, producing semen samples) sometimes causes sexual dysfunction. For conception to take place a man must have an orgasm (ejaculate) but a woman does not. As a result of infertility and its treatment, men may suffer transitory impotence, and women may fail to achieve orgasm. Both partners may experience diminished sexual desire. For many infertile couples, when lovemaking becomes baby-making, play becomes work and some of the thrill of sexual intimacy may be lost.

EVALUATION AND TREATMENT OF SEXUAL DYSFUNCTION

Fundamental to any evaluation of sexual dysfunction is a complete physical exam and sexual history, including evaluation of hormone levels, current medications, which may affect sexual functioning, and organic and anatomical factors. Common medical conditions in men that can often be associated with the inability to achieve or maintain an erection include: high blood pressure, diabetes, vascular disease, genitourinary surgery, disease or injury to the nervous system, hormonal problems, depression, and certain medications. In addition, psychological factors must be assessed, such as marital stability and communication, depression, other mood disorders or emotional problems, and a history of sexual abuse.

Medication, surgery, or devices to treat anatomical problems may be suggested to treat physical causes of sexual dysfunction. Sexual difficulties, which are caused by emotional or marital problems, stress, or lack of knowledge, may be best treated with psychological counseling with an infertility counselor or sex therapist.

RESOURCES

The goal of the medical team is to educate couples as to the way their bodies work and investigate their goals as a couple. If you are experiencing sexual difficulties during infertility, talk openly with your doctor or nurse, as they may be able to offer you books, information, names of infertility counselors, or other support resources in your area. The American Association of Sex Educators, Counselors, and Therapists (AASECT) will provide you with a list of certified sex therapists in your area if you send a stamped, self-addressed envelope to PO Box 238, Mount Vernon, IA 52314-0238. Or contact RESOLVE, Inc., a national infertility support group, at 1310 Broadway, Somerville, MA 02144 (617-623-0744), www.resolve.org.