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Sexual Arousal Disorders

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Sexual arousal disorders involve a lack of response to sexual stimulation—mental or emotional (subjective), physical (such as swelling, tingling, or throbbing in the genital area or vaginal wetness), or both.

- Depression, low self-esteem, anxiety, stress, and relationship problems can interfere with sexual arousal.
- Improving the relationship and the settings for sexual activity and identifying what stimulates the woman sexually can help.

Usually, when women are sexually stimulated, they feel sexually excited mentally and emotionally. They may also be aware of certain physical changes. For example, the vagina releases secretions that provide lubrication (causing wetness). The tissues around the vaginal opening (labia) and the clitoris (which corresponds to the penis in men) swell, the breasts swell slightly, and these areas may tingle.

In sexual arousal disorders, the usual types of sexual stimulation (such as kissing, dancing, watching an erotic video, and touching the genitals) do not cause arousal—mentally or emotionally (subjectively), physically, or both.

Sometimes physical responses occur, but women do not notice them.

In **genital arousal disorder** (a type of sexual arousal disorder), stimulation that does not involve the genitals (such as watching an erotic video) makes women feel aroused, but when the genitals are stimulated (including during intercourse), women are unaware of any physical responses or physical pleasure. As a result, genital stimulation and sexual intercourse are unrewarding and possibly difficult and painful.

Causes

Sexual arousal disorders tend to have the same causes as low sexual desire disorder (see Low Sexual Desire Disorder : Causes). For example, depression, low self-esteem, anxiety, stress, other psychologic factors (see Psychologic factors), drugs (such as selective serotonin reuptake inhibitors, which are a type of antidepressant), and relationship problems commonly interfere with sexual arousal. Inadequate sexual stimulation or the wrong setting for sexual activity can also contribute.

Genital arousal disorder has many causes, including

- A low level of estrogen, as occurs after delivery of a baby
- Thinning and drying of tissues in the vagina (atrophic vaginitis) after menopause
- Infection of the vagina (vaginitis) or the bladder (cystitis)
- Disorders that cause changes in the skin around the opening of the vagina (vulva), such as lichen sclerosus
- Possibly an age-related decrease in testosterone

Genital arousal disorder may also develop when certain chronic disorders, such as diabetes and multiple sclerosis, damage nerves. The nerve damage leads to decreased sensation in the genital area.

Diagnosis

Diagnosis is based on the woman's history and description of the problem. If genital stimulation does not cause arousal, a pelvic examination is also done.

Treatment

Some general measures (see Treatment) can be particularly helpful. They include the following:

- Enhancing trust and intimacy in the couple's relationship
- Making the setting as conducive to sexual activity as possible
- Helping the woman learn to focus during sexual activity
- Identifying and communicating what stimulates the woman, as for low sexual desire disorder (see Low Sexual Desire Disorder : Treatment)

Couples may experiment with different stimuli, such as a vibrator, fantasy, or erotic videos. Couples may also try activities other than vaginal intercourse. For example, couples may do sensate focus exercises. For these exercises, partners take turns touching each other in pleasurable ways. At first, certain areas, including the genitals, are off limits, and the focus is sensual rather than sexual stimulation. The recipient guides the giver in the type of stimulation wanted. Partners focus on the sensations of the moment. They progress to touching other parts of the body sensually, then sexually, and finally to genital stimulation. Such exercises can enhance intimacy and lessen anxiety before sexual activity.

Drugs that are likely causes are stopped if possible. If a selective serotonin reuptake inhibitor is the cause, adding bupropion (a different type of antidepressant) may help. Or another antidepressant may be substituted.

If the cause is atrophic vaginitis or a low level of estrogen (for example, after menopause), doctors often recommend using estrogen inserted into the vagina as a cream (with a plastic applicator), as a tablet, or in a ring (similar to a diaphragm). However, if needed to relieve menopausal symptoms (such as hot flashes), an estrogen skin patch or gel can be used, or estrogen can be taken by mouth. If women who have a uterus (who have not had a hysterectomy) take estrogen by mouth or in a patch or gel, they are also given a progestin (a synthetic version of the hormone progesterone) because taking estrogen alone increases the risk of cancer of the lining of the uterus (endometrial cancer).

Another drug that may help is dehydroepiandrosterone (DHEA). A tablet is inserted into the vagina each night. This drug may increase lubrication, lessen atrophic vaginitis, and improve genital sensitivity and orgasm. However, this drug is still under study.