CHAPTER 17

Conditions related to sexual health

This chapter has 15 four-character categories.

Code range starts with HA00

Coded Elsewhere: Changes in female genital anatomy

Changes in male genital anatomy

Paraphilic disorders (6D30-6D3Z)

Adrenogenital disorders (5A71)

Predominantly sexually transmitted infections (1A60-1A9Z)

Contact with health services for contraceptive management (QA21)

This chapter contains the following top level blocks:

* Sexual dysfunctions
* Sexual pain disorders
* Gender incongruence
* Changes in female genital anatomy
* Changes in male genital anatomy

Sexual dysfunctions (BlockL1‑HA0)

Sexual Dysfunctions are syndromes that comprise the various ways in which adult people may have difficulty experiencing personally satisfying, non-coercive sexual activities. Sexual response is a complex interaction of psychological, interpersonal, social, cultural and physiological processes and one or more of these factors may affect any stage of the sexual response. In order to be considered a sexual dysfunction, the dysfunction must: 1) occur frequently, although it may be absent on some occasions; 2) have been present for at least several months; and 3) be associated with clinically significant distress.

Coded Elsewhere: Sexual dysfunction associated with pelvic organ prolapse (GC42)

HA00 Hypoactive sexual desire dysfunction

Hypoactive Sexual Desire Dysfunction is characterised by absence or marked reduction in desire or motivation to engage in sexual activity as manifested by any of the following: 1) reduced or absent spontaneous desire (sexual thoughts or fantasies); 2) reduced or absent responsive desire to erotic cues and stimulation; or 3) inability to sustain desire or interest in sexual activity once initiated. The pattern of diminished or absent spontaneous or responsive desire or inability to sustain desire or interest in sexual activity has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA00.0 Hypoactive sexual desire dysfunction, lifelong, generalised

The person has always experienced hypoactive sexual desire dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.1 Hypoactive sexual desire dysfunction, lifelong, situational

The person has always experienced hypoactive sexual desire dysfunction, from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.2 Hypoactive sexual desire dysfunction, acquired, generalised

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.3 Hypoactive sexual desire dysfunction, acquired, situational

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.Z Hypoactive sexual desire dysfunction, unspecified

HA01 Sexual arousal dysfunctions

Sexual arousal dysfunctions include difficulties with the physiological or the subjective aspects of sexual arousal.

HA01.0 Female sexual arousal dysfunction

Female sexual arousal dysfunction is characterised by absence or marked reduction in response to sexual stimulation in women, as manifested by any of the following: 1) Absence or marked reduction in genital response, including vulvovaginal lubrication, engorgement of the genitalia, and sensitivity of the genitalia; 2) Absence or marked reduction in non-genital responses such as hardening of the nipples, flushing of the skin, increased heart rate, increased blood pressure, and increased respiration rate; 3) Absence or marked reduction in feelings of sexual arousal (sexual excitement and sexual pleasure) from any type of sexual stimulation. The absence or marked reduction in response to sexual stimulation occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA01.00 Female sexual arousal dysfunction, lifelong, generalised

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.01 Female sexual arousal dysfunction, lifelong, situational

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.02 Female sexual arousal dysfunction, acquired, generalised

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.03 Female sexual arousal dysfunction, acquired, situational

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.0Z Female sexual arousal dysfunction, unspecified

HA01.1 Male erectile dysfunction

Male erectile dysfunction is characterised by inability or marked reduction in the ability in men to attain or sustain a penile erection of sufficient duration or rigidity to allow for sexual activity. The pattern of erectile difficulty occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Coding Note: Code aslo the casusing condition

HA01.10 Male erectile dysfunction, lifelong, generalised

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.11 Male erectile dysfunction, lifelong, situational

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.12 Male erectile dysfunction, acquired, generalised

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.13 Male erectile dysfunction, acquired, situational

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situation

HA01.1Z Male erectile dysfunction, unspecified

Coding Note: Code aslo the casusing condition

HA01.Y Other specified sexual arousal dysfunctions

HA01.Z Sexual arousal dysfunctions, unspecified

HA02 Orgasmic dysfunctions

Orgasmic dysfunctions refer to difficulties related to the subjective experience of orgasm.

HA02.0 Anorgasmia

Anorgasmia is characterised by the absence or marked infrequency of the orgasm experience or markedly diminished intensity of orgasmic sensations. In women, this includes a marked delay in orgasm, which in men would be diagnosed as Male Delayed Ejaculation. The pattern of absence, delay, or diminished frequency or intensity of orgasm occurs despite adequate sexual stimulation, including the desire for sexual activity and orgasm, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Inclusions: Psychogenic anorgasmy

HA02.00 Anorgasmia, lifelong, generalised

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.01 Anorgasmia, lifelong, situational

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.02 Anorgasmia, acquired, generalised

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.03 Anorgasmia, acquired, situational

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.0Z Anorgasmia, unspecified

HA02.Y Other specified orgasmic dysfunctions

HA02.Z Orgasmic dysfunctions, unspecified

HA03 Ejaculatory dysfunctions

Ejaculatory dysfunctions refer to difficulties with ejaculation in men, including ejaculatory latencies that are experienced as too short (Male early ejaculation) or too long (Male delayed ejaculation).

Coded Elsewhere: Retrograde ejaculation (MF40.3)

HA03.0 Male early ejaculation

Male early ejaculation is characterised by ejaculation that occurs prior to or within a very short duration of the initiation of vaginal penetration or other relevant sexual stimulation, with no or little perceived control over ejaculation. The pattern of early ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.00 Male early ejaculation, lifelong, generalised

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.01 Male early ejaculation, lifelong, situational

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.02 Male early ejaculation, acquired, generalised

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.03 Male early ejaculation, acquired, situational

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.0Z Male early ejaculation, unspecified

HA03.1 Male delayed ejaculation

Male delayed ejaculation is characterised by an inability to achieve ejaculation or an excessive or increased latency of ejaculation, despite adequate sexual stimulation and the desire to ejaculate. The pattern of delayed ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.10 Male delayed ejaculation, lifelong, generalised

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.11 Male delayed ejaculation, lifelong, situational

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.12 Male delayed ejaculation, acquired, generalised

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.13 Male delayed ejaculation, acquired, situational

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.1Z Male delayed ejaculation, unspecified

HA03.Y Other specified ejaculatory dysfunctions

HA03.Z Ejaculatory dysfunctions, unspecified

HA0Y Other specified sexual dysfunctions

HA0Z Sexual dysfunctions, unspecified

Sexual pain disorders (BlockL1‑HA2)

Sexual pain disorders refer to marked and persistent or recurrent difficulties related to the experience of pain during sexual activity in adult people, which are not entirely attributable to an underlying medical condition, insufficient lubrication in women, age-related changes, or changes associated with menopause in women and are associated with clinically significant distress.

Inclusions: Psychogenic dyspareunia

Coded Elsewhere: Dyspareunia (GA12)

HA20 Sexual pain-penetration disorder

Sexual pain-penetration disorder is characterised by at least one of the following: 1) marked and persistent or recurrent difficulties with penetration, including due to involuntary tightening or tautness of the pelvic floor muscles during attempted penetration; 2) marked and persistent or recurrent vulvovaginal or pelvic pain during penetration; 3) marked and persistent or recurrent fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of penetration. The symptoms are recurrent during sexual interactions involving or potentially involving penetration, despite adequate sexual desire and stimulation, are not entirely attributable to a medical condition that adversely affects the pelvic area and results in genital and/or penetrative pain or to a mental disorder, are not entirely attributable to insufficient vaginal lubrication or post-menopausal/ age-related changes, and are associated with clinically significant distress.

Exclusions: Dyspareunia (GA12)

Pain related to vulva, vagina or pelvic floor (GA34.0)

HA20.0 Sexual pain-penetration disorder, lifelong, generalised

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.1 Sexual pain-penetration disorder, lifelong, situational

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.2 Sexual pain-penetration disorder, acquired, generalised

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.3 Sexual pain-penetration disorder, acquired, situational

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.Z Sexual pain-penetration disorder, unspecified

HA2Y Other specified sexual pain disorders

HA2Z Sexual pain disorders, unspecified

HA40 Aetiological considerations in sexual dysfunctions and sexual pain disorders

HA40.1 Associated with psychological or behavioural factors, including mental disorders

This category should be assigned when psychological and behavioural factors or symptoms are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include low self-esteem, negative attitudes toward sexual activity, adverse past sexual experiences, and behavioural patterns such as poor sleep hygiene and overwork. Depressive, anxiety, or cognitive symptoms as well as other symptoms of Mental, Behavioural, or Neurodevelopmental Disorders may also interfere with sexual functioning. If the symptoms reach the level of constituting a diagnosable Mental and Behavioural Disorder and the Sexual Dysfunction or Sexual Pain Disorder is an independent focus of clinical attention, this category should be used and the appropriate Mental and Behavioural Disorder diagnosis should also be assigned. However, underlying or contributory Disorders Due to Substance Use should be noted using the category ‘Associated with use of psychoactive substance or medication’, rather than using this category.

HA40.2 Associated with use of psychoactive substance or medication

This category should be assigned when there is evidence that the direct physiological effects of a psychoactive substance or medication are an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. Examples include selective serotonin reuptake inhibitors, histamine-2 receptor antagonists (e.g., cimetidine), alcohol, opioids, and amphetamines. If the diagnostic requirements for a Disorder Due to Substance Use are met, the appropriate Disorder Due to Substance Use diagnosis should also be assigned.

HA40.3 Associated with lack of knowledge or experience

This category should be assigned when, in the clinician’s judgment, the individual’s lack of knowledge or experience of her or his own body, sexual functioning, and sexual response is an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. This includes inaccurate information or myths about sexual functioning.

HA40.4 Associated with relationship factors

his category should be assigned when, in the clinician’s judgment, relationship factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include relationship conflict or lack of romantic attachment. This category may also be used when the Sexual Dysfunction or Sexual Pain Disorder is associated with a Sexual Dysfunction or Sexual Pain Disorder in the sexual partner.

HA40.5 Associated with cultural factors

This category should be assigned when, in the clinician’s judgment, cultural factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Cultural factors may influence expectations or provoke inhibitions about the experience of sexual pleasure or other aspects of sexual activity. Other examples include strong culturally shared beliefs about sexual expression, for example a belief that loss of semen can lead to weakness, disease or death.

HA40.Y Other specified aetiological considerations in sexual dysfunctions and sexual pain disorders

Gender incongruence (BlockL1‑HA6)

Gender incongruence is characterised by a marked and persistent incongruence between an individual’s experienced gender and the assigned sex. Gender variant behaviour and preferences alone are not a basis for assigning the diagnoses in this group.

Exclusions: Paraphilic disorders (BlockL1‑6D3)

HA60 Gender incongruence of adolescence or adulthood

Gender Incongruence of Adolescence and Adulthood is characterised by a marked and persistent incongruence between an individual´s experienced gender and the assigned sex, which often leads to a desire to ‘transition’, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual´s body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (BlockL1‑6D3)

HA61 Gender incongruence of childhood

Gender incongruence of childhood is characterised by a marked incongruence between an individual’s experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child’s part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (BlockL1‑6D3)

HA6Z Gender incongruence, unspecified

HA8Y Other specified conditions related to sexual health

HA8Z Conditions related to sexual health, unspecified