Sex, Drugs, and Mental Health:

A Clinician's Guide to Desire & Dysfunction

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Faculty Disclosures

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- Speakers Bureau: Johnson & Johnson, AbbVie, Axsome, Alkermes, Bristol Myers Squibb
- Advisory Board: Johnson & Johnson, AbbVie, Bristol Myers Squibb, Eli Lilly, Neurocrine

Learning Objectives

- **Identify** and describe common sexual health issues associated with psychiatric disorders and their prevalence
- **Assess** the impact of psychotropic medications on sexual function
- **Examine** alternative treatment options or adjustments to minimize sexual side effects in patient care
- **Apply** evidence-based strategies for conducting a sensitive and thorough sexual health assessment, incorporating both medical and psychosocial factors into the evaluation process
- **Demonstrate** effective communication techniques to initiate patient-centered conversations and psychoeducation about sexual health, ensuring a safe and non-judgmental environment that addresses the unique sexual health concerns of each patient

vagina

penis

arousal

lubrication

erection

orgasm

dyspareunia

What Is Sexual Health?

According to the World Health Organization, sexual health:

- Is a state of physical, emotional, mental, and social well-being in relation to sexuality
- Not simply the absence of disease, dysfunction, or ailments
- Requires a positive and respectful approach to sexuality and sexual relations
- The ability to have pleasurable and safe sexual experiences, free from coercion, discrimination, and violence

World Health Organization and UNDP/UNFPA/UNICEF/WHO/-World Bank Special Programme of Research Development and Research Training in Human Reproduction. Sexual health and its linkages to reproductive health: an operational approach. World Health Organization. 2017. Accessed May 2025. https://apps.who.int/iris/handle/10665/258738. Buffalo Healthy Living. Image. Accessed May 2025. https://buffalohealthyliving.com/lets-talk-about-sexual-health/.

Health Benefits of Sex

Improved Mood

- Release of endorphins, dopamine, and oxytocin
- Can be protective against depression, anxiety, and low self esteem

Improved Intimacy

- Fosters emotional connection and bonding between partners through the release of oxytocin
- Greater relationship satisfaction

Improved Sleep

- Physiological after-effects of sexual activity may promote high-quality sleep

Stress Relief

- Lowers cortisol levels and activates the parasympathetic nervous system, promoting relaxation

Cognitive Benefits

- Increased blood flow to the brain and neurochemical changes may support brain health and potentially reduce risk of cognitive decline

Physical Wellbeing

- Cardiovascular benefits
- Releases muscle tension and may improve pain
- Burns calories
- Linked to higher quality of life and greater longevity

Gianotten WL, et al. *Int J Sex Health*. 2021;33(4):478-493. Brody S. *J Sex Med.* 2015;12(6):1336-1341.

The Downsides of Sex:
It Is Not All Fun and Games

Physical Health

- Sexually Transmitted Infections
- Fertility issues
- Unwanted Pregnancies
  - Abortion
- Birth Control
  - Access challenges
  - Side effects

Mental Health

- Sexual Assault
- Stigma and Shame
- Anxiety
- Avoidance
- Body image

Young people aged 15–24 years accounted for 50% of reported STIs (chlamydia, gonorrhea, and syphilis) in 2022.

Relationship Health

- Infidelity
- Manipulation
- Hook Up Culture
- Attachment Issues

Safety

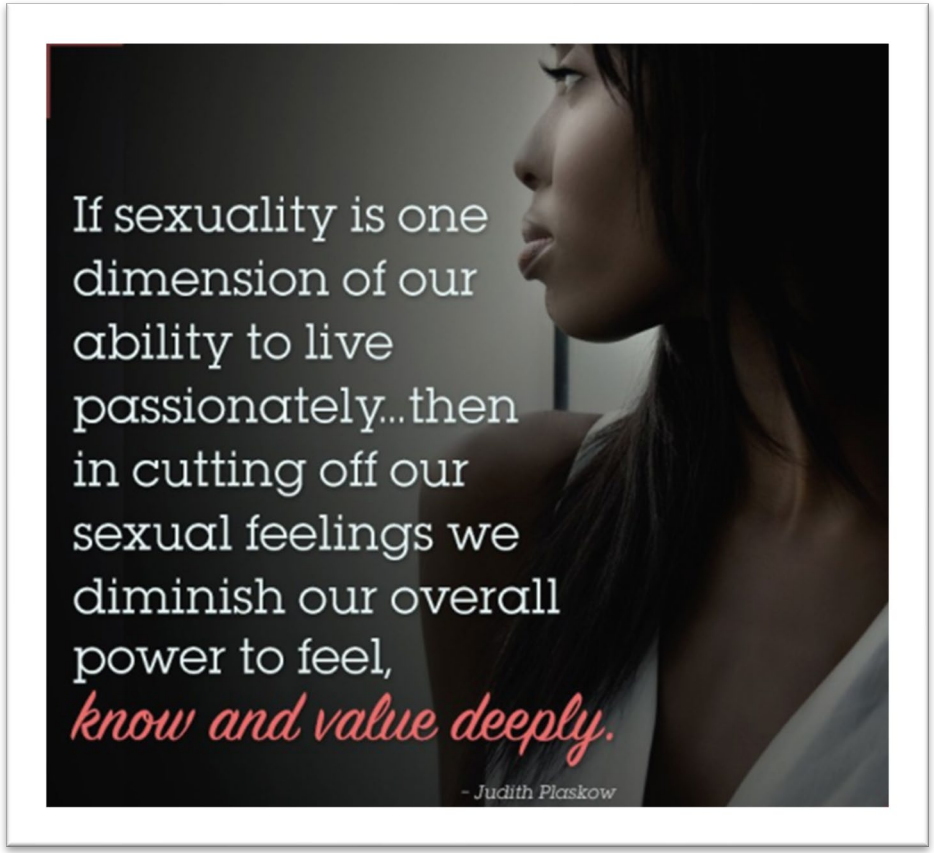
- Sexual Assault
- Sex Trafficking
- Chem Sex
- Pornography / Sex Addiction

Over half of women and almost one in three men have experienced sexual violence involving physical contact during their lifetimes.

STI = sexually transmitted infection.

Centers for Disease Control. Sexual Risk Behaviors. Nov 22, 2024. Accessed on April 26, 2025. https://www.cdc.gov/youth-behavior/risk-behaviors/sexual-risk-behaviors.html. Basile KC, et al. *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2022.

Sexual Health & Mental Health: Inextricably Linked



Sexual Health:

- An important part of the human experience!

Mental Illness:

- Psychiatric disorder are often accompanied by impaired sexual well-being. Conversely, sexual dysfunction may contribute to the development of psychiatric problems

Medication Impact:

- Many psychiatric medications are notorious for causing sexual side effects. Some are also teratogenic, posing additional risks for reproductive health

Public Mental Health:

- Sexual health often intersects with mental health, particularly in vulnerable populations, who may receive misinformation from peers, media, or even adults

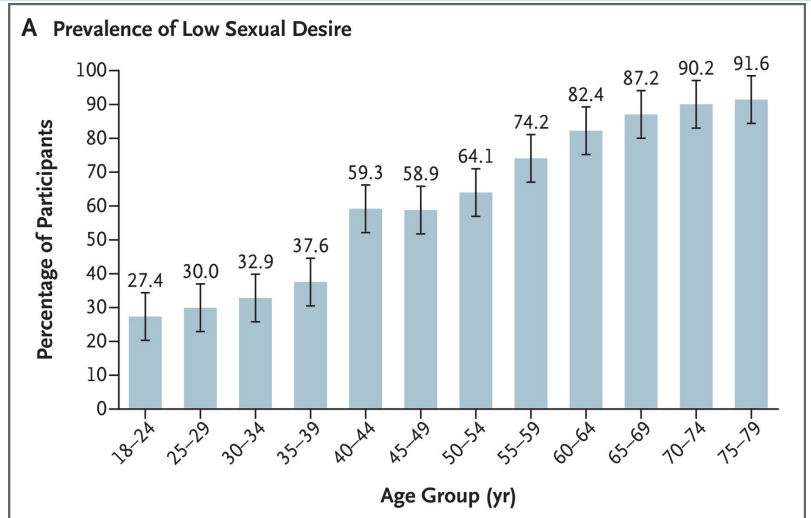
As psychiatrists, we have a responsibility to provide accurate, compassionate, and patient-centered education and care.

She Soars Psychiatry. Image. Accessed May 2025. https://shesoarspsychblog.com/2020/01/06/sex-spirit-and-shame/. Merwin KE, et al. *J Sex Marital Ther*. 2017;43(8):786-800.

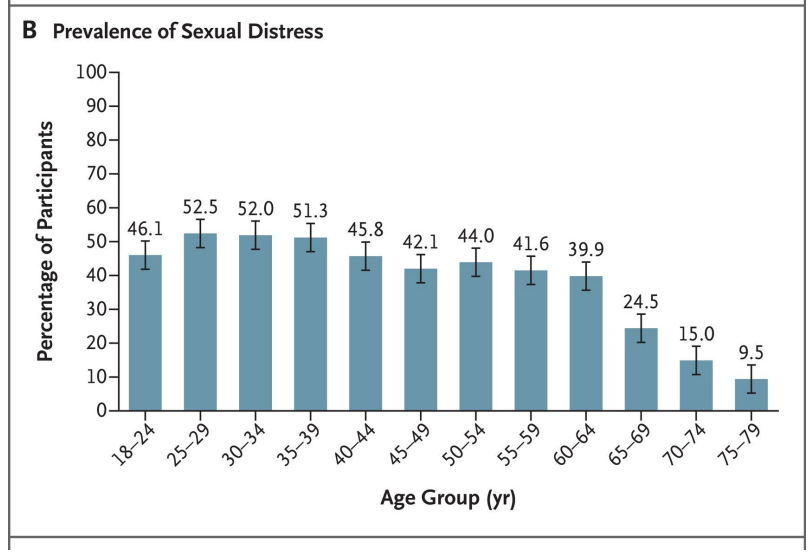
Sexual Dysfunction: It Is Common

Prevalence of Sexual Dysfunction in a Representative Sample of 10,554 Women in a Community-Based Australian Study

Between 50-98% of women report at least one sexual health concern, including interest in sex, difficulty with orgasm, inadequate lubrication, dyspareunia, body image concerns, unmet sexual needs, the need for information about sexual issues, physical and sexual abuse, and sexual coercion.



Around 40% of men report at least one sexual health concern, most commonly erectile dysfunction or premature ejaculation.



Davis SR, et al. *N Engl J Med* 2024;391:736-745. Nusbaum MR, et al. *J Fam Pract.* 2000;49(3):229-232. Nusbaum MR, et al. *J Am Board Fam Pract.* 2005;18(3):173-179. Read S, et al. *J Public Health Med.* 1997;19(4):387-391.

We Have A Problem:
Sexual Dysfunction in Psychiatric Conditions

2023 systematic review revealed high rates of sexual dysfunction among patients with mental health disorders:

Depressive disorders:	Anxiety disorders:	Obsessive-compulsive disorder:	Schizophrenia:
45–93%	33–75%	25–81%	~25%

The most commonly reported sexual problem among both men and women was decreased sexual desire.

These statistics highlight the critical need for mental health professionals to address sexual health as part of comprehensive psychiatric care.

Herder T, et al. *J Sex Med.* 2023;20(7):965-976.

The Role of Psychiatry in Sexual Health

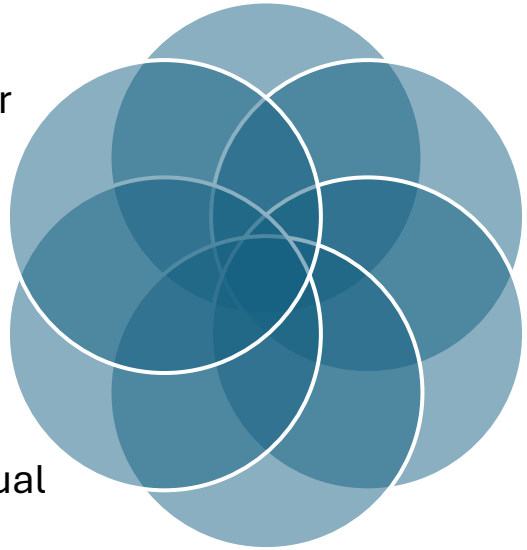
Our Goals:

Create Safe & Welcoming Spaces

- We are known for creating safe, non-judgmental, culturally sensitive spaces for patients to discuss sensitive issues

Coordinate Care

- We are advocates and refer our patients with specialists when needed



Have Awkward Conversations

- We are really good at this

Provide Education

- We offer accurate, compassionate information about sexual health and disease prevention

Be Comprehensive

- Treat the whole person – mind, body, and spirit

Manage Side Effects

- Given our deep involvement in managing medications, we understand sexual side effects and how they intersect with mental health

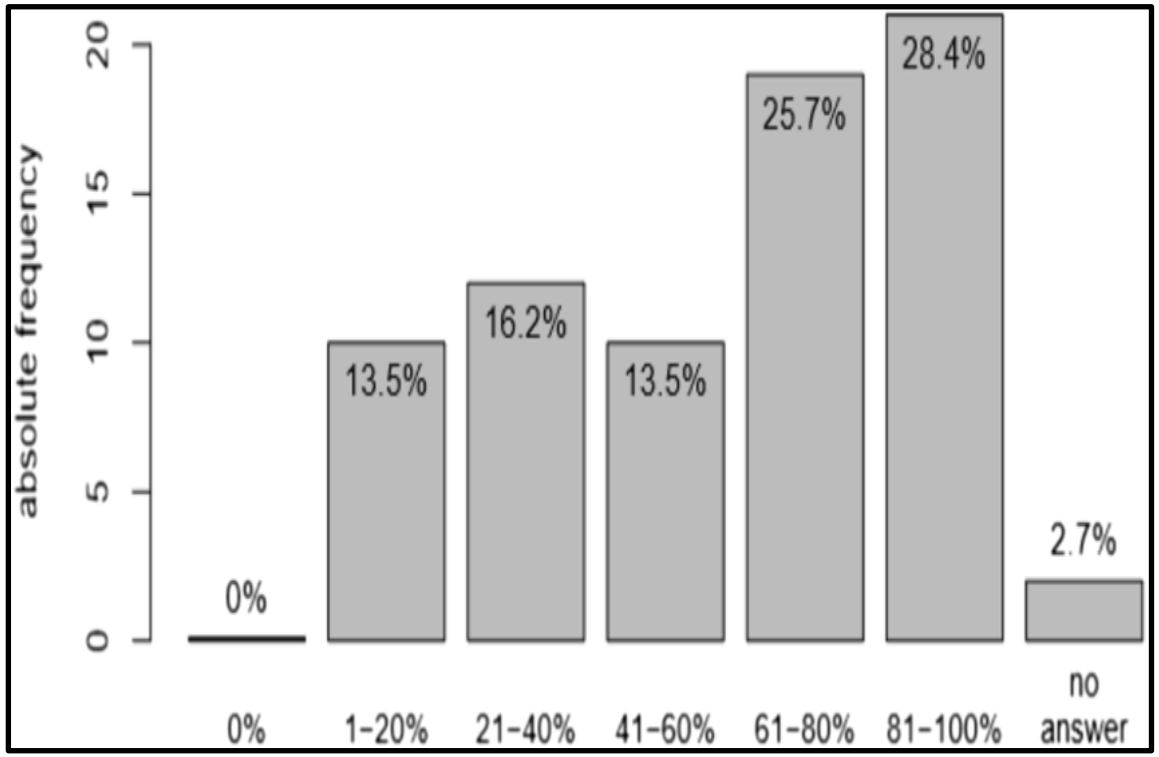
Seitz T, et al. *Arch Womens Ment Health*. 2020;23(4):527-534.

How Are We Doing: Asking About Sexual Health

In a self assessment survey of 74 psychiatrists:

- Less than 1/3 of psychiatrists reported that they ask over 80% of their patients about their sexual health issues
- About 1/2 of psychiatrists suspected sexual problems in 41–80% of the patients and did not bring up the topic

Psychiatrists' Reason Not to Address Sexual Health Issues:	%
Lack of time	38.6
Other problems more important	57.1
Embarrassing topic	17.1
Language barrier	11.4
Age	11.4
Religion	11.4
Culture	10

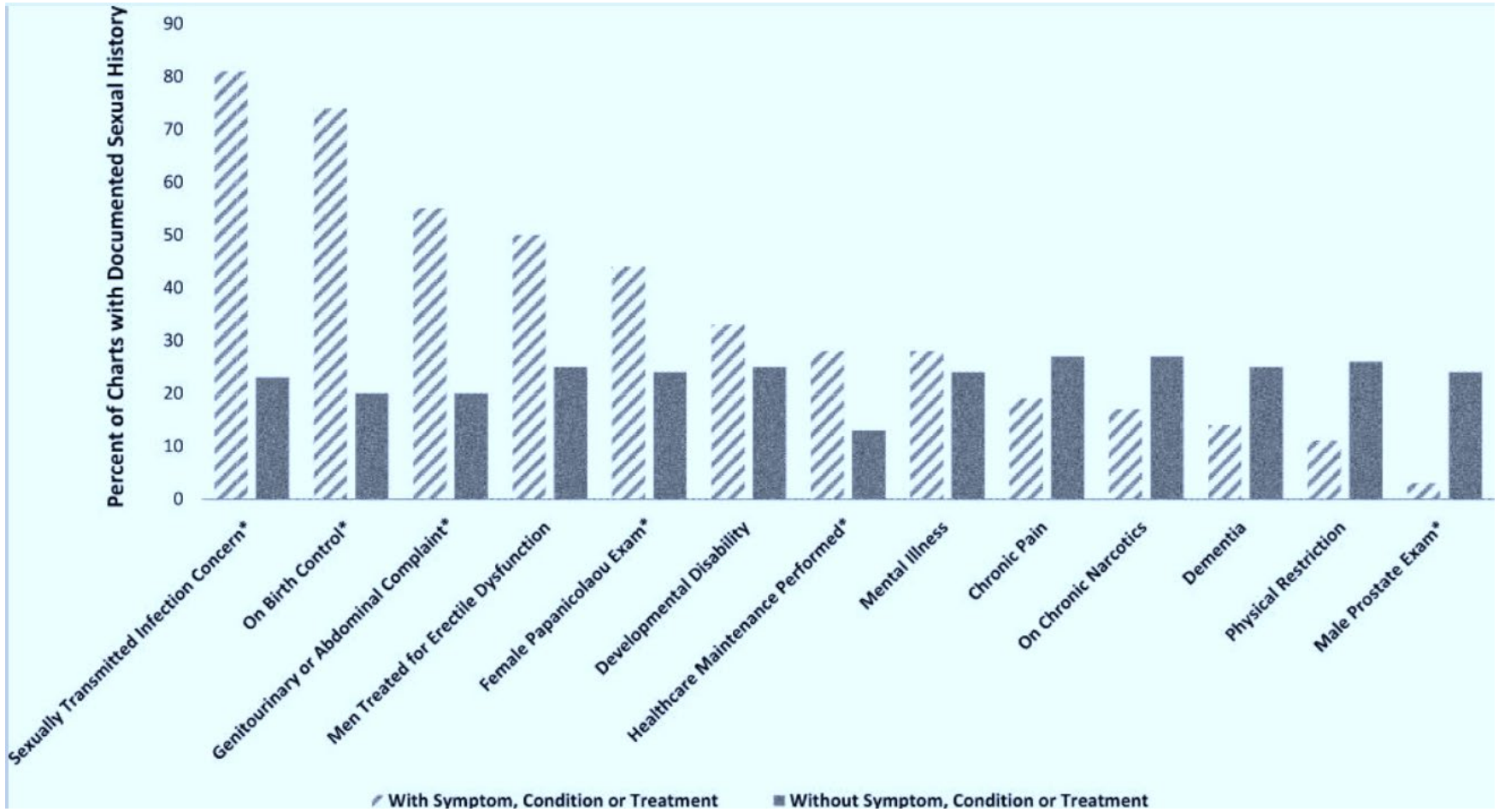


Percentage of patients routinely asked about sexual health by surveyed psychiatrists

Seitz T, et al. *Arch Womens Ment Health.* 2020;23(4):527-534.

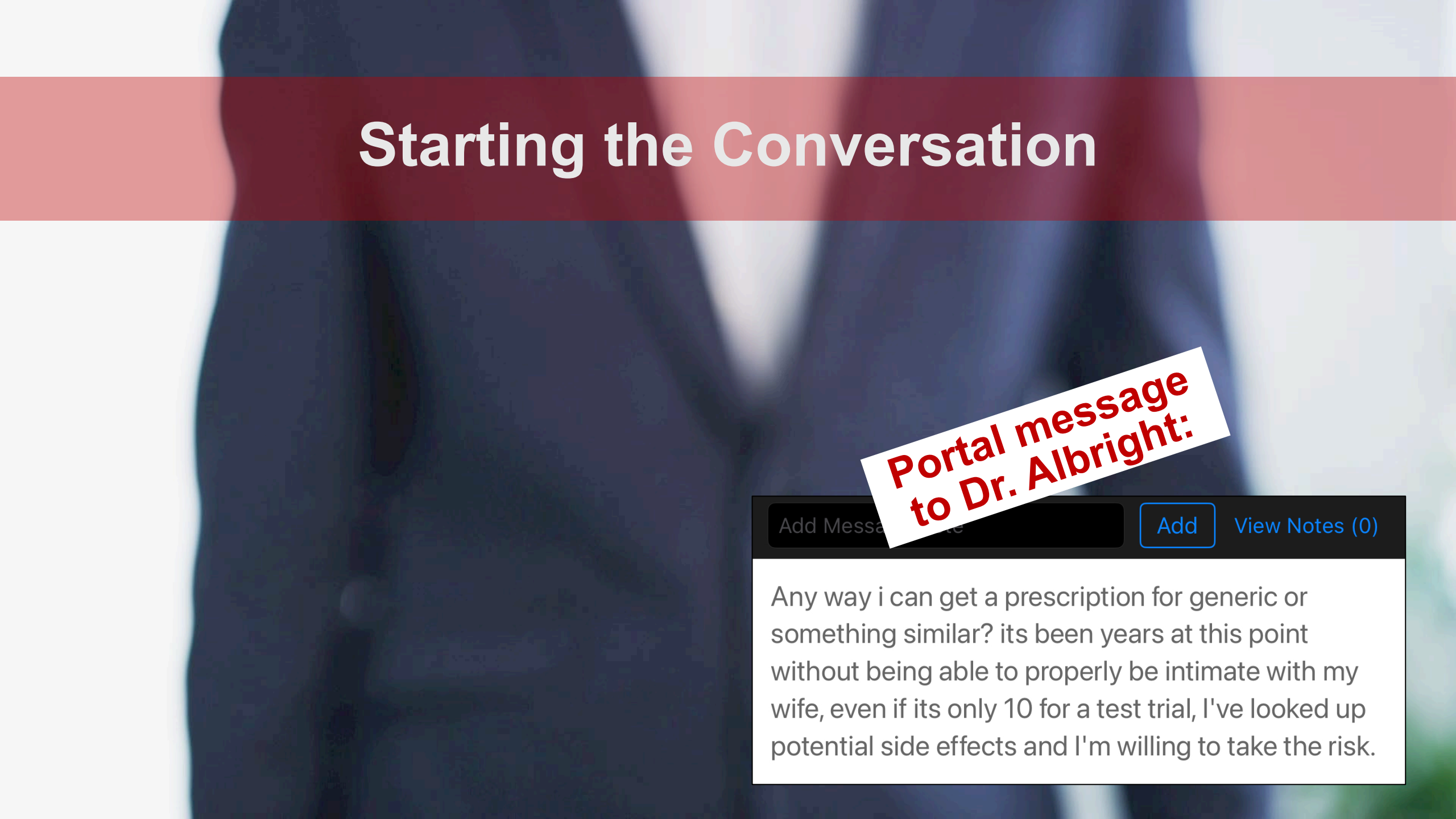
How Are We Doing: Obtaining a Sexual Health History

- Physicians routinely estimate taking a sexual history on 10-71% of patients
- Patient report is closer to 28%, primarily focusing on sexually transmitted infection risk
- Older patients and those without sexual concerns are least likely to have sexual history taken



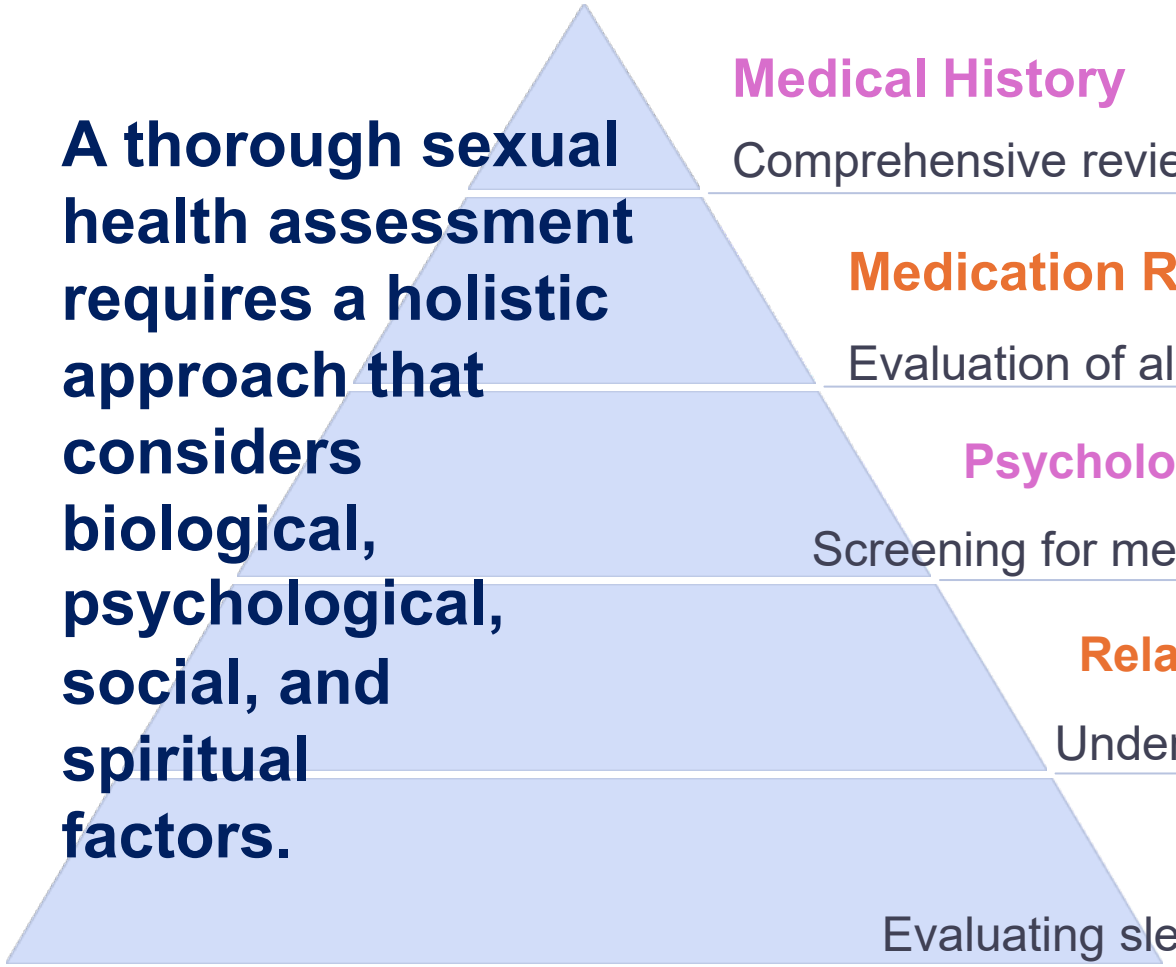
Wimberly YH, et al. *J Natl Med Assoc*. 2006;98(12):1924-1929. Loeb DF, et al. *J Gen Intern Med*. 2011;26(8):887-893.

Starting the Conversation



Comprehensive Sexual Health Assessment

A thorough sexual health assessment requires a holistic approach that considers biological, psychological, social, and spiritual factors.



Medical History

Comprehensive review of conditions affecting sexual health

Medication Review

Evaluation of all medications that may impact sexual function

Psychological Assessment

Screening for mental health factors affecting sexuality, especially trauma

Relationship Dynamics

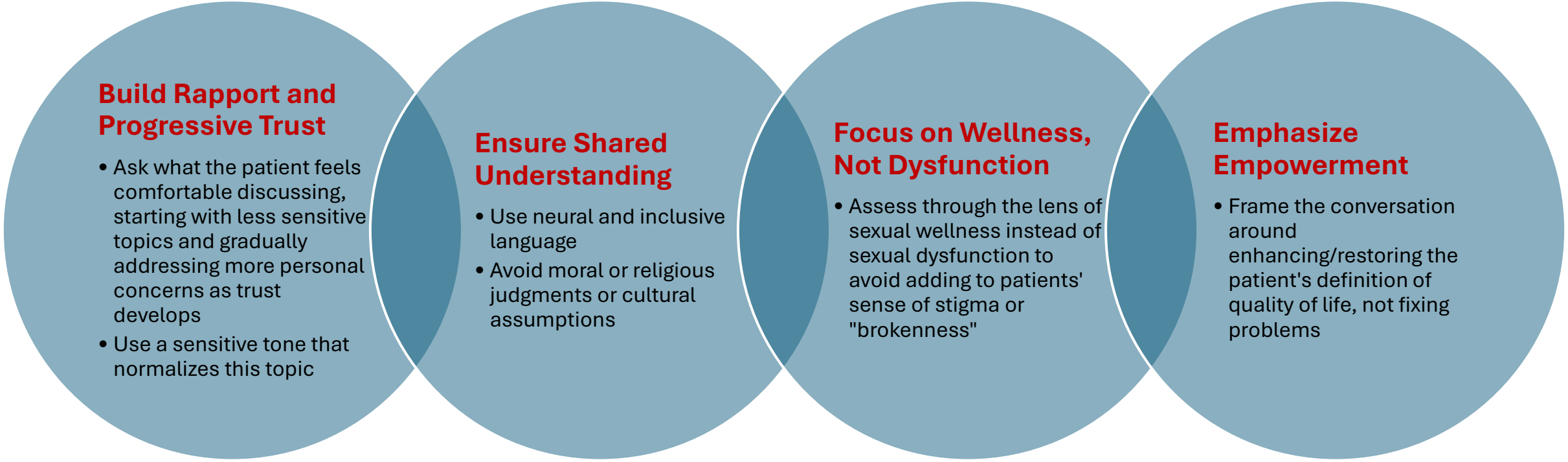
Understanding interpersonal factors influencing sexual health

Lifestyle Factors

Evaluating sleep, stress, exercise, spiritual beliefs, and substance use

Savoy S, et al. *Am Fam Physician*. 2020;101(5):286-293.

Sexual Health Interview: Key Approaches



The goal is to create a safe, non-judgmental space where patients feel comfortable discussing sensitive topics.

Savoy S, et al. *Am Fam Physician.* 2020;101(5):286-293.

PLISSIT Model for Sexual Health Conversations

Permission to discuss	• Ask permission to start conversation and give permission for the patient to broach sexual topics
Limited **I**nformation	• Provide brief and directed information and counseling, clarifying misinformation and dispelling myths
Specific **S**uggestions	• Provide specific suggestions related to patient concern
Intensive **T**reatment	• Refer for more intensive treatment if necessary

Annon JS. *The Behavioral Treatment of Sexual Problems.* Enabling Systems; 1974-1975.

Sexual Health Assessment: Key Questions

Opening the Conversation

- As your doctor, it is important to discuss sexual health because some mental health medications and conditions may impact your sexual functioning. Do you mind if I discuss this topic with you?“

Personal Experience

- “What does sex mean to you?”
- “How does sex fit into your life?”
- “How has your interest in sex changed recently?”

Medication Effects

- "Medications can occasionally cause sexual side effects. I realize this is a very important part of the human experience that I want you to preserve. Have you noticed any new side effects or sexual health concerns?“

Satisfaction and Concerns

- "How would you describe your satisfaction with your sex life?”
- “Is there anything you wish you could change?”
- “Have you had negative experiences or pain during sexual activity?“

Don’t Make Assumptions

- Ask about sexual identity, gender identity, sexual preferences, and unique sexual practices
- Consider using empirically validated questionnaires like the Wyatt Sex History Questionnaire or Clarke Sex History Questionnaire

Do a Sexual “Review of Systems”

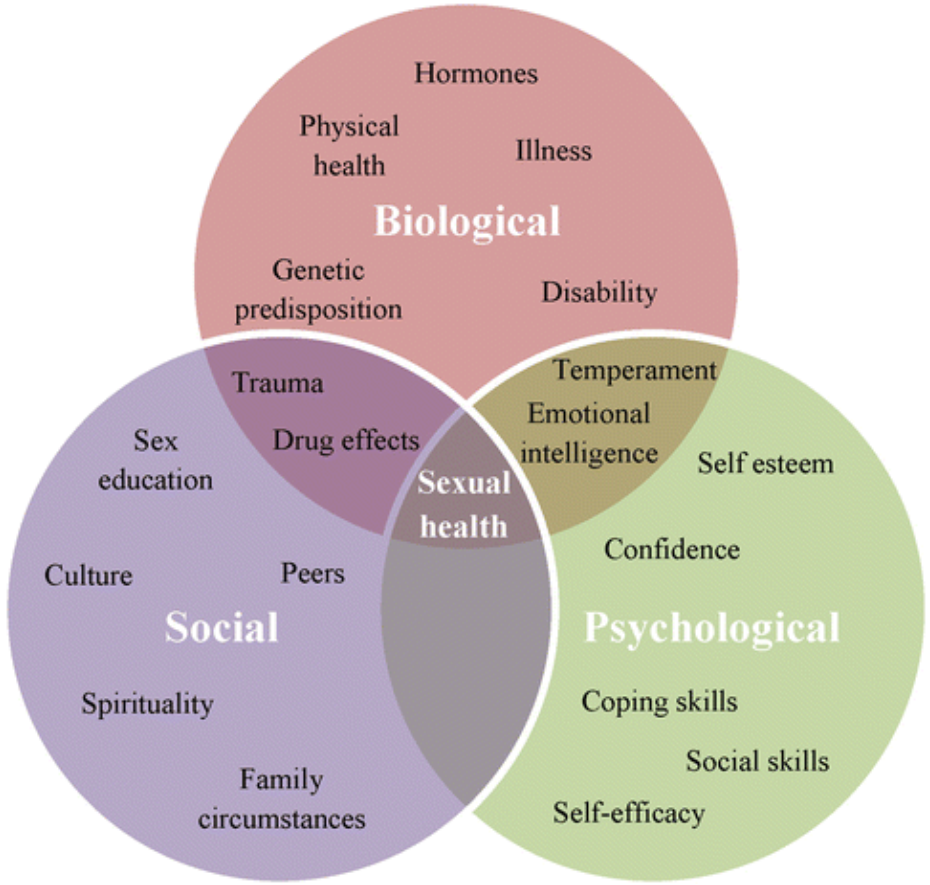
- **Desire**
- **Arousal: physiological, psychological**
- **Orgasm**
- **Pain**

Savoy S, et al. *Am Fam Physician.* 2020;101(5):286-293.

Sexual Problem Assessment

- Nature of the problem
- Phases of sexual response affected and pain
- Lifelong vs acquired: timeline
- Generalized vs situational
- Sudden vs gradual: predisposing, precipitating, maintaining factors
- Emotions: inhibition, performance anxiety, anger
- Stimulation: technique, satisfaction
- Contributing factors: psychological, biological, socio-cultural, relational, lifecycle
- Mental health issues
- Substance use: drugs, alcohol, tobacco, medications
- Impact and distress
- Partner response, sexual function, communication
- Treatments and their efficacy
- Motivation for treatment: why now?

Factors to Be Considered in Assessing Sexual Dysfunction in Women:



Biologic and hormonal factors
Sex-hormone insufficiency
Depression
Illness
Fatigue
Urinary incontinence
Prescription and nonprescription medication
Alcohol or other drug use

Intrapersonal development history
Trauma (sexual, physical, emotional, or medical)
Negative emotions (anxiety, fear, shame, or guilt)
Poor body image
Gender-identity concerns
Level of education

Expectation of negative outcomes
Past disappointing or painful sex

Interpersonal issues
Lack of a partner
Relationship discord
Absence of emotional intimacy

Contextual factors
Lack of privacy
Safety concerns
Emotional rapport
Cultural norms and religious beliefs

Lack of appropriate stimuli
Lack of knowledge regarding sexual stimulation
Partner's ill health or sexual dysfunction

Davis, SR, et al. *N Engl J Med* 2024;391:736-745. International Society for the Study of Women's Sexual Health. 2021. Accessed May 2025. https://www.isswsh.org/. Neupsy Key. Image. Accessed May 2025. https://neupsykey.com/facilitators-and-barriers-in-sexual-history-taking/.

The Arizona Sexual Experience Scale (ASEX)

Possible total scores range from 5-30, with the higher scores indicating more sexual dysfunction.

Sexual dysfunction indicated by

- total ASEX score of > 19
- any one item with a score of > 5
- or any three items with a score of > 4

For each item, please indicate your **OVERALL** level during the **PAST WEEK**, including **TODAY**.

1. How strong is your sex drive?

1	2	3	4	5	6
extremely strong	very strong	somewhat strong	somewhat weak	very weak	no sex drive

2. How are you sexually aroused (turned on)?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never aroused

FOR MALE ONLY

3. Can you easily get and keep an erection?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never

FOR FEMALE ONLY

3. How easily does your vagina become moist or wet during sex?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never

If you have had any sexual activity in the past week, please also answer the following two questions. If not, leave questions 4, and 5 blank.

No Sexual activity in past week ..... ☐

4. How easily can you reach an orgasm?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never reach orgasm

5. Are your orgasms satisfying?

1	2	3	4	5	6
extremely satisfying	very satisfying	somewhat satisfying	somewhat unsatisfying	very unsatisfying	can't reach orgasm

COMMENTS:

ASEX = Arizona Sexual Experience Scale.

McGahuey CA, et al. *J Sex Marital Ther*. 2000;26:25-40. Grover S, Shouan A. *Journal of Psychosexual Health*. 2020;2(2):121-138.

Always Ask About Erectile Dysfunction (ED)!

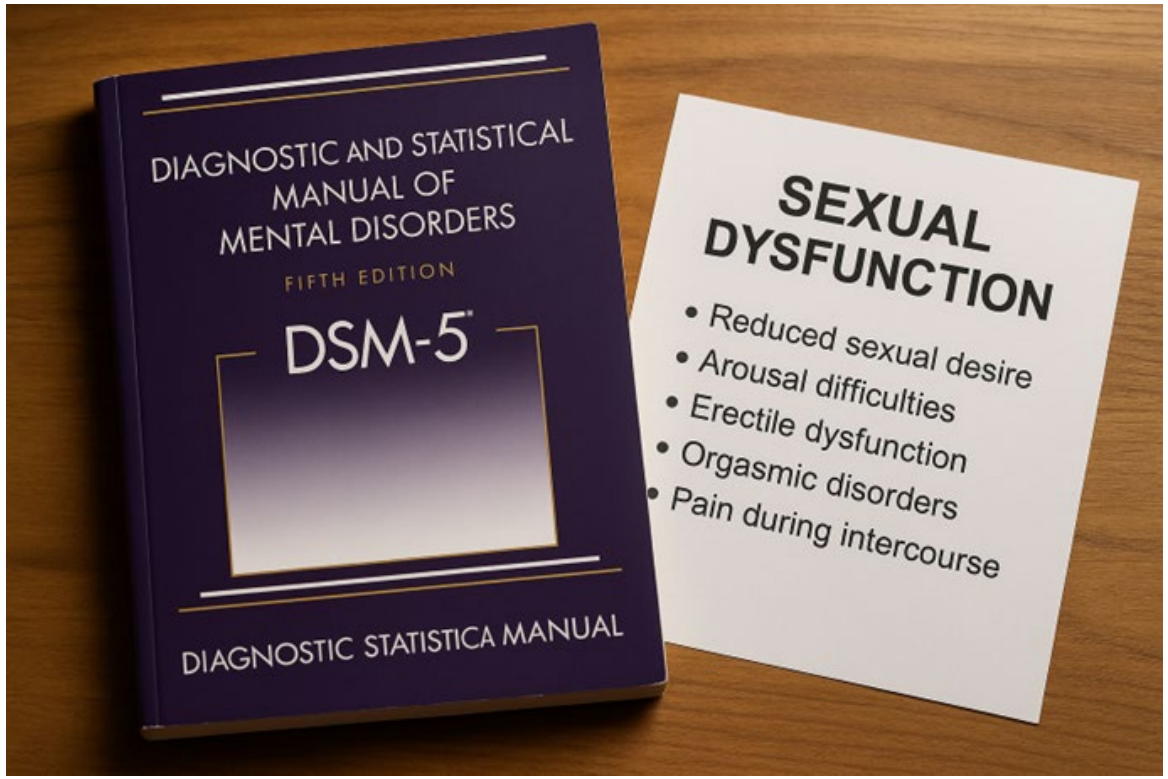
ED, or worry about ED, is the #1 cause of male sexual avoidance

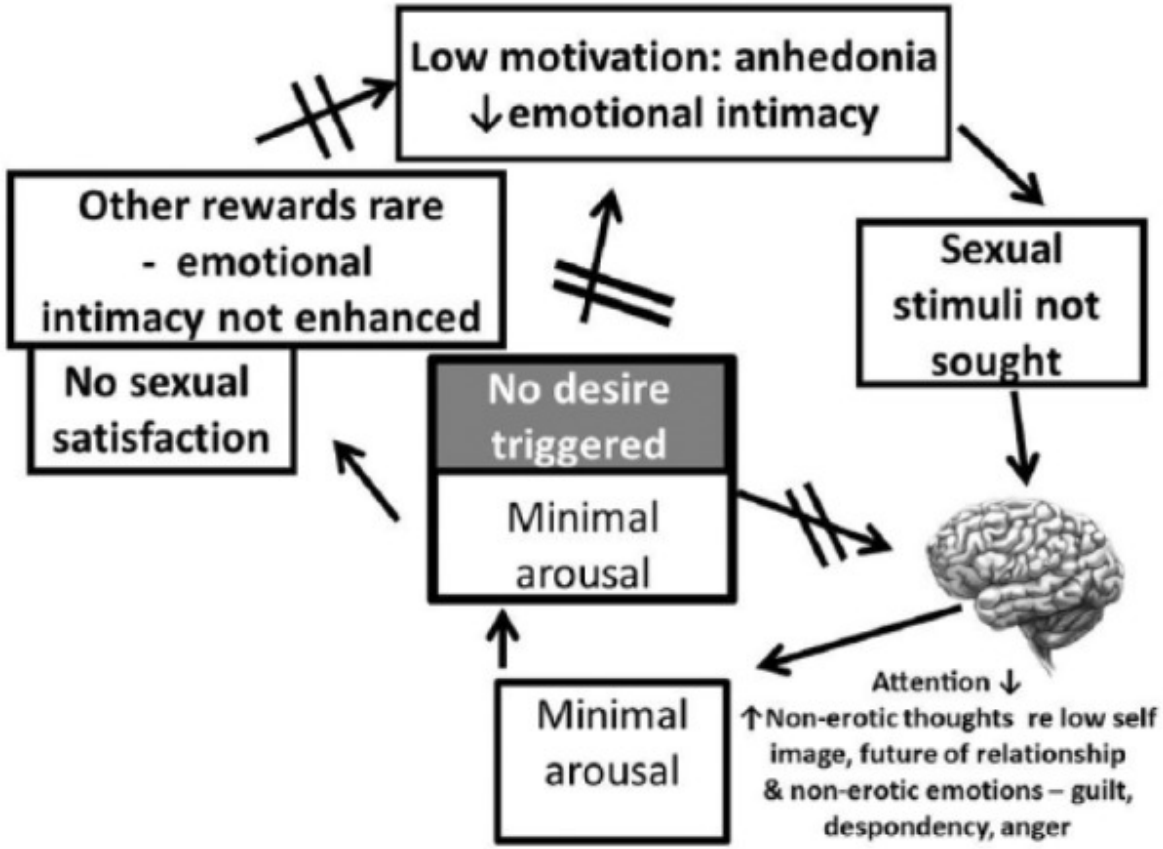
- ✓ Provide psychoeducation on how erections work
- ✓ Distinguish between physiological ED from psychological ED by history

ED = erectile dysfunction.

Zazzle. Image. https://www.zazzle.com/dirty_censored_peeled_banana_poster-228712784848200764.

DSM-5 and Sexual Dysfunction





Basson R, Gilks T. Womens Health (Lond). 2018;14:1745506518762664.

DSM-5: Sexual Dysfunctions

Female Sexual Interest/Arousal Disorder: Lack or significant reduction in sexual interest and arousal.

Erectile Disorder: Difficulty achieving or maintaining an erection during sexual activity.

Female Orgasmic Disorder: Delay, infrequency, absence of orgasm, or reduced intensity of orgasmic sensations.

Delayed Ejaculation: Marked delay or inability to ejaculate despite adequate stimulation.

Premature Ejaculation: Ejaculation that occurs within about 1 minute of vaginal penetration or earlier than desired.

Genito-Pelvic Pain/Penetration Disorder: Difficulty with vaginal penetration, pain during intercourse, or anxiety related to pain.

Male Hypoactive Sexual Desire Disorder: Persistently deficient or absent sexual thoughts or desires.

American Psychiatric Association (APA). Sexual Dysfunctions. In: APA. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. APA Publishing; 2013:423-451.

DSM-5: Sexual Issues in Other Psychiatric Disorders

Personality Disorders
- Disorders such as Borderline Personality Disorder can feature unstable and intense sexual relationships and risk-taking behaviors

PTSD
- Sexual trauma can lead to sexual dysfunction, avoidance of intimacy, or distress in relationships

Obsessive-Compulsive Disorder (OCD)
- Intrusive sexual thoughts or compulsions may involve excessive sexual behaviors or avoidance of sex

Bipolar Disorder
- Mania can result in hypersexuality and sexual impulsivity

Major Depression
- Can result in reduced libido and emotional intimacy due to anhedonia

Psychotic Disorders
- Sexual dysfunction is disproportion-ately high

Substance Use Disorders:

- Impulse control and sexual behavior are often impaired
- Drugs and alcohol can increase or decrease sexual drive and often decreases sexual functioning

"Trauma, whether we acknowledge it or not, becomes deeply embedded in our bodies. Its effects can often surface in unexpected ways, particularly through sexual health challenges."

- Brittany Albright MD, MPH

PTSD = posttraumatic stress disorder; OCD = obsessive compulsive disorder.

Basson R, Gilks T. Womens Health (Lond). 2018;14:1745506518762664. Korchia T, et al. *JAMA Psychiatry.* 2023;80(11):1110-1120.

DSM-5: Paraphilias and Paraphilic Disorders

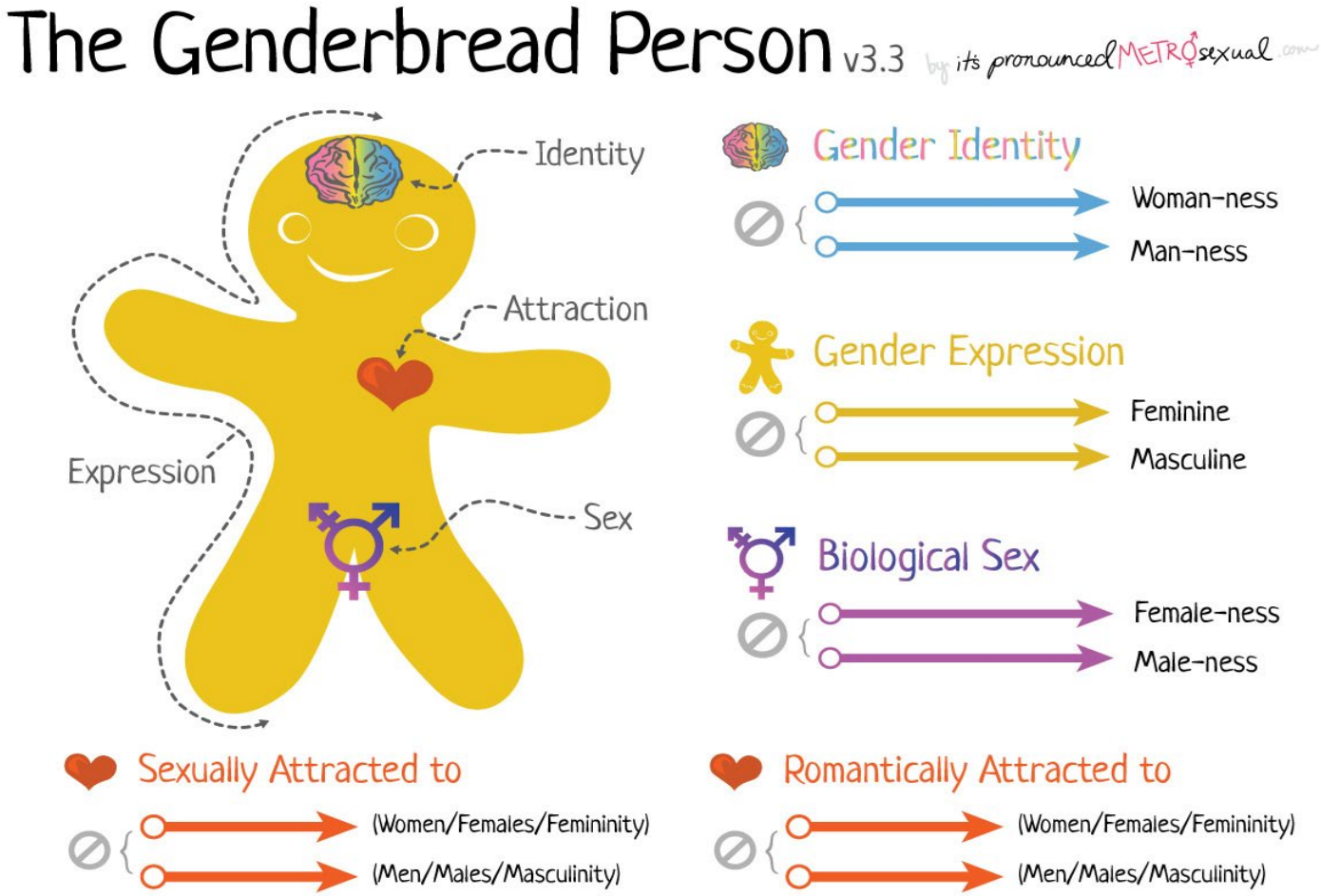
- Paraphilic disorders involve sexual arousal to atypical objects, situations, or individuals, which cause significant distress or harm
- Sexual deviation from cultural norms, highly contextualized by current culture *(eg, homosexuality removed from DSM in 1973)*
- It's important to distinguish between paraphilias (atypical sexual interests) and **paraphilic disorders**, which cause distress or impairment
- The key factors are **consent**, **legality**, and **harm** to self or others

Exhibitionistic Disorder	• Sexual arousal from exposing one's genitals to unsuspecting individuals
Voyeuristic Disorder	• Arousal from watching others who are naked or engaged in sexual activity
Frotteuristic Disorder	• Arousal from touching or rubbing against a non-consenting person
Sexual Sadism and Masochism Disorders	• Arousal from inflicting or experiencing pain or humiliation
Pedophilic Disorder	• Arousal involving prepubescent children
Fetishistic Disorder	• Arousal from non-living objects or specific body parts
Transvestic Disorder	• Arousal from cross-dressing

American Psychiatric Association (APA). Paraphilic Disorders. In: APA. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. APA Publishing; 2013:685-705.

Gender and Sexual Identity

- Biological sex and gender identity are determined by the presence or absence of complex hormonal interactions in utero, primarily testosterone and anti-Mullerian hormone
- As sex organ development happens at an earlier time, this can lead to biological sex and gender identity not aligning perfectly
- **Sexual orientation** is similarly multifaceted
- **Gender Dysphoria** involves distress due to the incongruence between one's experienced or expressed gender and assigned sex at birth



Swaab DF, et al. *Handb Clin Neurol*. 2021;181:427-443. Nguyen HB, et al. *Neuropsychopharmacology.* 2019;44(1):22-37. Killermann S. The Genderbread Person v3.3. Accessed May 2025. https://www.itspronouncedmetrosexual.com/2015/03/the-genderbread-person-v3/.

The Neurobiology of Sex

We are animals…

What Happens in the Brain During Sex?

Desire phase: Testosterone and dopamine initiate sexual interest in both sexes

Excitement phase: Norepinephrine increases, parasympathetic activation drives vasocongestion

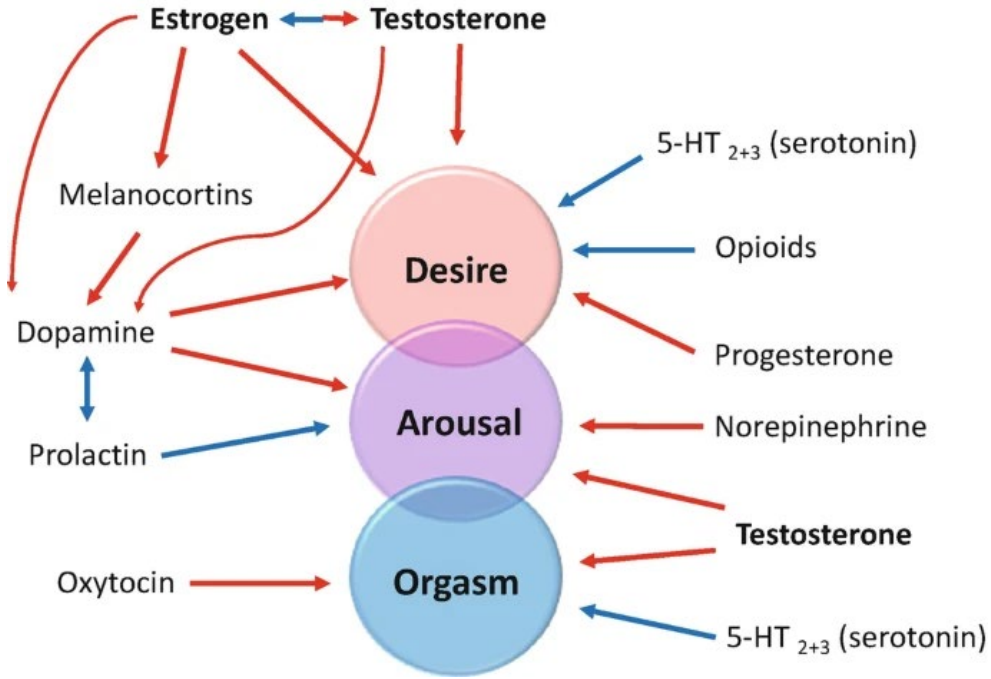
Plateau phase: Acetylcholine and vasoactive intestinal peptide maintain arousal

Orgasm phase: Serotonin, oxytocin, and endorphins surge; sympathetic nervous system activation

Resolution phase: Prolactin release contributes to post-orgasmic satisfaction and refractory period

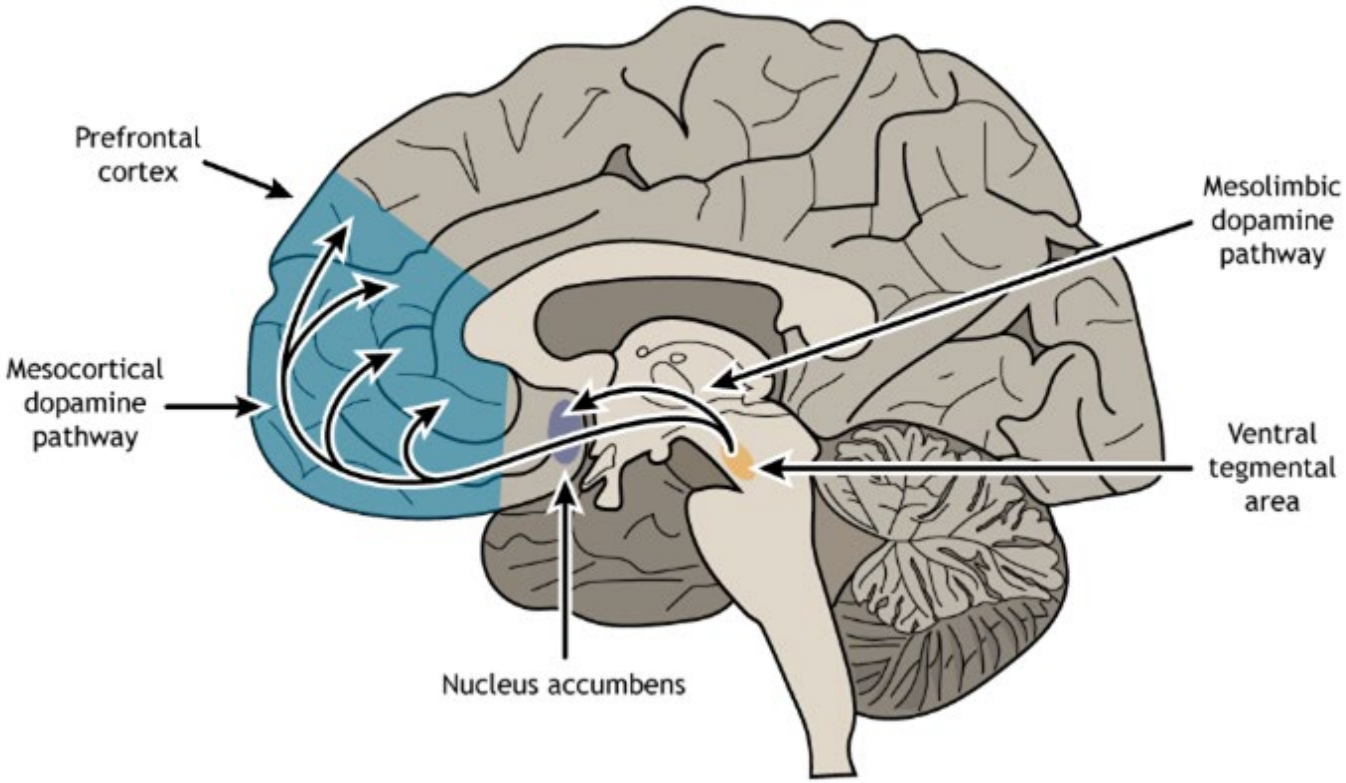
Neurochemical Cascade During Sexual Response Cycle

Sexual response involves complex neurobiological processes across multiple brain regions and neural circuits. The hypothalamus, limbic system, and cerebral cortex coordinate with the endocrine system to regulate arousal, pleasure, and orgasm.



Halaris A. *CNS Spectr*. 2003;8(3):202-206. Vignozzi L, Maseroli E. Hormones and Sex Behavior. In: Petraglia F, Fauser B, eds. *Female Reproductive Dysfunction*. Endocrinology. Springer; 2020.

Reward System Activation in Sex



- **Ventral Tegmental Area (VTA):** involved in the release of dopamine when sexual stimuli are perceived and initiation of reward-related behaviors
- **Nucleus Accumbens (NAc):** The NAc receives dopamine signals from the VTA. This area processes rewarding aspects of sexual activity and enhances sexual motivation
- **Prefrontal Cortex (PFC):** The PFC is involved in higher cognitive functions, including decision-making and self-control. Modulates sexual impulsivity
- **Amygdala:** Plays a role in sexual arousal by influencing emotional responses to sexual cues and emotional learning

VTA = ventral tegmental area; NAc = nucleus accumbens; PFC = prefrontal cortex.

Janssen E, et al. *J Sex Res*. 2005;42(2):104-116. Henley C. Figure 49.1: Ventral Tegmental Area. *Introduction to Neuroscience (Michigan State University Libraries).* Accessed May 2025. https://openbooks.lib.msu.edu/introneuroscience1/chapter/motivation-and-reward/.

Effects of Hormones on Sexual Functioning

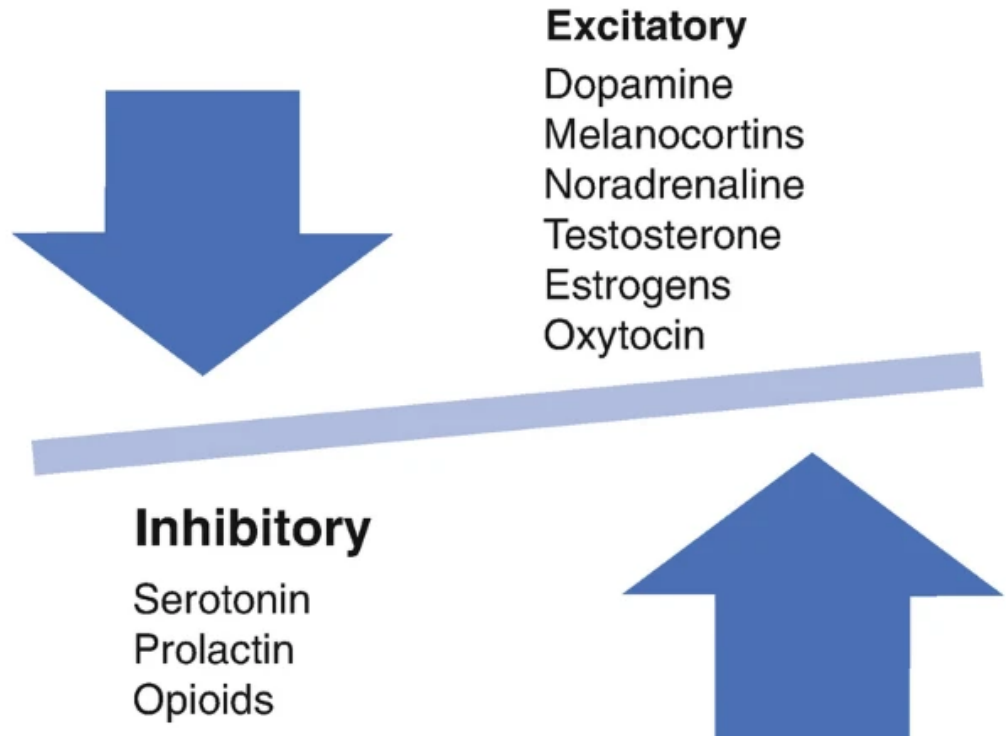
Oxytocin

- Enhances **intimacy and bonding** between partners
- Supports **physiological arousal** (eg, lubrication, erection)
- **Intensifies pleasure**, especially during orgasm
- Post-sex **oxytocin release reinforces emotional closeness**
- Influences **trust, empathy, and connection-driven sexual behavior**

Prolactin

- Levels significantly rise after orgasm, contributing to the refractory period and temporary reduction in sexual desire
- Leads to temporary reduction in sexual desire
- Elevated levels can suppress sexual motivation and drive
- Increase in prolactin directly correlates to sexual satiety

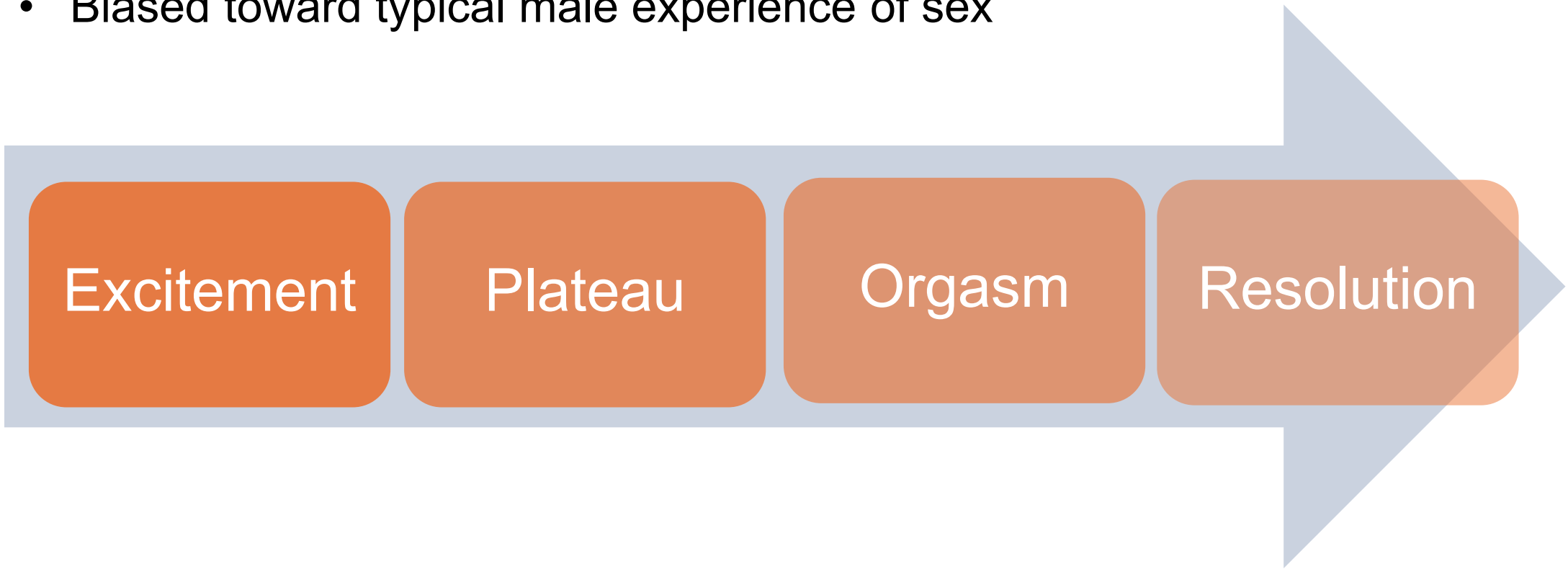
Excitatory and Inhibitory Central Factors



Janssen E, et al. *Biol Psychol*. 2005;70(2):141-148. Krüger THC, et al. The Neurobiology of Sexual Responses and Its Clinical Relevance. In: Lew-Starowicz M, et al, eds. *Psychiatry and Sexual Medicine*. Springer; 2021:71-84.

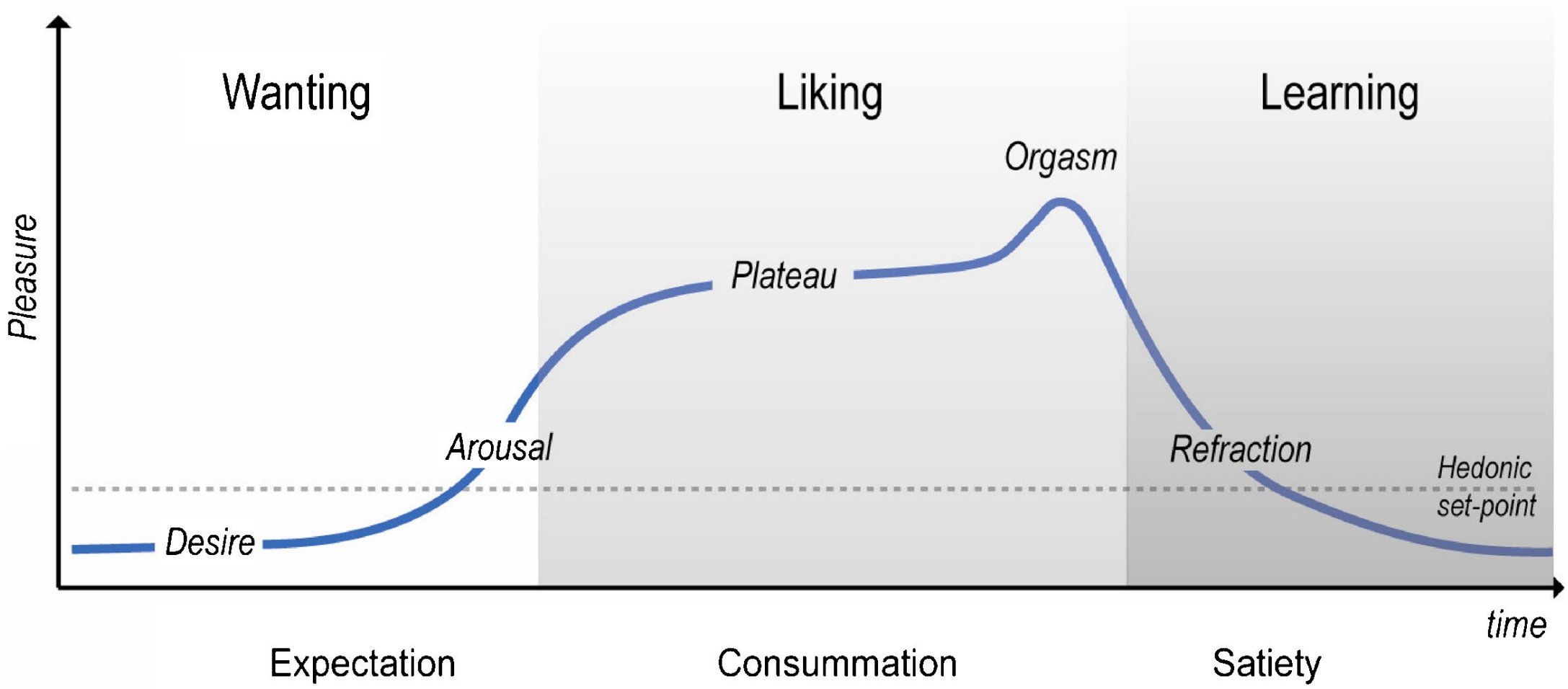
The Sexual Response Cycle: Linear

- Developed by Masters and Johnson (1966)
- Highlights physiological response
- Biased toward typical male experience of sex



Masters WH, Johnson VE. *Human Sexual Response*. Little, Brown and Company; 1966.

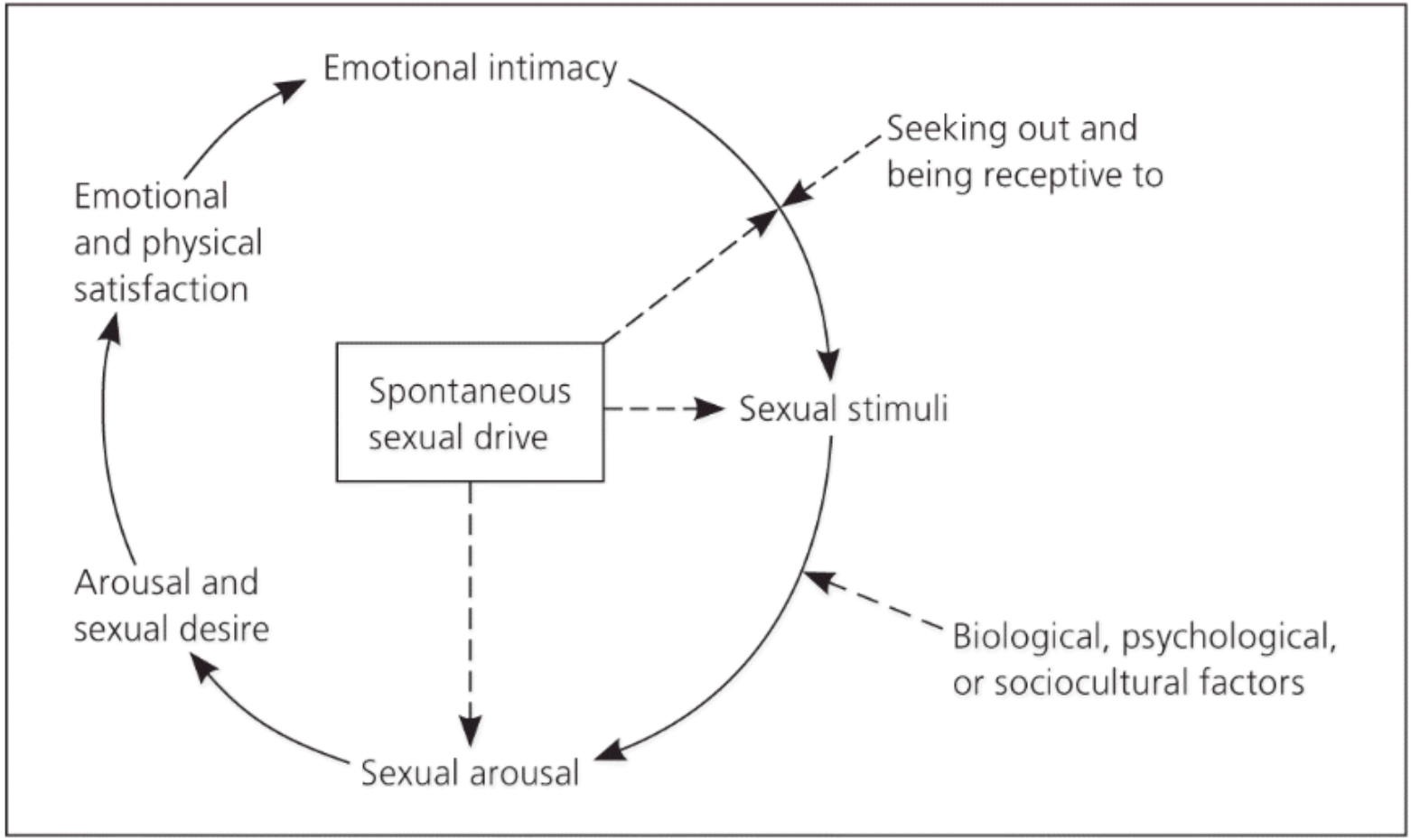
The Sexual Response Cycle: 4 Phases



Kaplan HS. *The New Sex Therapy: Active Treatment of Sexual Dysfunctions*. Brunner/Mazel; 1974. Masters WH, Johnson VE. *Human Sexual Response*. Little, Brown and Company; 1966. Georgiadis JR, et al. *Prog Neurobiol*. 2012 Jul;98(1):49-81.

The Sexual Response Cycle: Cyclic

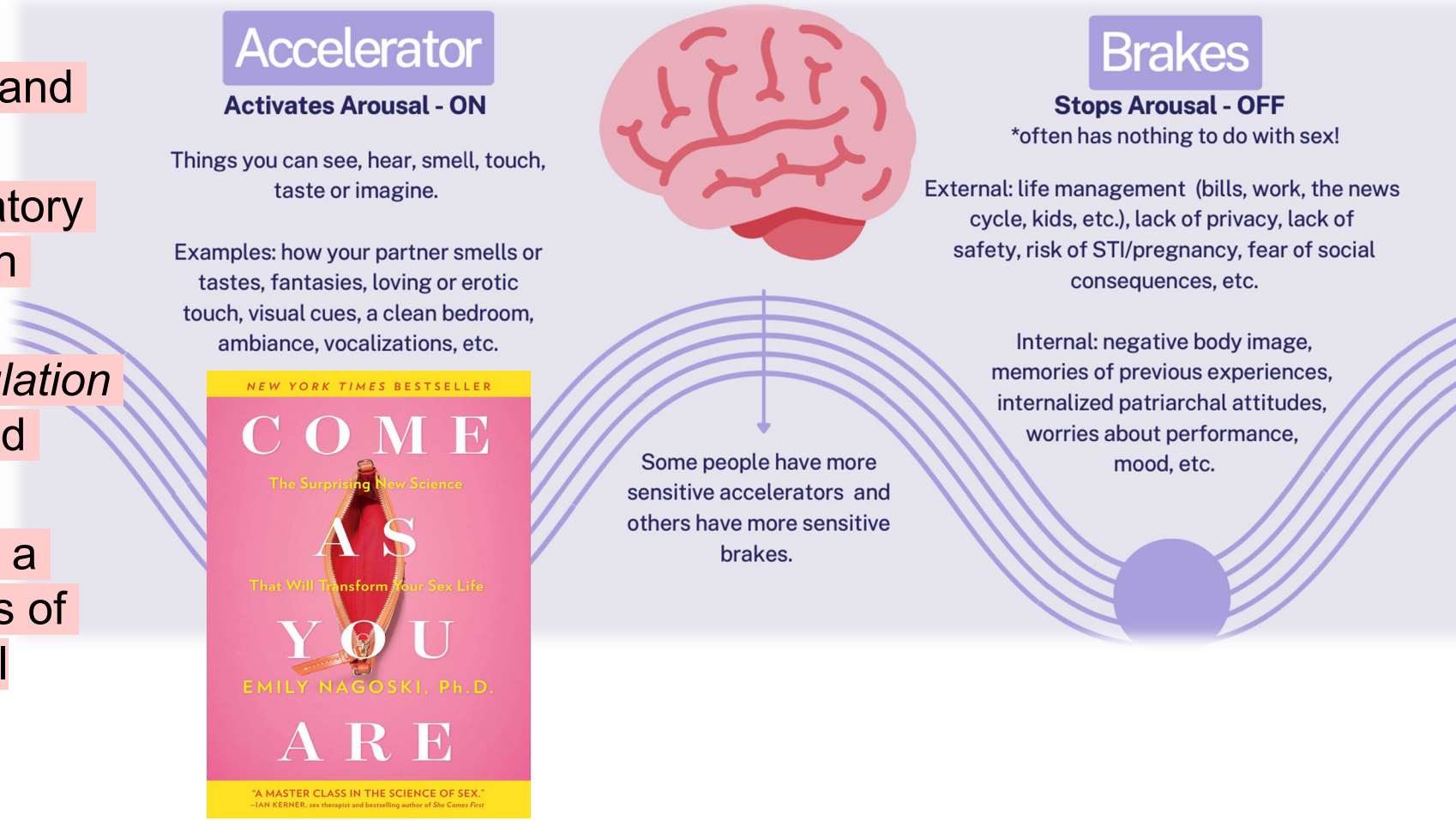
- Developed by Rosemary Basson (2000)
- Acknowledges the interplay of emotional and sexual intimacy
- External stressors are acknowledged as a potential to interrupt the cycle
- Considered more inclusive of the female sexual experience



Basson R. *J Sex Marital Ther*. 2000;26(1):51-65.

Dual Control Model

- Sexual inhibition and sexual excitation are two independent and opposing forces
- Variation in inhibitory and excitatory tone follow normal distribution in populations
- Women tend to have *on a population level* higher sexual inhibition and lower sexual excitation
- Often, sexual dysfunction is not a *lack* of desire but too high levels of non-sexual sympathetic arousal



Janssen E, et al. *J Sex Res*. 2002;39(2):114-126. Bancroft J, et al. *J Sex Res*. 2009;46(2-3):121-142. Nagoski E. *Come As You Are: The Surprising New Science That Will Transform Your Sex Life*. Simon & Schuster; 2015. Julia Simone Fogelson Psychotherapy. Dual Control Model Image. https://www.juliapsychotherapy.com/blog/the-dual-control-model.

“I’m Broken.” What Causes Sexual Dysfunction?

“Often sex is a nonverbal expression for what is avoided or inaccessible verbally, such as marital unhappiness, a power struggle, emotional emptiness, or existential anxieties or losses.”

Heiman JR, et al. Treating Sexual Desire Disorders in Couples. In: Jacobson NS, Gurman AS, eds. *Clinical Handbook of Couple Therapy*. The Guilford Press; 1995.

What Came First?
Sexual Dysfunction & Its Associations

Psychiatric

- Mood disorders
- Anxiety disorders
- Psychotic disorders
- Neurocognitive disorders
- Substance use and abuse
- History of trauma or abuse

Medical

- Neuropathy
- Chronic pain
- Diabetes
- Obesity
- Hypertension
- Congenital heart disease
- Advanced age
- Hormonal factors
- Neurological disorders

Social and Demographic

- Sexual dysfunction is reciprocal in couples
- Premarital and postmarital rates higher than married
- Lower rates in those with higher educational attainment
- Association with race and ethnicity is variable

Laumann EO, et al. *JAMA*. 1999;281(6):537-544. Flynn KE, et al. *J Sex Med*. 2016;13(11):1642-1650.

Common Causes of Sexual Health Issues

Women's Hormonal Factors	Women's Physical/Anatomical Factors	Men's Hormonal Factors	Men's Physical/Anatomical Factors
• Menopause and decreased estrogen • Pregnancy and postpartum changes • Thyroid disorders • Polycystic Ovarian Syndrome	• Pelvic floor disorder • Vaginal atrophy • Endometriosis • Chronic pain • Urinary incontinence	• Testosterone deficiency • Thyroid dysfunction • Elevated Prolactin • Age-related hormonal changes	• Erectile Dysfunction • Premature ejaculation • Peyronie's disease • Prostate conditions • Cardiovascular disease

Hormonal fluctuations throughout the lifespan can significantly impact sexual function, desire, and comfort.

Physical conditions affecting the reproductive system can cause pain, discomfort, or dysfunction during sexual activity.

Rosen RC. *Curr Psychiatry Rep*. 2000;2(3):189-195.

Sexual Response in Women: We Are Not Created Equally

Many women struggle with recognizing their own arousal signs

In animal models, dramatic downregulation of vaginal and vulvar innervation during pregnancy

- Corresponding with the need to **increase pain thresholds** and decrease **sensation during childbirth**
- Following delivery, there is a period of rapid growth and adaptation

GSM –Genitourinary Syndrome of Menopause (genital, sexual, and urinary symptoms)

Shrinking of vaginal epithelium, atrophy of smooth muscle	Decreased estrogens and androgens (DHEA)	Can also be seen postpartum, with oral contraceptives, cancer treatments

- Vaginal Moisturizers and lubricants – Over the Counter
- Vaginal Estrogen – Estradiol, Estrone, Estriol
- Vaginal DHEA – Prasterone
- Increased need for vibratory stimulation

Always treat the pain!

GSM = genitourinary syndrome of menopause; DHEA = dehydroepiandrosterone.

Rullo JE, et al. *Sex Relation Ther*. 2018;33(3):263-274. Datta S, et al. *Anesth Analg*. 1983;62(12):1070-1072.

Relationship Factors Affecting Sexual Health

Relationship Issues

Emotional conflict, infidelity, or communication problems can reduce sexual interest and performance. Relationship conflict has the highest correlation of any factor for female sexual dysfunction

Monotony

Long-term relationships with a routine may experience a reduction in sexual excitement due to lack of novelty

Intimacy Disconnect

Emotional or physical distance from a partner can lead to reduced sexual interest or performance issues

Mismatched Libidos

Normal in relationships but can create tension and dissatisfaction if not addressed constructively

Nagoski E. *Come As You Are: The Surprising New Science That Will Transform Your Sex Life*. Simon & Schuster; 2015.

Medical Workup for Sexual Health Issues

Physical Examination
Comprehensive exam by primary care, OB/GYN, or specialist, including vital signs and gender-specific assessments

Laboratory Testing
CBC, CMP, lipid panel, A1c, sexually transmitted infection panel, hormonal panels, thyroid function, pregnancy test, drug screen, prolactin levels

Specialized Testing
Doppler ultrasound for men, pelvic ultrasound for women, nocturnal penile tumescence test

Psychosocial Assessment
Mental health screening, relationship assessment, trauma history, substance use evaluation

OB/GYN = obstetrician gynecologist; CBC = complete blood count; CMP = comprehensive metabolic panel.
Dean J. *BMJ*. 1998;317(7173):1641-1643.


Sex, Drugs, and Psychiatry
How pharmaceutical agents impact sexual functioning…

Psychiatric Medications and Sexual Side Effects: The Struggle Is Real

Medication Class	Examples	Common Sexual Side Effects	Notes
Selective Serotonin Reuptake Inhibitors (SSRIs)	Fluoxetine, Sertraline, Paroxetine, Citalopram, Escitalopram	Decreased libido, **delayed orgasm/anorgasmia**, erectile dysfunction	**Sexual dysfunction occurs in up to 80% of patients**; Paroxetine has the highest risk.
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	Venlafaxine, Duloxetine	Similar to SSRIs: decreased libido, **delayed orgasm**, erectile dysfunction	High incidence of sexual side effects, comparable to SSRIs.
Atypical Antidepressants	Bupropion, Mirtazapine	Minimal sexual side effects; may improve sexual function	Bupropion often used to counteract SSRI-induced sexual dysfunction.
Tricyclic Antidepressants (TCAs)	Amitriptyline, Nortriptyline, Clomipramine	Decreased libido, erectile dysfunction, **delayed orgasm**	Clomipramine has a higher risk of sexual side effects among TCAs.
Monoamine Oxidase Inhibitors (MAOIs)	Phenelzine, Tranylcypromine	Decreased libido, erectile dysfunction	Phenelzine may have a greater risk of sexual side effects than Tranylcypromine.
Typical Antipsychotics	Haloperidol, Chlorpromazine	Decreased libido, erectile dysfunction, delayed orgasm, amenorrhea	High risk due to dopamine D2 receptor antagonism and elevated prolactin levels.
Atypical Antipsychotics	Risperidone, Olanzapine, Quetiapine, Aripiprazole	Decreased libido, erectile dysfunction, menstrual irregularities	Risperidone has a higher risk due to prolactin elevation; Aripiprazole has a lower risk.

SSRI = selective serotonin reuptake inhibitor; SNRI = serotonin-norepinephrine reuptake inhibitor; TCA = tricyclic antidepressant; MAOI = monoamine oxidase inhibitor. Baldwin DS, Mayers AG. *Adv Psychiatr Treat*. 2003;9(3):202-210.

Treatment Emergent Sexual Dysfunction Related to Antidepressants: A Meta-Analysis

High Rates of Sexual Dysfunction (25–80%):	• Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Duloxetine, Venlafaxine, Imipramine, Phenelzine.
Highest Rates of Dysfunction:	• Citalopram, Fluoxetine, Paroxetine, Sertraline, Venlafaxine.
Impact on Sexual Phases:	• All associated medications significantly affect desire, arousal, and orgasm phases of sexual response, though proportions vary slightly between drugs.

Serrentti A, Chiesa A. *J Clin Psychopharmacol*. 2009;29(3):259-266.

Other Medications that Impact Sexual Functioning

Medication Class	Examples	Common Sexual Side Effects	Notes
Antihypertensives	Beta-blockers (eg, atenolol, propranolol), Thiazide diuretics	Decreased libido, **erectile dysfunction**	Beta-blockers have a high association; thiazides can also impair erectile function
Hormonal Agents	Antiandrogens (eg, finasteride, spironolactone), GnRH agonists	Decreased libido, erectile dysfunction, infertility	**Finasteride is linked to persistent sexual side effects**
Opioids	Morphine, Oxycodone, Methadone	Decreased libido, erectile dysfunction, delayed orgasm	Chronic use suppresses the hypothalamic-pituitary-gonadal axis
H2 Receptor Antagonists	Cimetidine, Ranitidine (less so)	Decreased libido, erectile dysfunction, gynecomastia (rare)	Cimetidine can increase prolactin and act as an antiandrogen
Antiepileptics (also used in psychiatry)	Phenytoin, Carbamazepine, Valproate	Decreased libido, erectile dysfunction	Hormonal effects via enzyme induction; prolactin elevation possible
Chemotherapy Agents	Cyclophosphamide, Cisplatin	Decreased libido, infertility, erectile dysfunction	Gonadal toxicity and vascular damage contribute
Antihistamines (first-generation)	Diphenhydramine, Hydroxyzine	Decreased libido, delayed orgasm	**Anticholinergic effects may impair sexual arousal**

Corona G, et al. *J Sex Med*. 2010;7(4 Pt 1):1362-1380.

Sexual Health Issues: *Treatment Strategies*

First: Address Modifiable Factors

Psychiatric Medications

Antidepressants, antipsychotics, mood stabilizers can impair libido, arousal, or orgasm.

Medical Problems

Includes diabetes, cardiovascular disease, neurological disorders, and chronic pain—all of which can interfere with sexual function.

Pelvic Floor Dysfunction

Pelvic floor dysfunction or weakness, often due to childbirth, aging, or surgery, can impact sexual sensation and orgasm.

Lifestyle Factors

Smoking, alcohol use, lack of exercise, poor sleep, and poor diet—all reduce sexual performance and desire.

Relationship Conflict

Poor communication, unresolved conflict, low emotional intimacy, or trauma can reduce sexual satisfaction.

Psychological Factors

Anxiety, depression, low self-esteem, and performance anxiety often contribute.

Nearly all sexual dysfunction is multifactorial!

American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Gynecology. *Obstet Gynecol*. 2019;134(1):e1-e18.

Managing Medication-Induced Sexual Dysfunction

Wait-and-See Approach	• Mild symptoms may resolve over time without intervention • Appropriate if side effects are tolerable and early in treatment (first few weeks)
Dose Reduction	• Lowering the dose of the offending medication may lessen sexual dysfunction, but must balance against risk of psychiatric symptom relapse
Drug Holidays	• Skipping doses temporarily to restore sexual function (eg, skipping SSRIs for 1-2 days before sexual activity). Risky for drugs with short half-lives (eg, paroxetine); not recommended for bipolar disorder or psychosis
Switching Medications	• Switching to a medication with lower risk of sexual side effects. | Examples: Switch from paroxetine (high risk) to bupropion (low risk)
Adjunctive Treatments	• Adding a second drug to counteract sexual side effects. | Bupropion (common), sildenafil for erectile dysfunction, or buspirone
Non-Pharmacological Interventions	• Psychotherapy, sexual counseling, behavioral interventions • Focuses on reducing performance anxiety, improving communication
Patient Education	• Informing patients about the potential for side effects and management options • Enhances adherence and reduces stigma

Balon R, Clayton AH. Treatment Strategies for Sexual Dysfunction Associated with Psychotropic Medications. In: Clayton AH, Balon R, eds. *Sexual Dysfunction in Women with Psychiatric Disorders*. Oxford University Press; 2016:193-204.

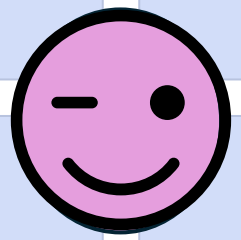
Antidepressants with Fewer Sexual Side Effects

Bupropion

Norepinephrine-dopamine reuptake inhibitor (NDRI) with little to no impact on sexual function. May even improve libido in some patients.

Mirtazapine

Noradrenergic and specific serotonergic antidepressant (NaSSA) with fewer sexual side effects compared to SSRIs and SNRIs.



Vilazodone

SSRI and partial serotonin 5-HT1A receptor agonist with lower incidence of sexual side effects compared to traditional SSRIs.

Vortioxetine

Serotonin modulator and stimulator cited as having fewer sexual side effects compared to SSRIs.

Dextromethorphan-Bupropion

NMDA receptor antagonist combined with NDRI, associated with low rates of sexual dysfunction compared to traditional antidepressants.

NDRI = norepinephrine-dopamine reuptake inhibitor; NaSSA = noradrenergic and specific serotonergic antidepressant.

Baldwin DS, Manson C. *Ther Adv Psychopharmacol*. 2022;12:26318318221116038. Auvelity® (dextromethorphan hydrobromide and bupropion hydrochloride) PI. Drugs@FDA: FDA-Approved Drugs. Accessed January 10, 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/215430s008lbl.pdf.

Antipsychotics and Sexual Side Effects

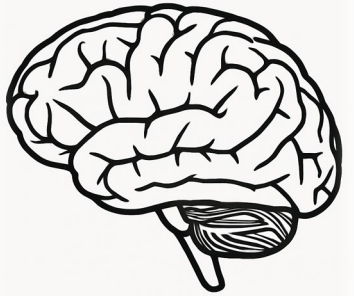
Fewer Sexual Side Effects

- **Brexpiprazole:** partial agonist at dopamine D2 receptors with lower incidence of sexual side effects
- **Lurasidone:** Atypical antipsychotic with less activity at histamine and muscarinic receptors and relatively low risk of sexual side effects
- **Cariprazine:** Pooled analysis of 2,048 patients revealed 1% of patients (all doses) with treatment emergent sexual dysfunction
- **Xanomeline–trospium:** *Not actually an antipsychotic medication!* Xanomeline is a dual M1 and M4-preferring muscarinic receptor agonist that does not block D2 dopamine receptors. Sexual side effects occurred in less than 5% of patients in phase 3 clinical trials

Antipsychotic	Prevalence of Sexual Dysfunction	Main Form of Sexual Dysfunction
Quetiapine (*n* = 1446)	16%	Desire (18%), arousal (12%), orgasm (7%)
Ziprasidone (*n* = 260)	18%	Desire (15%), arousal (18%), orgasm (19%)
Perphenazine (*n* = 261)	25%	Insufficient data
Aripiprazole (*n* = 62)	27%	Desire (12%), arousal (6%), orgasm (5%)
Olanzapine (*n* = 3521)	40%	Desire (24%), arousal (15%), orgasm (21%)
Risperidone (*n* = 1902)	43%	Desire (25%), arousal (21%), orgasm (22%)
Haloperidol (*n* = 364)	45%	Desire (27%), arousal (23%), orgasm (14%)
Clozapine (*n* = 110)	52%	Desire (37%), arousal (17%), orgasm (18%)
Thioridazine (*n* = 49)	60%	Arousal (46%), orgasm (49%)

Silva C, et al. *Expert Rev Neurother*. 2023;23(12):1147-1155. Kaul I, et al. *Lancet.* 2024;403(10422):160-170. Montejo AL, et al. *J Clin Med*. 2021;10(2):308. Barabassy A, et al. *Neuropsychiatr Dis Treat*. 2021;17:957-970.

Psychiatric Medications with Fewer Sexual Side Effects



Mood Stabilizers:

- **Lamotrigine:** Generally well tolerated without typical sexual side effects
- **Lithium:** Lower risk of sexual dysfunction compared to many antipsychotics or antidepressants

Anxiolytics:

- **Buspirone:** Non-benzodiazepine anxiolytic generally free from sexual side effects

ADHD Medications:

- **Stimulants** (Methylphenidate, Amphetamines): Not typically associated with sexual side effects
- **Atomoxetine:** Lower risk of sexual side effects compared to many antidepressants but can still cause sexual side effects
- **Viloxazine:** demonstrated a significant disinhibiting effect, primarily shown by restoring the frequency of sexual activity to pre-depression levels

ADHD = attention-deficit/hyperactivity disorder.

Balon R. *Focus.* 2009;7(4):481-490. Bella, A, et al. *Central European Journal of Urology.* 2013;66(4):466-471.

Treatment Resistant Depression: Medical Treatment Approaches with Minimal Treatment-Emergent Sexual Adverse Effects

- Esketamine, ketamine
- Transcranial magnetic stimulation
- Vagus nerve stimulation
- Electroconvulsive therapy

Daly EJ, et al. *JAMA Psychiatry*. 2019;76(9):893-903. Mass General Brigham. Image. Accessed May 2025. https://www.brighamandwomensfaulkner.org/about-bwfh/news/esketamine-nasal-spray-now-available-for-treatment-resistant-depression. Everyday Health. Image. Accessed May 2025. https://www.everydayhealth.com/emotional-health/transcranial-magnetic-stimulation/guide/.

Sexual Health Issues:
Behavioral & Psychological Treatment Strategies

Psychological approaches are often essential components of comprehensive sexual health treatment.

"I don't have a dirty mind, I just have a sexy imagination."
Reframing sex from performance-based to connection-based intimacy can help reduce anxiety and increase satisfaction.

Second: Evidence-Based Behavioral Interventions

- Psychoeducation:
- Scheduled Sex
- Sexual Wellness Devices
- Sleep
- Exercise
- Digital Therapeutics

- The sexual response cycle and normal sexual functioning
- Impact of stress on sexual desire
- Importance of adequate sexual stimulation
- Impact of pleasurable sexual experiences on desire
- Influence of age and relationship duration

Hoffman BM. *Ment Health Phys Activity*. 2009;2(1):23-28. Kalmbach DA, et al. *Arch Sex Behav*. 2015;44(6):1651-1662.

Natural Approaches to Sexual Health

Stress Management

- Meditation, mindfulness, yoga, and deep breathing exercises can reduce stress, which is a major factor in low libido

Exercise

- Regular physical activity improves cardiovascular health, increases blood flow, and boosts energy and endurance, all supporting healthy libido

Sleep Hygiene

- Poor sleep is linked to reduced testosterone levels, increased stress, and lower libido in both men and women

Nutrition

- A balanced diet rich in nutrients supports overall health and sexual function. Foods like fruits, vegetables, lean proteins, and healthy fats can improve libido and energy

Natural approaches can complement medical treatments for sexual health issues. Body positivity and promoting a healthy self-image can significantly impact sexual confidence and satisfaction.

Lorenz TK, et al. *Depress Anxiety*. 2014;31(3):188-195. Firth J, et al. *World Psychiatry*. 2020;19(3):360-380.

WILD5 Wellness Interventions

Exercise:

- Exercise leads to positive changes in your body and brain.

Mindfulness:

- Mindfulness means focusing your attention on the present moment without judgment.

Sleep:

- Quality sleep is essential to your overall good health.

Nutrition:

- We really are what we eat.

Social connectedness:

- Being with others is essential to our mental and physical health.

FREE @ www.wild5wellnessprogram.com

Behavioral Activation: Scheduled Sex as Treatment for Low Libido

- Positive behavioral feedback loop raises levels of testosterone
- Committing to regular sexual activity breaks a pattern of avoidance
- Decrease anxiety on non-sexual days. Pressure is not sexy!
- Timing natural periods of elevated libido, more energy

Dabbs JM, et al. *Physiol Behav*. 1992;52(1):195-197. Lorenz TA, Meston CM. *Depress Anxiety*. 2014;31(3):188-195.

Deep Dive into Devices: Women's Sexual Health

- Sexual devices or sex aids are broad categories referring to any 3-dimensional object designed to physically improve sexual stimulation, arousal, or activity to make sex easier or more enjoyable
- By 2022, **~80% of women reported using a vibrator**
- A prospective study found that women using genital vibratory stimulation devices demonstrated **substantial improvements in arousal, orgasm, sexual function, and satisfaction**, and decreased sexually related distress

Eros: FDA cleared clitoral suction device for female sexual arousal and orgasmic disorders in 2000

Being frisky can be risky:
According to a 2009 study, almost 7000 individuals, mostly those in their 30s, were seen in emergency departments because of a sexual aid mishap, usually to retrieve a vibrator or dildo from the rectum and, much less frequently, from the vagina. Large devices can also tear vaginal or anal skin, resulting in pain and risk of infection. **Using a lubricant may lower the risk of discomfort** and improve satisfaction while using a sex aid

Collar AL, et al. *J Sex Res*. 2022;59(9):1153-1162. Guess MK, et al. *Female Pelvic Med Reconstr Surg*. 2017;23(4):256-262. Contemporary OB/GYN. Image. Accessed May 2025. https://www.contemporaryobgyn.net/view/a-deep-dive-into-devices-for-sexual-health. Urology Health Store. Image. Accessed May 2025. https://www.urologyhealthstore.com/products/pjur-med%C2%AE-all-five-formulas-special-package-copy.

Deep Dive into Devices: Men's Sexual Health

FDA CLEARED

Vacuum Erection Devices (VEDs)

- Create vacuum to draw blood into the penis

Penile Implants

- Surgical solution for severe ED
- Inflatable and Malleable (Semi-Rigid) implant types

Penile Vibratory Stimulators

- Vibratory stimulation to induce erections
- Example: Viberect® (FDA-approved)

Topical Treatments

- First FDA-cleared OTC gel: Eroxon® (MED3000)

External Penile Rigidity Devices

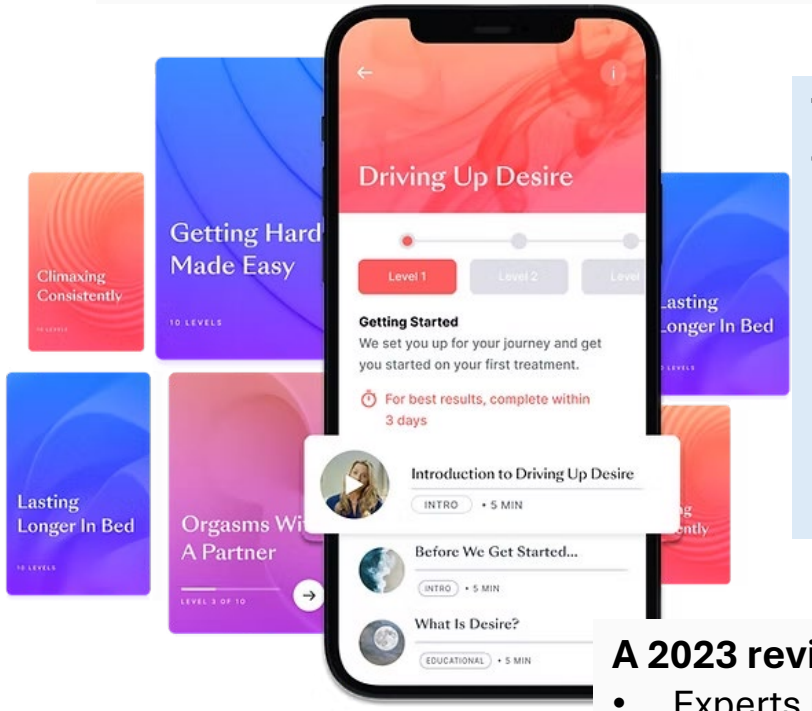
- Provide external structural support
- FDA Class II designation

VED = vacuum erection device; OTC = over-the-counter.

Stein MJ, et al. *Ther Adv Urol*. 2014;6(1):15-24. Prescription Doctor. Image. Accessed May 2025. https://www.prescriptiondoctor.com/erectile-dysfunction/eroxon-gel. Urology Health Store. Image. Accessed May 2025. https://www.urologyhealthstore.com/products/viberect-pro-penile-vibrator. menMD. Image. Accessed May 2025. https://menmd.com/product/vacuum-erection-devices/.

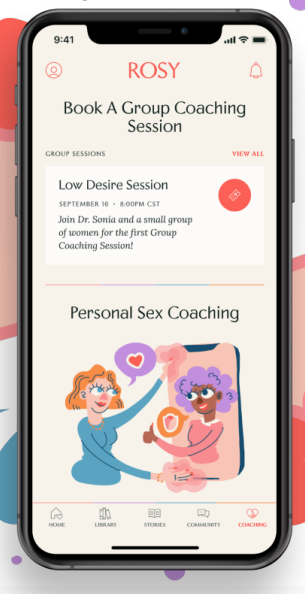
Digital Therapeutics & Female Sexual Health

Digital technology could help overcome barriers to accessing information and care for female sexual health and sex-related conditions.



The FDA has approved apps for sexual health

- **Lover App** – First sex therapy app to receive FDA approval
- **Natural Cycles** and **Clue Birth Control** – FDA-cleared apps for contraceptive use



A 2023 review identified 6 educational apps with evidence-based information

- Experts ranked the apps independently on quality in content and usability
- **Only 1 app** met the experts' criteria to be recommended to patients = **Rosy**: https://meetrosy.com/

Dubinskaya A, et al. *Sex Med Rev.* 2023;11(3):174-178. Lover. Image. Accessed May 2025. https://www.lover.io/. Natural Cycles. Image. Accessed May 2025. https://www.naturalcycles.com/devices/eu. Women of Wearables. Image. Accessed May 2025. https://www.womenofwearables.com/blogwrite/rosy-partners-with-e-lvu-to-address-womens-wellness-during-pregnancy/.

Third: Psychological Treatments

Couples Therapy

- Improving communication, emotional intimacy, and addressing relationship dynamics affecting sexual satisfaction

Mindfulness Techniques

- Teaches awareness of thoughts, feelings, and bodily sensations in the present, without judgment; decreases performance anxiety

Trauma Focused Therapy

- Addressing past traumas that may affect sexual health and functioning through EMDR (eye movement desensitization and reprocessing) or other approaches

Sensate Focus

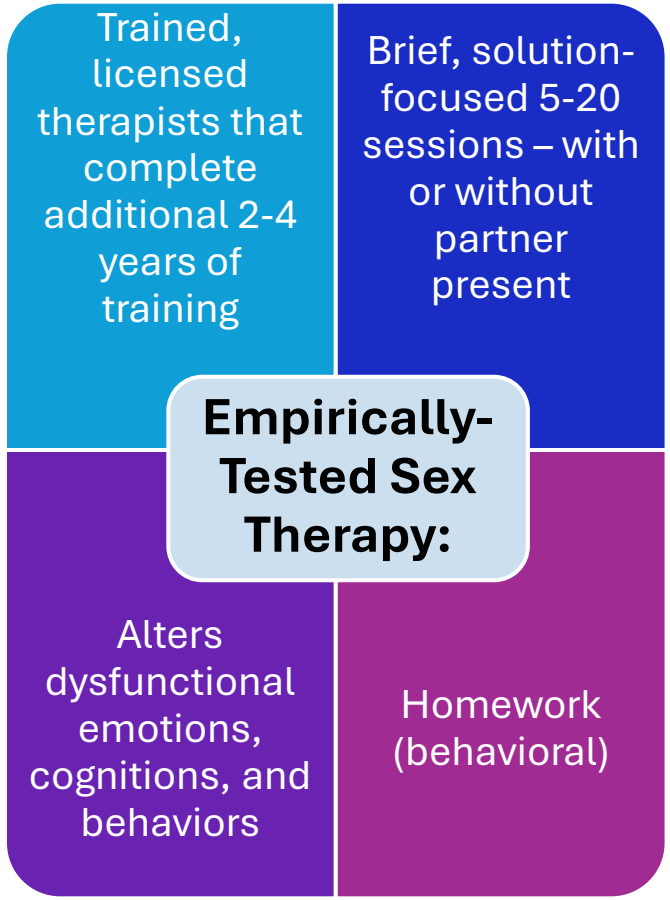
- Main forces of sexual stimulation are three-fold:
- 1) Your touching 2) You being touched 3) Your partner's arousal

Cognitive Behavioral Therapy (CBT) / Exposure Therapy

- Structured, goal oriented to identify and change negative thought patterns and behaviors

Mindfulness-Based Group Cognitive Behavioral Therapy (MBgCBT)

- Incorporates meditation, cognitive techniques, and mindfulness exercises

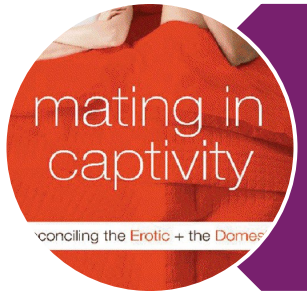


EMDR = eye movement desensitization and reprocessing. CBT = cognitive behavioral therapy; MBgCBT = mindfulness-based group CBT. Frühauf S, et al. *Arch Sex Behav.* 2013;42(6):915-933. Guillet A, et al. *The Journal of Sexual Medicine*. 2018;15(S2):S116-117. Brotto LA. *Better Sex Through Mindfulness: How Women Can Cultivate Desire*. Greystone Books; 2018. Masters WH, Johnson VE. *Human Sexual Inadequacy*. Little, Brown, and Company; 1970.

Sexual Wellness in Long-Term Relationships

Maintain Emotional Intimacy	• Make time for meaningful conversations and activities that strengthen your bond
Practice Vulnerability	• Be open about insecurities and desires with your partner to create deeper trust
Focus on Quality, not Quantity	• Prioritize meaningful, connected sexual experiences rather than frequency
Express Appreciation	• Regularly show gratitude for your partner, both in and out of the bedroom
Embrace Evolution	• Allow your intimate relationship to change and grow as you both develop

"If words are the currency of poetry, and color is the currency of art, touch is the currency of sex."



Book recommendation: Esther Perel's "Mating in Captivity" on sustaining desire in long-term relationships

Fourth:

When All Else Fails,
Try Medication

Pharmacologic Treatment of Sexual Dysfunction: Women

Flibanserin (Addyi®)

Daily oral treatment for premenopausal women with hypoactive sexual desire disorder (HSDD)

Multifunctional serotonin agonist and antagonist, enhancing dopaminergic and noradrenergic activity while reducing serotonergic inhibition in brain regions associated with sexual desire.

13% discontinuation rate – dizziness, nausea, anxiety, fatigue

Bremelanotide (Vyleesi®)

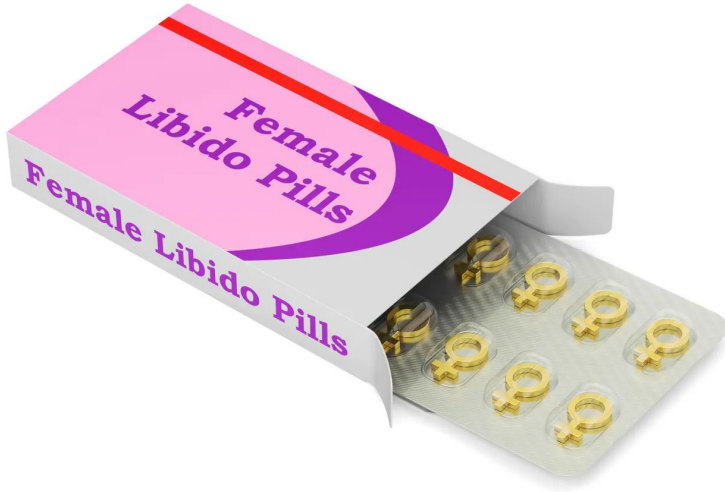
FDA approved for HSDD in 2019 - subcutaneous self-injection used as needed approximately 45 minutes before anticipated sexual activity

Activates melanocortin-4 receptors in the central nervous system, influencing neural pathways involved in sexual motivation

Side effects: Increase blood pressure, nausea, flushing, dizziness

Phosphodiesterase Type 5 Inhibitors

Investigational use for female sexual arousal disorder with limited evidence



Hormonal Treatments

Systemic hormone therapy (estrogen with/without progesterone) for menopausal symptoms

Localized vaginal estrogen preparations for treating vulvovaginal atrophy and dyspareunia

DHEA (dehydroepiandrosterone) supplements to address age-related androgen deficiency

HSDD = hypoactive sexual desire disorder.

Goldstein I, et al. Pharmacologic Treatment of Female Sexual Dysfunction. In: Goldstein AT, et al, eds. *Female Sexual Pain Disorders: Evaluation and Management*. Wiley-Blackwell; 2011:173-186. Simon JA, et al. *Obstet Gynecol*. 2019;134(5):909-917. Getty. Image. Forbes. Accessed May 2025. https://www.forbes.com/sites/joshuacohen/2019/07/03/vyleesi-approval-expands-treatment-options-for-female-hypoactive-sexual-desire-disorder/.

Cyproheptadine for SSRI-Induced Dysfunction

- Prescription medication used for treating allergy-related conditions
- **Common side effects:** antihistaminic and anticholinergic properties that cause sedation (nearly all patients), dizziness, dry mouth, and gastrointestinal disturbances
- **May improve sexual function** when dysfunction is caused by selective serotonin reuptake inhibitors (SSRIs)
- Small study found that cyproheptadine, administered at doses of 4-12 mg taken 1-2 hours before sexual activity, improved sexual function in 5 out of 7 patients, although the improvement was transitory in 2 patients
- A large-scale retrospective study confirmed cyproheptadine's relative effectiveness, although it was less effective compared to yohimbine
- **Not effective** for antipsychotic-induced sexual dysfunction

Potential option for SSRI-related sexual dysfunction, but limited by side effects and inconsistent results

Aizenberg D, et al. *Clinical Neuropharmacology.* 1995;18(4):320-324. Keller Ashton A, et al. *Journal of Sex & Marital Therapy.* 1997;23(3):165-175. Nunes LV, et al. *Journal of Sex & Marital Therapy.* 2012;38(3):281-301.

Sexual Dysfunction in Women: AAFP Guidelines

Clinical Recommendation	Level of Evidence
Local vaginal estrogen therapy is recommended and preferred over systemic estrogen therapy for treatment of genitourinary syndrome of menopause and related dyspareunia when vaginal dryness is the primary concern	A
Directed masturbation is recommended for lifelong anorgasmia	A
Sildenafil may benefit women with sexual dysfunction induced by selective serotonin reuptake inhibitor or serotonin-norepinephrine reuptake inhibitor use	B
Bupropion in higher dosages (150 mg twice daily) has been shown to be effective as an adjunct for antidepressant-induced sexual dysfunction in women	B
Mindfulness-based interventions have been shown to effectively treat low sexual desire and arousal, and acquired anorgasmia	B
Ospemifene is modestly effective for treatment of dyspareunia	B
Transdermal testosterone, with or without concomitant estrogen therapy, has been shown to be effective for short-term treatment of low sexual desire or arousal in natural and surgically-induced menopause	B

AAFP = American Academy of Family Physicians.

Faubion SS, Rullo JE. *Am Fam Physician*. 2015;92(4):281-288.

Pharmacologic Treatment of Sexual Dysfunction:

Men

PDE5 Inhibitors	• Enhance nitric oxide–mediated vasodilation by inhibiting the breakdown of cGMP in penile tissue • Low incidence of adverse effects, no evidence loss of effectiveness over long term, most participants satisfied
Testosterone Replacement	• For men with clinically low testosterone levels • Available as injections, gels, patches, or pellets
Topical Treatments	• Alprostadil urethral suppositories • Penile injections for erectile dysfunction
Premature Ejaculation	• SSRIs (off-label) • Topical anesthetics to delay ejaculation

PDE5 = phosphodiesterase type 5; cGMP = cyclic guanosine monophosphate.

Mulhall JP, Levine LA. Chapter 26: Male Sexual Dysfunction. In: Partin AW, et al, eds. *Campbell-Walsh-Wein Urology*. 12th ed. Elsevier; 2023. McMurray JG, et al. *Ther Clin Risk Manag*. 2007;3(6):975-981.

Choosing A Phosphodiesterase Type 5 Inhibitor

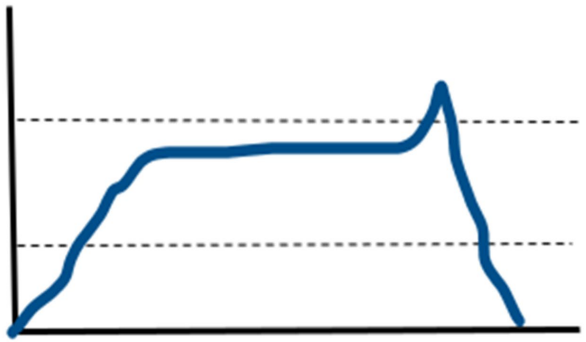
Drug Name	Approximate Price per Dose	Onset of Action	Duration	Typical Dose	Food Effect	Unique Features
Sildenafil (Viagara®)	~$1–$4 (generic)	30–60 minutes	4–6 hours	50 mg (25–100 mg)	Reduced absorption with high-fat meals	Most studied; available as generic; effective but short-acting
Tadalafil (Cialis®)	~$1–$4 (generic)	30–45 minutes	Up to 36 hours	10 mg (2.5–20 mg)	No significant food effect	Longest duration; approved for daily use at low dose
Vardenafil (Levitra®, Staxyn®)	~$2–$6 (generic)	30–60 minutes	4–6 hours	10 mg (5–20 mg)	Reduced absorption with high-fat meals	Orally disintegrating tablet (Staxyn®) available
Avanafil (Stendra®)	$40–$70 (brand only)	15–30 minutes	6–8 hours	100 mg (50–200 mg)	Less affected by food	Fastest onset; newer agent with good side-effect profile

Mulhall JP, Levine LA. Chapter 26: Male Sexual Dysfunction. In: Partin AW, et al, eds. *Campbell-Walsh-Wein Urology*. 12th ed. Elsevier; 2023.

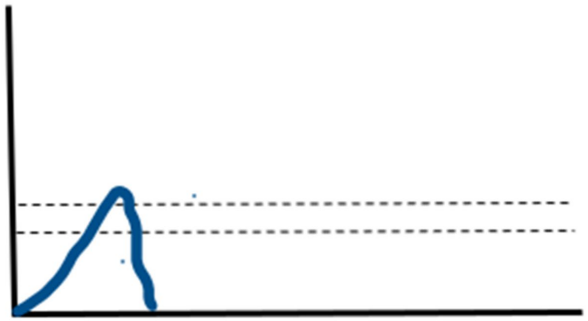
Treatments for Primary Premature Ejaculation

- Psycho-behavioral treatments (such as “stop-start”) are widely publicized, but there are few quality studies on effectiveness
- Pharmacologic treatments have been extensively studied. All are “off-label”
- Combined pharmacologic plus psycho-behavioral Rx may be optimal
- AUA/SMSNA Guideline recommends *paroxetine 10-40 mg, sertraline 50-200 mg, fluoxetine 20-40 mg, citalopram 20-40 mg, or clomipramine 12.5-50 mg*. Strongest evidence was for daily use
- Concerns regarding daily use include long-term risk of weight gain, erectile dysfunction, and reduction in semen quality

Classic “Masters and Johnson” Lovemaking

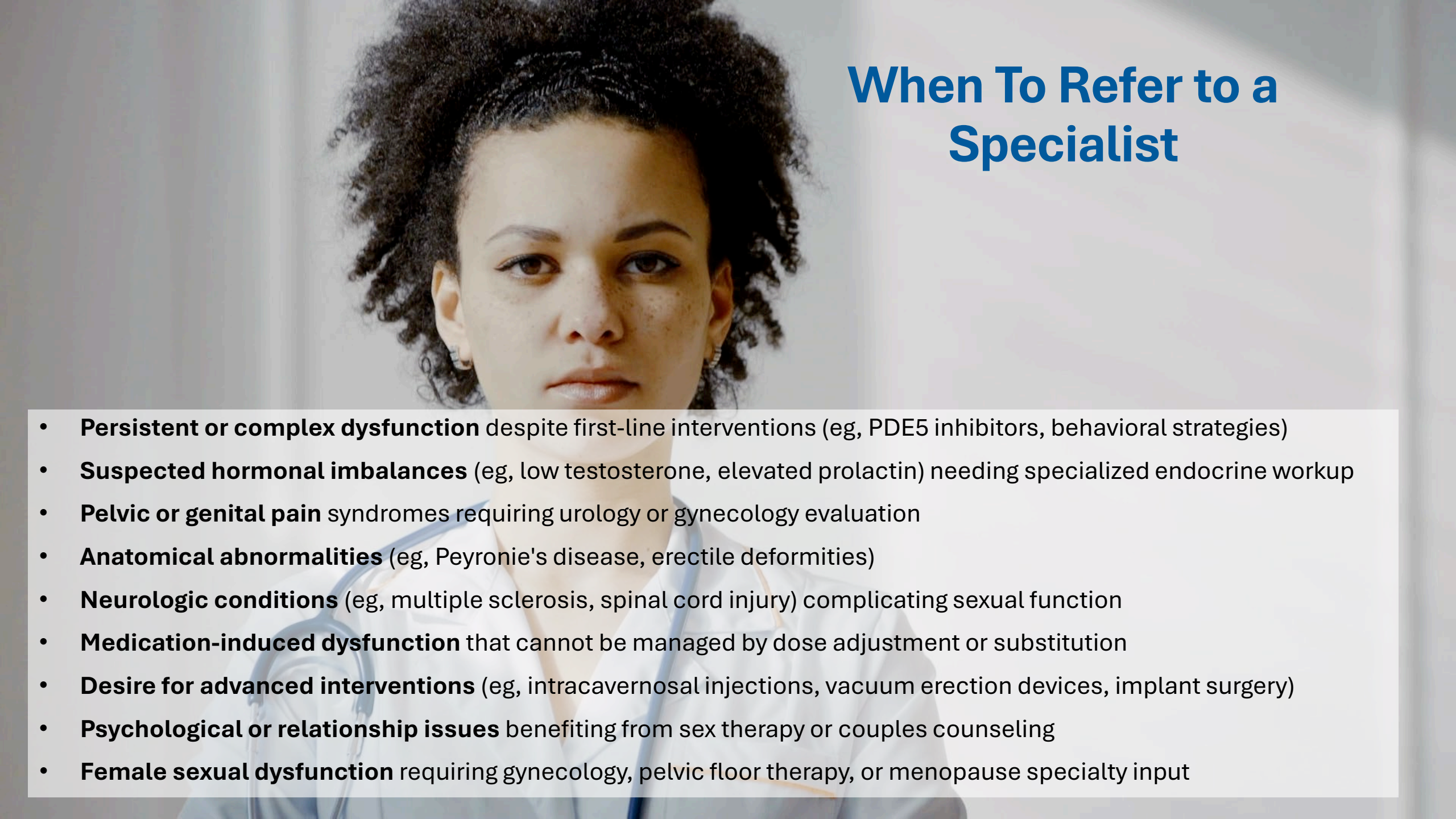


Premature Ejaculation



AUA = American Urology Association; SMSNA = Sexual Medicine Society of North America; Rx = prescription.

Shindel AW, et al. *J Urol*. 2022;207(3):504-512.



When To Refer to a Specialist

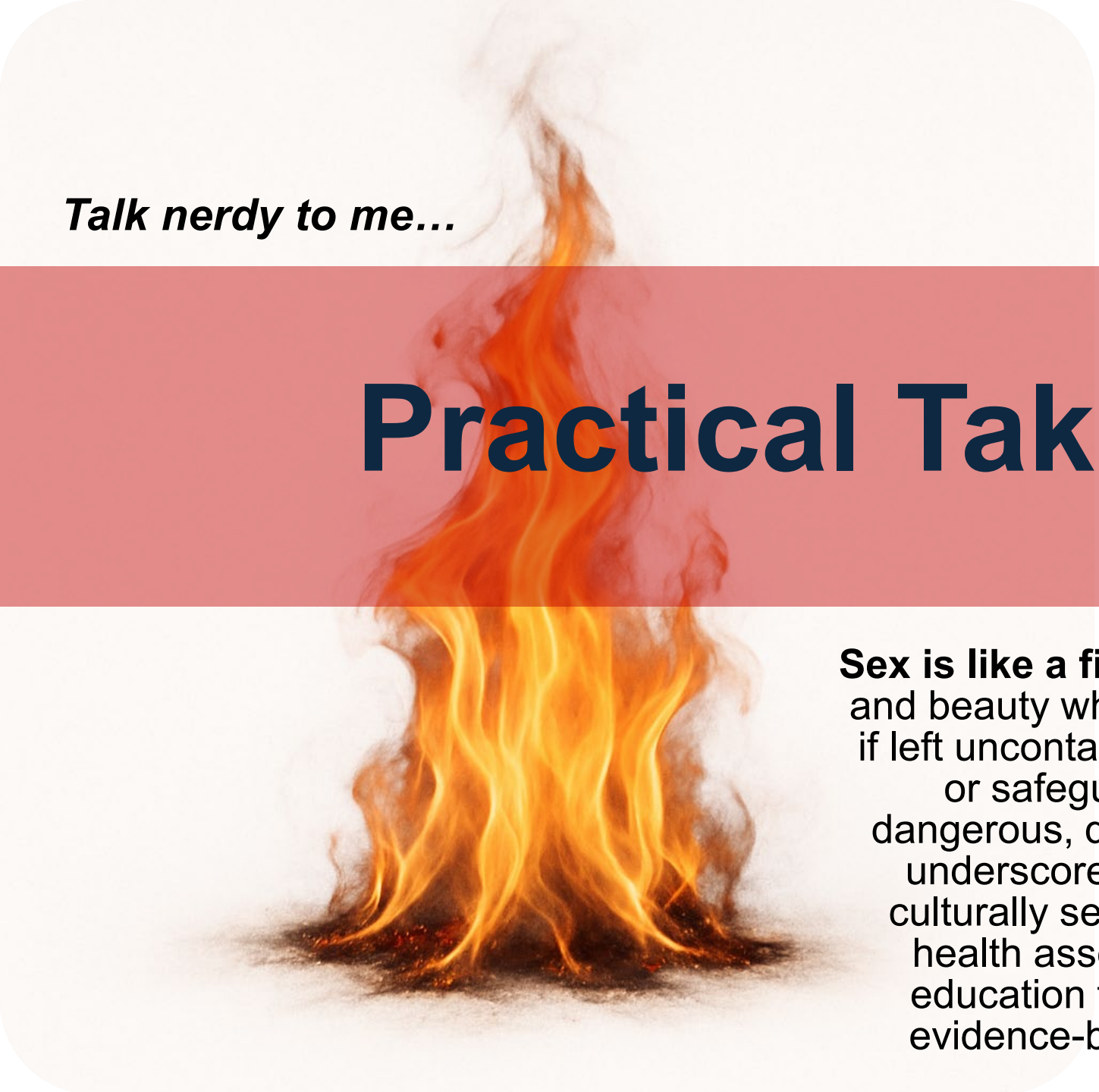
- **Persistent or complex dysfunction** despite first-line interventions (eg, PDE5 inhibitors, behavioral strategies)
- **Suspected hormonal imbalances** (eg, low testosterone, elevated prolactin) needing specialized endocrine workup
- **Pelvic or genital pain** syndromes requiring urology or gynecology evaluation
- **Anatomical abnormalities** (eg, Peyronie's disease, erectile deformities)
- **Neurologic conditions** (eg, multiple sclerosis, spinal cord injury) complicating sexual function
- **Medication-induced dysfunction** that cannot be managed by dose adjustment or substitution
- **Desire for advanced interventions** (eg, intracavernosal injections, vacuum erection devices, implant surgery)
- **Psychological or relationship issues** benefiting from sex therapy or couples counseling
- **Female sexual dysfunction** requiring gynecology, pelvic floor therapy, or menopause specialty input

Additional Resources for Patients and Clinicians

- American Association of Sex Educators, Counselors, and Therapists
- (www.aasect.org)
- International Society for the Study of Women's Sexual Health
- (www.isswsh.org)
- National Vulvodynia Association (www.nva.org)
- Nurse Practitioners in Women's Health (www.npwh.org)
- Sexual Medicine and Wellness Center
- (www.methodistsexualwellness.com)
- The International Pelvic Pain Society (www.pelvicpain.org)
- The Sexual Health Network (www.sexualhealth.com)
- The Women's Sexual Health Foundation (www.twshf.org)

CNN. Image. Accessed May 2025. https://www.cnn.com/2024/03/29/health/come-together-emily-nagoski-sex-wellness/index.html.

Talk nerdy to me…



Practical Take-Aways

Sex is like a fire. It can be a source of warmth, comfort, and beauty when approached with care and respect. Yet, if left uncontained, uncontrolled, and without boundaries or safeguards, it holds the potential to become dangerous, destructive, and even life-threatening. This underscores the vital need for clinicians to conduct culturally sensitive, non-judgmental, thorough sexual health assessments and provide research-backed education to prevent adverse outcomes as well as evidence-based treatment of sexual health issues.

Summary: Management Strategies for Medication-Associated Sexual Dysfunction

1. Select a medication with a low incidence of sexual dysfunction, especially for sexually active patients.
2. Wait for spontaneous remission of the dysfunction or accommodation to it.
3. Make lifestyle adjustments or changes.
4. Schedule sexual activity around the dose of medication.
5. Reduce to minimal effective dose.
6. Switch to another medication from the same class (or one that exerts a similar effect) with a lower incidence of sexual dysfunction.
7. Use drug holidays.
8. Use "antidotes" or other agents to counteract sexual dysfunction or alleviate its symptoms.
9. Use psychotherapy and sex therapy.

Balon R. *Focus*. 2009;7(4):481-490.

Key Learning Points

High Prevalence: Sexual dysfunction is extremely common across psychiatric disorders, affecting 25-93% of patients depending on diagnosis. Sexual health is woven into the DSM-5 through various conditions, and psychiatrists have to consider these diagnoses and the impact of psychiatric medications on sexual functioning in their treatment planning

Multifactorial Causes: Sexual health issues stem from complex interactions of biological, psychological, and social factors and are influenced by a variety of medications. Proper diagnosis and management of these conditions, as well as addressing the underlying causes, can improve sexual health outcomes

Treatment Strategies: Require a biological, psychological, social approach and may include treating underlying medical disorders and mental health conditions, adjusting medications that negatively impact sexual functioning, applying behavioral interventions, recommending psychotherapy, and possibly using medications that improve sexual functioning

Effective Communication: It's important to approach sexual dysfunction with sensitivity and a comprehensive perspective to address the root causes and provide effective treatment