**What is female sexual dysfunction?**

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Female sexual dysfunction can occur at any stage in a woman's reproductive life.

Sexual response involves a complex interplay of physiology, emotions, experiences, beliefs, lifestyle and relationships. Disruption of any component can affect sexual desire, arousal or satisfaction.

**What are the causes of female sexual dysfunction?**

Sexual problems often develop when your hormones are in flux, such as after childbirth or around the menopause.

Lower estrogen levels whilst breast feeding or at the menopause may lead to changes in your genital tissues and sexual response.

The reduced estrogen levels lead too a decreased blood flow to the pelvic region, which can result in lower arousal and orgasm, as well as less genital sensation.

The vaginal lining also becomes thinner and less elastic, particularly if you are not sexually active. These factors can lead to painful intercourse (dyspareunia)

Major illness, such as cancer, diabetes and heart disease can also contribute to sexual dysfunction.

Certain medications, including antidepressants, antihypertensive, antihistamines and chemotherapy drugs, can decrease your sexual desire and your body's ability to experience orgasm.

Untreated anxiety or depression can cause or contribute to sexual dysfunction, as can long-term stress and a history of sexual abuse.

The anxieties of pregnancy and demands of motherhood may have similar effects

Long-standing conflicts with your partner about sex or other aspects of your relationship can also diminish your sexual response.

Cultural and religious issues and problems with body image may also be responsible

**What are the symptoms of female sexual dysfunction?**

A lack of sexual interest and willingness to be sexual.

Difficulty with arousal or inability to get aroused or maintain arousal during sexual activity.

Persistent or recurrent difficulty in achieving orgasm after sufficient sexual arousal and ongoing stimulation.

Pain associated with sexual stimulation or vaginal contact.

**How is the Diagnosis made?**

A detailed history including sexual and medical problems is essential in reaching a diagnosis.

A pelvic examination is also important to identify possible causes such as vaginal atrophy (thinning and loss of elasticity of the tissue), scarring or trigger points for pain.

Your doctor may also refer you to a counselor or therapist specializing in sexual and relationship problems.

**What Treatments are available?**

Treatment will depend on the underlying cause and desired outcome.

Most women with sexual dysfunction will benefit from a combined treatment approach including medical treatment and psychological and or emotional support

**Non Medical Treatments**

It is helpful if both partners are open and honest about the problem and support each other in the first instance.

Reducing alcohol intake and regular physical activity can increase your stamina and elevate your mood and reduce stress levels.

Talking with a relationship counsellor or therapist who can educate on how to enhance intimacy.

Vaginal lubricants may be helpful during intercourse if you experience vaginal dryness or pain.

 Stimulation of the clitoris with devices like a vibrator may enhance sexual arousal.

**Medical Treatments**

Effective management of sexual dysfunction often requires treatment of an underlying medical condition or hormonal problem. In some cases, adjusting or discontinuing certain medications may be helpful.

Medical conditions such as thyroid dysfunction, depression and chronic anemia will require appropriate treatment.

Estrogen Therapy-Vaginal Atrophy- thinning and loss of elasticity of vaginal skin due to low estrogen levels can be treated with Estrogen.  Local estrogen therapy comes in the form of a vaginal ring, cream or tablet and improves vaginal tone and elasticity It also increases vaginal blood flow and enhances lubrication.

Pain from scarring and inflamed tissues due to chronic candida (thrush) will require treatment with local anaesthetic gels, anti fungal pessaries and tablets as well as pain relieving tablets including gabapentin and pregabalin.

Eczema and other forms of dermatitis can affect the vaginal tissues and require treatment with emollients and steroid cream. Avoiding soaps and bubble baths may alleviate symptoms.

Androgen Therapy- Testosterone is presumed to play a role in arousal and libido and allow feel may impact on sexual desire. Some studies have shown improvement in libido with the use of testosterone replacement. This maybe in gel form or implants.

**What is new for treatment female sexual dysfunction?**

**Flibanserin (Addyi)**Is a prescription only medication for premenopausal women with low sexual desire and is a new treatment option. This drug was recently licensed and approved for use by the Food and Drug Agency in the USA.

A daily pill may boost sex drive in women who experience low sexual desire and who find the experience distressing.

Potential serious side effects include low blood pressure, dizziness and fainting, particularly if the drug is mixed with alcohol. Experts recommend that you stop taking the drug if you don't notice an improvement in your sex drive after eight weeks.

**Other treatments** may include surgery to remove scar tissues from episiotomy sites and on occasions widen the vaginal opening (Fenton’s procedure)

Further details and individualized treatment can be discussed at consultation