

Sexology (Sexual Medicine) in Primary Care:

“Sexual Myths, Beliefs and Practices”

Dr. Etienne L. Kok

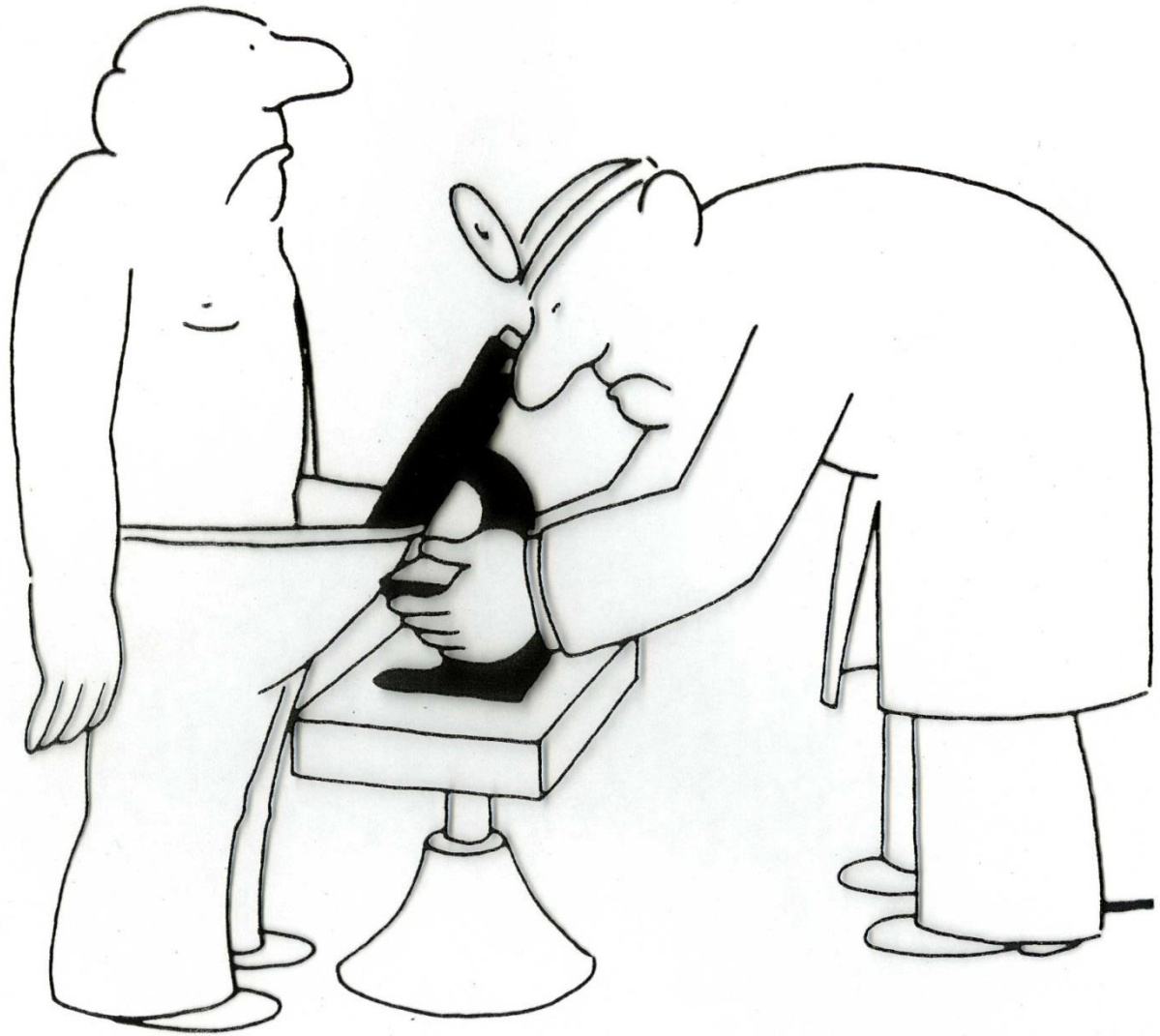
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**“Penis size determines a
women’s pleasure”**

There is this notion that men are equipped with tools or instruments with which they should do something to a female partner, and that is to give her an orgasm!

And oh wow the day when his penis fails him,
being too short, too skewed, too thin, too small, too ugly
and too tired –
because then he fails as a male, and as a human
being. Then he is a nothing, “impotent”, and we
might as well just get rid of him!



SANGER

And about the only thing most penises
have in common is that they are the
wrong size or shape as far as their
owners are concerned



It is not much of an exaggeration to say that penises in fantasyland come in only three sizes – large, gigantic, and so big you can barely get through the front door

Penis Size

- Erect penile length range from 9-16 cm
- Average penis length when erect is 13 cm
- Women who were asked what is important:
 - 21% Length
 - 32% Girth
- “Long and thin won’t go in, short and thick will do the trick!!”
- Only 1% of women consider size is “Very Important”

Penis Size

- “You can tell the size of a man’s penis by his shoe size” – NOT TRUE!!
- “You can tell the length of a man’s penis by his height” – NOT TRUE!!

It is not the size of the ship that matters, but motion of the ocean

It's not what you have that's so important, but how you use it

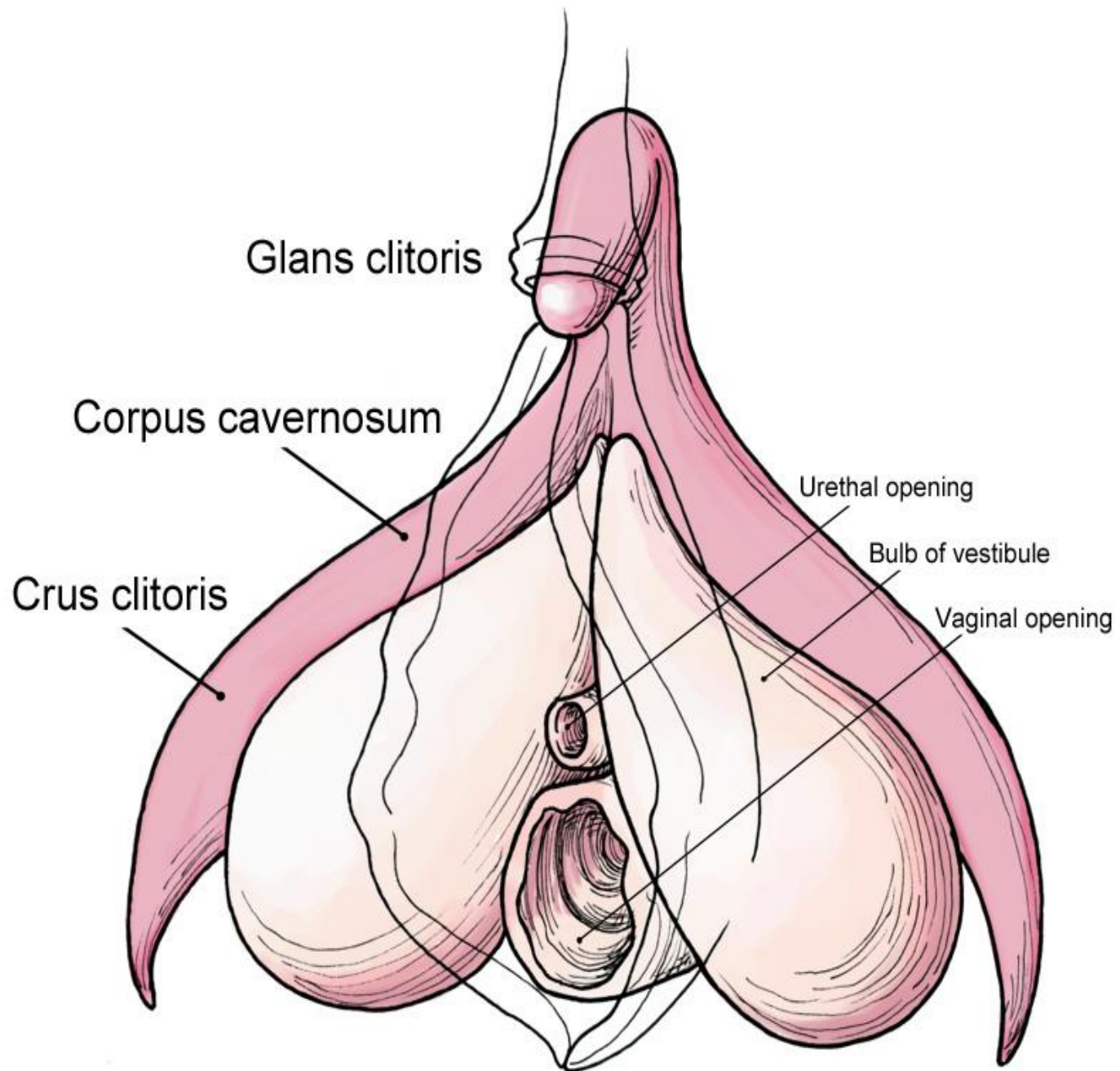
**“Men must always bring
women to orgasm”**

You can not give your partner an orgasm, it is like dying, you have to do it on your own!

Somebody can contribute to your "death" by stabbing or shooting you in the right spot, but the dying is still your own responsibility!!

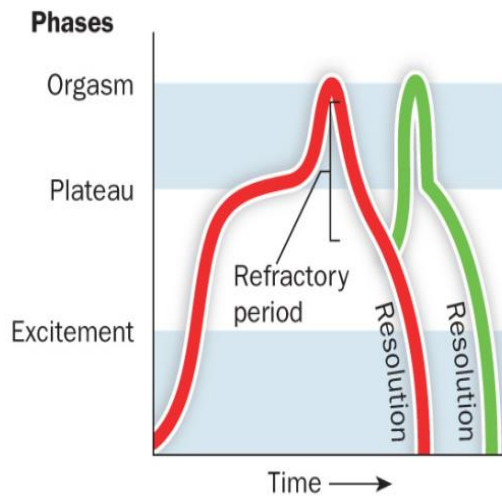
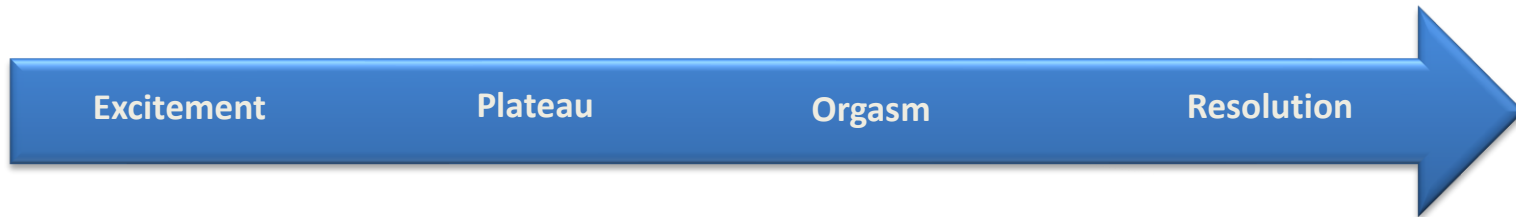
Female Orgasm and the Penis

- Women don't fall in or out of love with a **p**enis but rather a **p**erson
- Less than 50% of all women can climax during penetration sex
- The inner two thirds of the vagina has about no sensation whatsoever
- The lower third of the vagina has a "few" nerve endings, but not enough that one would want to become emotional about it
- More than half of all women in the world need extra manual clitoris stimulation to be able to climax



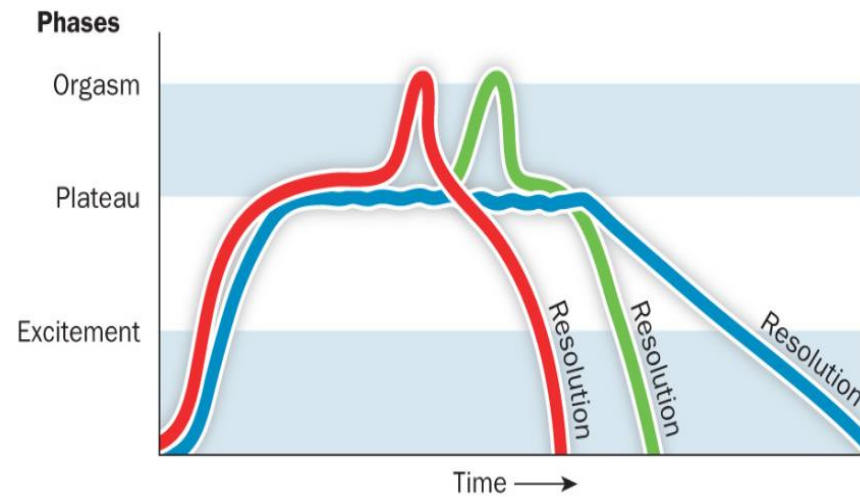
“As long as a man has a hand and fingers, a tongue and lips, he does not needs his penis! It is an extra sexual organ to be used occasionally, if really necessary!!”

Masters & Johnson Linear Model



The Male Sexual Response Cycle

(a)

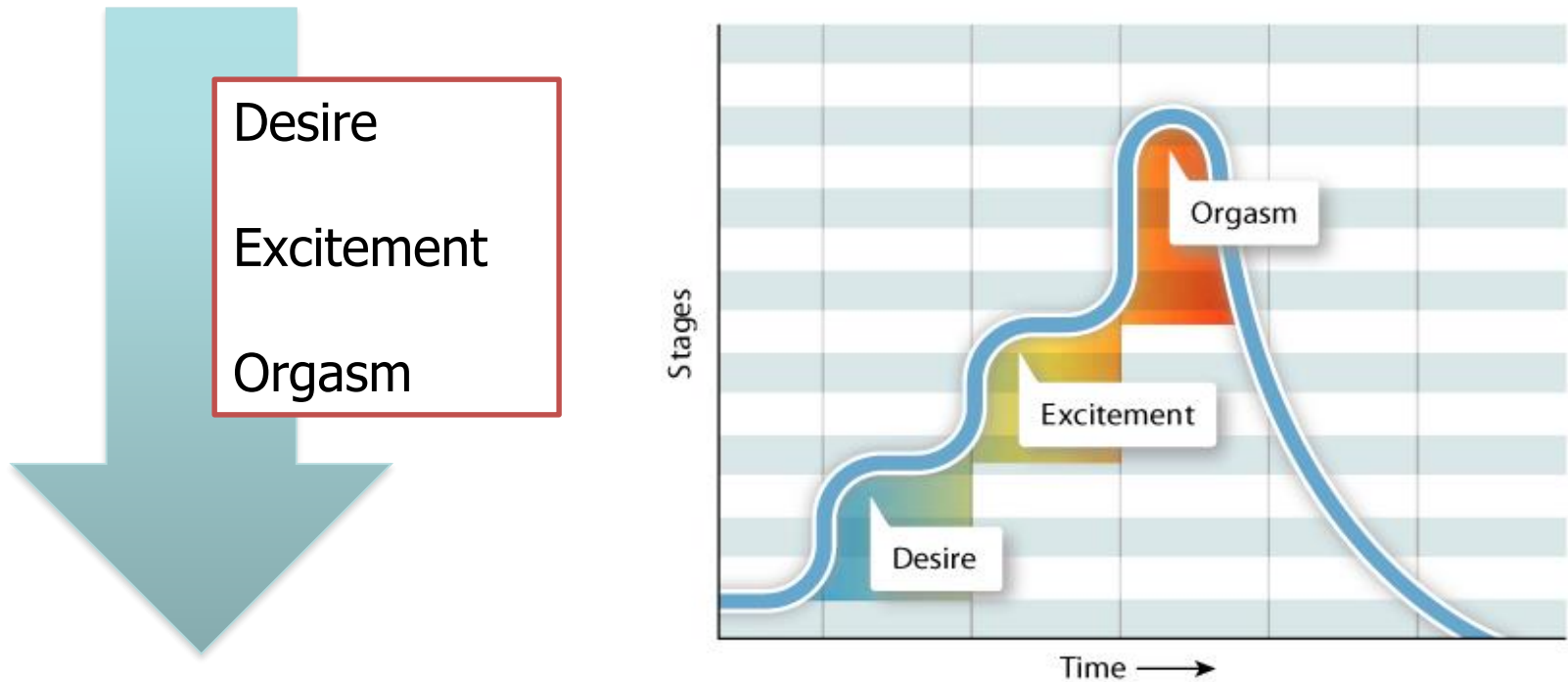


The Female Sexual Response Cycle

(b)

Kaplan's model of sexual response

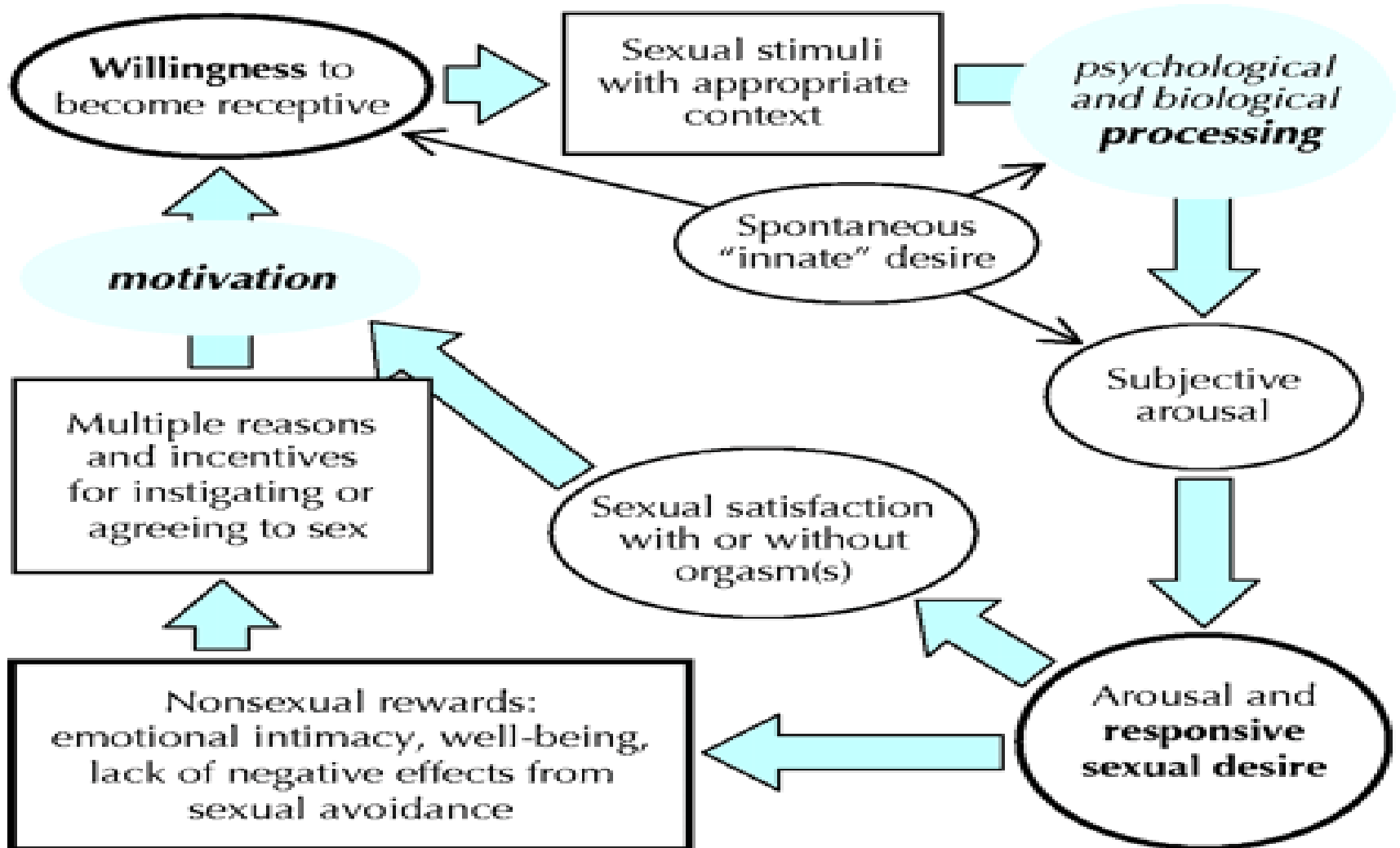
Three-Stage Model



This model gives the same importance to the physiological and the psychological aspects of sexual response.

Kaplan, HS. The New Sex Therapy. Bruner Mazel: New York 1974

Basson's Female Sexual Response Model:



A male is destination orientated and a female
is journey orientated

A man is like a switch – you can switch him on and off very easily.

A woman is like two hundred candles – it takes a very long time to get them burning, but once they are burning, it is very difficult to blow them out again!

Man



Billie Lovy 1965-2001

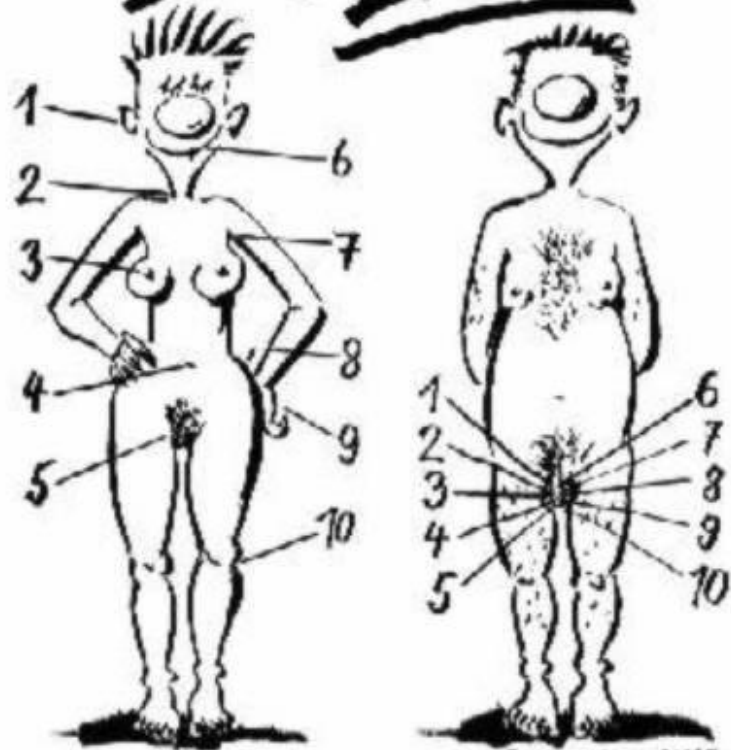
Woman

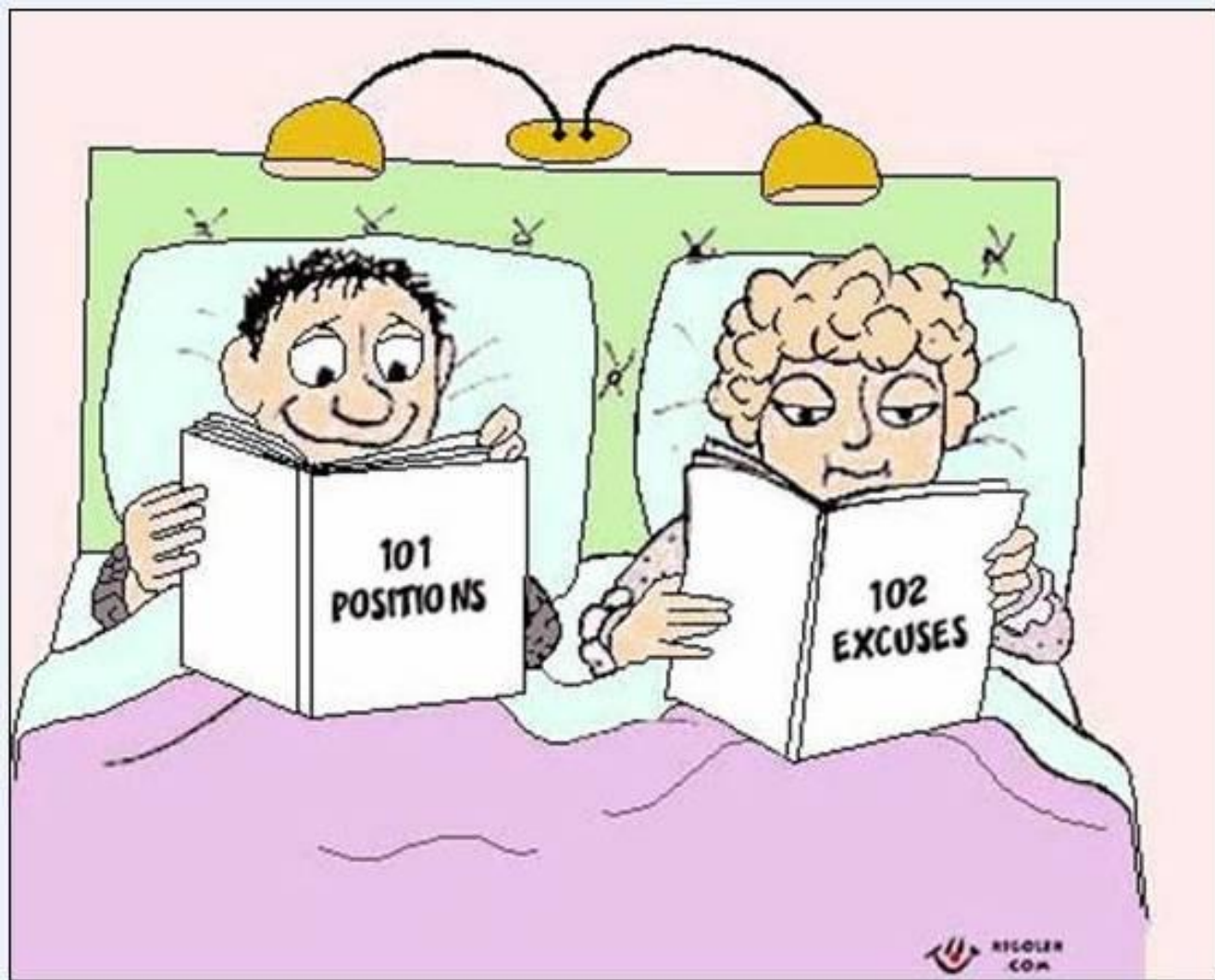


There is a lot of sex making in this world,
but not enough love making

Sex is something you do with an organ;
love is something you do with a person

The exogenous zones





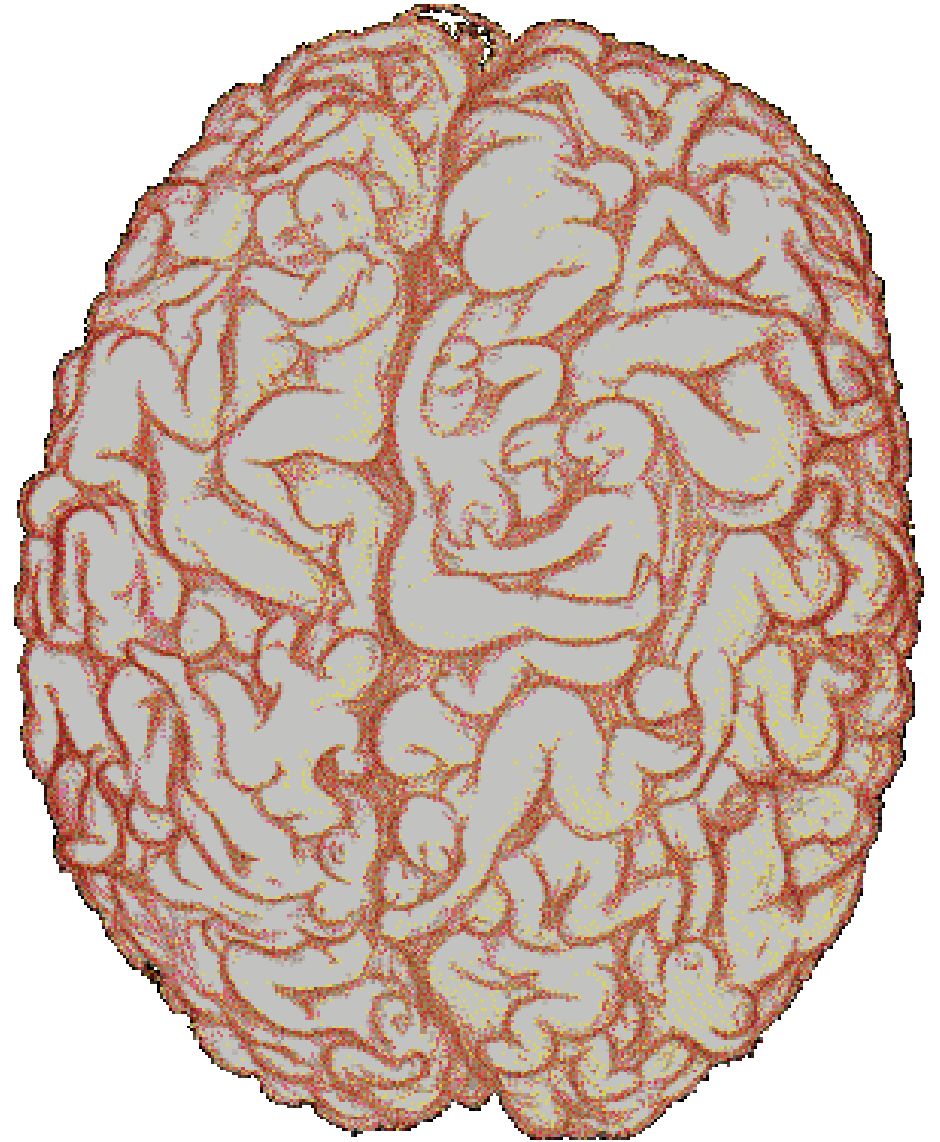
**“The duration of the sexual act
is at least 30 minutes”**

Duration of the sexual act:

- Sexual contact usually lasts 6-8 minutes
- The usual time from the moment of penetration to ejaculation: 6-10 minutes
- In men with erectile issues: 3 minutes
- In men with premature ejaculation: 1.8 minutes

**“Men think about sex every
7 seconds & are always ready
for sex”**

The Male Brain



Sexual thoughts

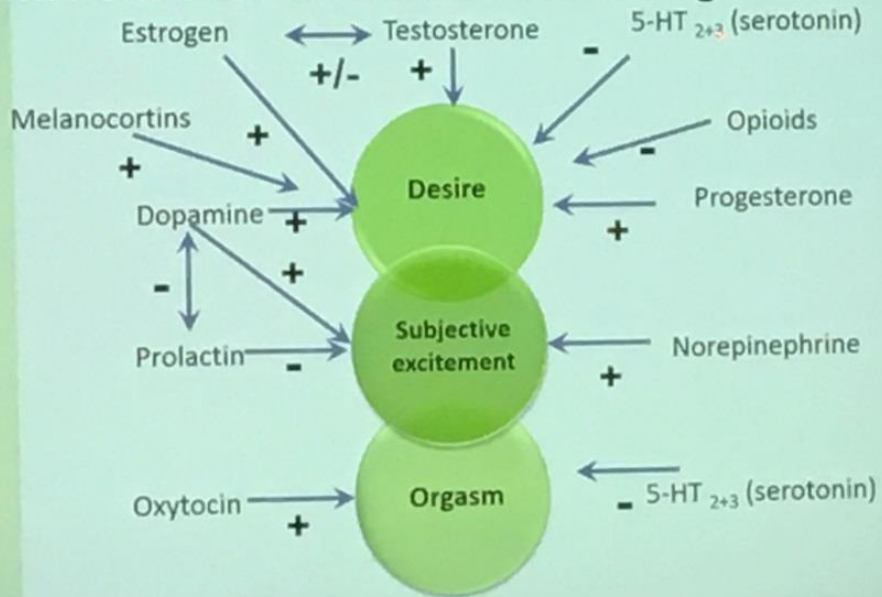
- Male students thought about sex an average of 19 times a day
- Female students thought about sex an average of 10 times a day
- Sexual thoughts every 7 seconds would come down to 7,200 individual thoughts of sex each waking day!!



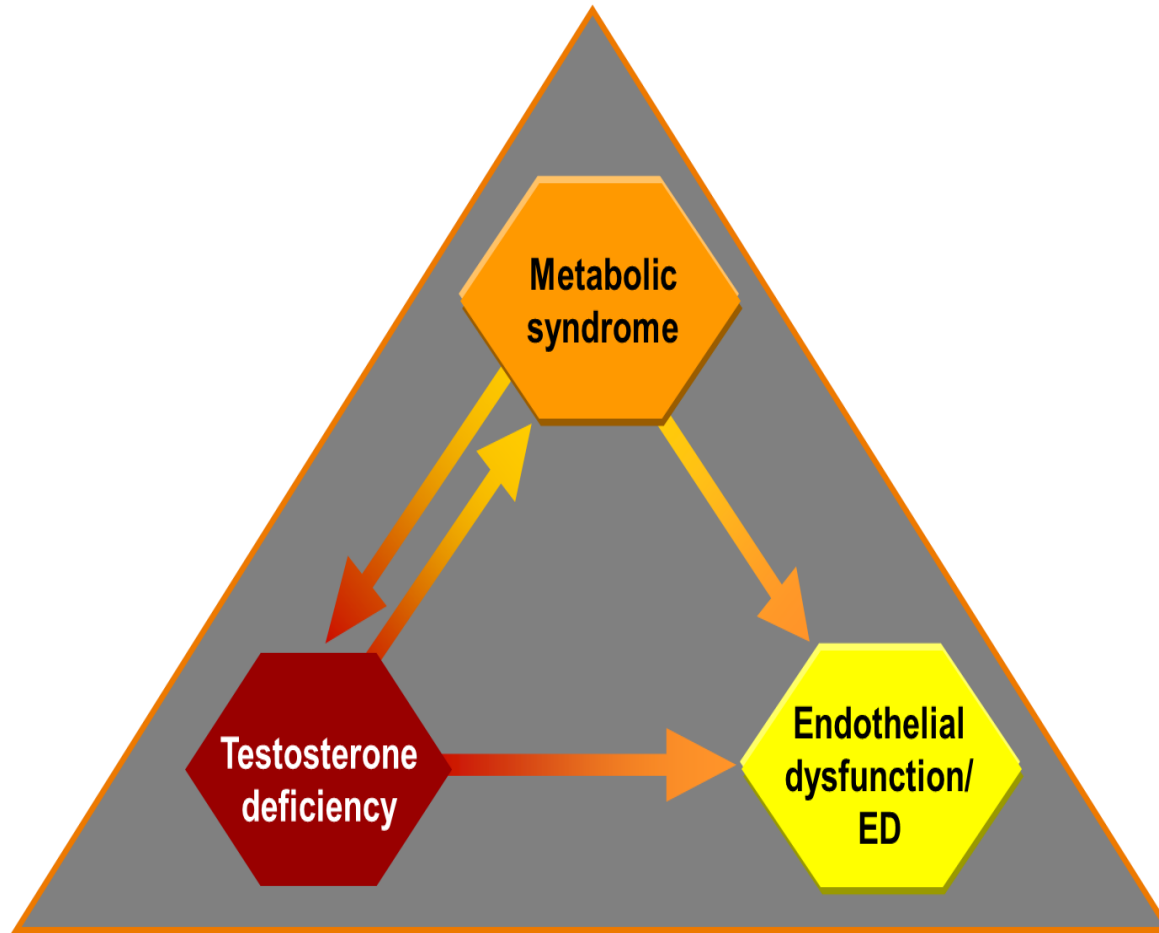
Causes for inhibited sexual desire

- Disease
- Drugs
- Depression
- Deliberate control
- Dissociation
- Divorce
- Distraction
- Disagreement
- Domination
- Denial
- Dysfunction
- Differences
- Alcohol
- Androgen
- Anxiety
- Anger
- Avoidance
- Age
- Affair
- Abuse
- Abortion
- Aversion
- Anticipation
- Attitude

Central effects of neurotransmitters and hormones on sexual functioning



A Bermuda Triangle?



Erectile Dysfunction (ED)

- Erectile Dysfunction
=
- Endothelial Dysfunction
=
- Early Detection
=
- Exercise, Diet and Drugs
=
- Early Death (prevention)

3 STAGES OF ERECTIONS



20 - 40 YRS

TRI x WEEKLY



40 - 60 YRS

TRY . . . WEEKLY



60 + YRS

TRY WEAKLY . . .

Reasons for ED in younger men “Millennial ED”

- Drug abuse
- Medication
- Smoking
- Anxiety
- Inexperience

Sometimes your penis may react to a relationship problem before you head can face it

“Sex is a daily activity for most couples”

Sexual contact frequency

- Most couples have sex 1-2 times a week
- Frequency in Laumann study:
 - 4x or more /week: 7%
 - 2-3 x /week: 34%
 - A few times a month: 45%
 - A few times a year: 13%
- The birth of a child has an impact on the quality of the relationship and the frequency of sexual contact

“After the age of 60 there is no sexual activity”



"IT SAYS HERE THAT WE CAN MAKE WELL INTO OUR 80'S!"

M. Moore

Sex and aging

- There is no age limit in enjoying sex!
- In the age group 60-80 years satisfaction with sexual function was:
 - 60% Males
 - 64% Women
- Sexual activity is reduced with increasing age, but sexual satisfaction remain high!
- “Quantity is exchanged for quality!!”



Determining Factors: Sex and Old Age

- Sexual history
- Self-image
- Partner availability
- Living circumstances
- Reactions of family and friends
- General health
- Drug and alcohol use

3 Rules of Getting Older



Never pass a bathroom,
don't waste a hard-on,
and never trust a fart



Modification of sexual response cycle with age

	Libido	Arousal	Plateau	Orgasm	Refractory period
Male	↓	↓	↑	↓	↑
Female	↓	↓	↑	↔	↔

THE 7 MENOPAUSAL DWARFS



ITCHY



BITCHY



SWEATY



BLOATY



SLEEPY

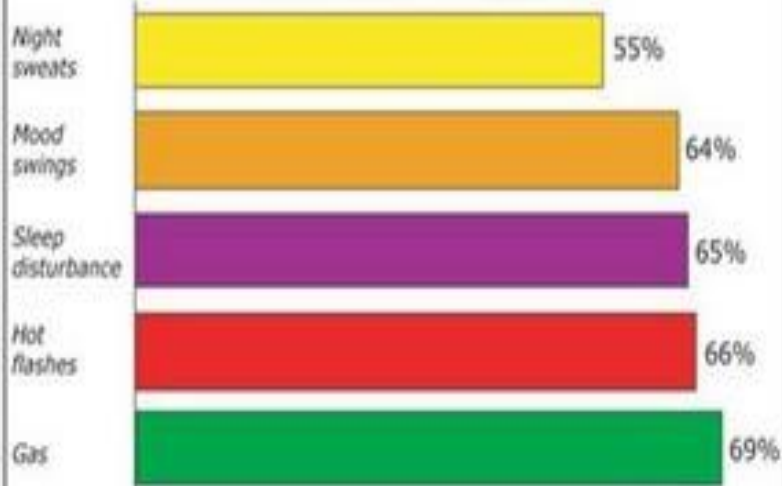


FORGETFUL



PSYCHO

Symptoms Experienced Most During Menopause





“Masturbation stops when a relationship starts”



Masturbation

- Functions:
 - * Self exploration
 - * Sexual energy release
 - * Stress reliever
 - * Self reward
- Double bind for adolescents
 - * No sex before marriage
 - * No masturbation
- What about adult relationships?

Masturbation

- In marriage or long term relationship
 - * Normal and necessary
- Obstacles for having sex
 - * Day and night people
 - * Libido differences in general
 - * Individual fluctuations in libido
- When does it become abnormal in a relationship?
 - * Pornography
 - * Obsessive or compensatory behaviour

Masturbation

- Men masturbate more frequently at younger ages
- Women masturbate more often after the third decade of their lives
- People in steady relationships that stated that they masturbate:
 - 85% Men
 - 45% Women

**“The use of Pornographic Material
is catastrophic for the
relationship”**

Pornographic material in a relationship

- Occasional use of pornographic material does not harm the relationship
- Watching pornographic material in a relationship individually:
 - 76.8% Men
 - 31.6% Women
- Sometimes watching together with a partner: 44.8%
- Low to medium frequency in the use of pornographic material has positive consequences on a couple's relationship:
 - Increase frequency and quality of sex
 - Increase intimacy between couple members

Top 10 Effects of PORN on Your MARRIAGE and SEX LIFE...

1. PORN Reduces Your Desire for Your Spouse

Robinson, M. and Wilson, G. (2011). Porn-induced Sexual Dysfunction: A Growing Problem. *Psychology Today*, July 11

2. PORN Wrecks Your Libido

Bridges, A. J. (2010). Pornography's Effect on Interpersonal Relationships. In J. Stoner and D. Hughes (Eds.) *The Social Costs of Pornography: A Collection of Papers* (pp. 89-110). Princeton, NJ: Witherspoon Institute

3. PORN Makes You A Lousy Lover—Because you want to get right “to the act”, with no foreplay

Paul, P. (2007). *Pornified: How Pornography Is Transforming Our Lives, Our Relationships, and Our Families*. New York: Henry Hold and Co.

4. PORN Makes You Feel More Critical of Your Spouse and Less “In Love”

Bridges, A. J. (2010). Pornography's Effect on Interpersonal Relationships. In J. Stoner and D. Hughes (Eds.) *The Social Costs of Pornography: A Collection of Papers* (pp. 89-110). Princeton, NJ: Witherspoon Institute.

5. PORN Makes You Crave More Extreme Sexual Acts—and Keeps You from Being Tender

Layden, M. A. (2010). Pornography and Violence: A New look at the Research. In J. Stoner and D. Hughes (Eds.) *The Social Costs of Pornography: A Collection of Papers* (pp. 57-68). Princeton, NJ: Witherspoon Institute.

6. PORN Increases Instances of Premature Ejaculation

Project Know, “Taking a Whack at Porn Addiction”, available at <http://www.projectknow.com/discover/taking-a-whack-at-porn-addiction/#infographic>

7. PORN Increases Chances of Erectile Dysfunction

The Dr. Oz Show, “Can Porn Cause Erectile Dysfunction?” Available at <http://www.doctoroz.com/videos/can-porn-cause-erectile-dysfunction-pt-1>

8. PORN Restricts Your View of what “Attractive” is to Apply to Very Few Actual Women

Hilton, D. L. (2013). Pornography addiction—a supranormal stimulus considered in the context of neuroplasticity. *Socioaffective Neuroscience & Psychology*, 3, 2076

9. PORN Makes Sex Seem like too Much Work

Naomi Wolf, “How Porn is Destroying Modern Sex Lives”, *Daily Mail*, December 12, 2013

10. PORN Causes Selfishness in Other Areas of Your Relationship, Too

Paul, P. (2010). From Pornography to Porno to Porn: How Porn Became the Norm. In J. Stoner and D. Hughes (Eds.) *The Social Costs of Pornography: A Collection of Papers* (pp. 3-20). Princeton, NJ.: Witherspoon Institute

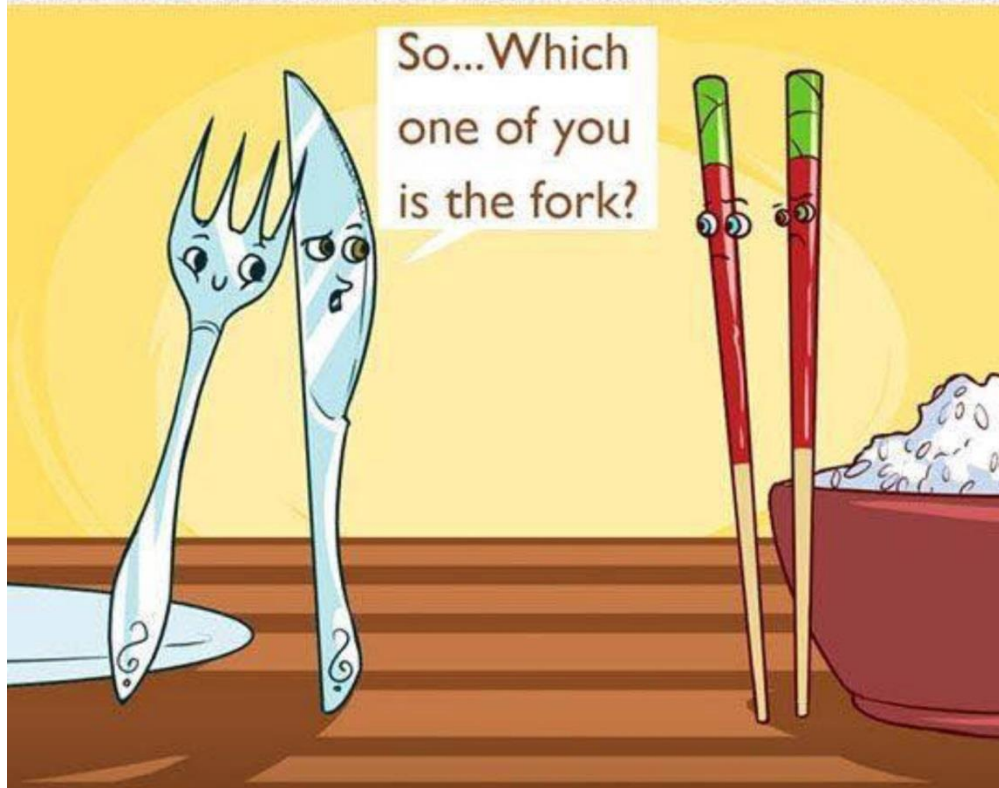
Spread the Word: PORN IS NOT HARMLESS!

ToLoveHonorandVacuum.com

“Homosexuality is a pathological condition”

Straight people be like...

So... Which
one of you
is the fork?





Homosexuality

- Since 1974 not seen as a psychological disorder anymore
- Incidence in the general population is 3-7%
- Huge difference in a person's sexual orientation versus their gender identity/conformity
- Sexual activity with the same sex does not equate to homosexuality (M2M)

✕

YOUR HOMOPHOBIA WON'T MAKE THEM HETEROSEXUALS.



HE'S GAY

SHE'S A LESBIAN

STOP-Homophobia.com

THURSDAY AT 1:48 PM

👍👎🗨️ Andries Kock and 718 others

12 Comments

👍 Like 🗨️ Comment ➦ Share

Sexual Orientation


A person's feelings of attraction toward other people. A person may be attracted to people of the same sex, opposite sex, of both sexes, or without reference to sex or gender. Some people do not experience sexual attraction and may identify as asexual. Sexual Orientation is about attraction to other people (external), while gender identity is a deep seated sense of self (internal).

✕

MY SEXUAL ORIENTATION DOES NOT DETERMINE

- MY STYLE
- HOW I SPEAK
- WHAT I LIKE
- MY SEX DRIVE
- MY PERSONALITY

DON'T STEREOTYPE



We Are Born Gay

19 HOURS AGO

34

Like Comment Share

**“The Gender Revolution is not
real”**

MAKING A MAN | THE SCIENCE OF GENDER | GIRLS AT RISK

NATIONAL
GEOGRAPHIC

SPECIAL ISSUE

GENDER
REVOLUTION

"The best thing about being a girl is,
now I don't have to pretend
to be a boy."

JANUARY 2017

SPECIAL ISSUE
THE SHIFTING LANDSCAPE OF GENDER

NATIONAL
GEOGRAPHIC
GENDER
REVOLUTION



JANUARY 2017

GENDER IDENTITY

WOMAN... NONBINARY... MAN

Identification
with girls
or women

Identification with
both men and women or a
gender that is neither

Identification
with boys
or men

BIOLOGICAL SEX

FEMALE..... INTERSEX..... MALE

XX chromo-
somes, ovaries,
female genitals,
and female sec-
ondary sexual
characteristics

Any mix of male and
female chromosomes
testicular and ovarian
tissue, genitals,
other sexual
characteristics

XY chromo-
somes, testes,
male genitals,
male second-
ary sexual
characteristics

GENDER EXPRESSION

FEMININE... ANDROGYNOUS...MASCULINE

Presentation in ways a culture associates with being a woman

A combination of masculine and feminine traits or a non-traditional gender expression

Presentation in ways a culture, associates with being a man



Whatever
Just please wash your hands

RESTROOM

Gender

- Accept that for some people the gender binary does not fit them
- Make your practice gender spectrum friendly and train your staff to be gender sensitive
- Use of affirming pronouns important
 - Familiar: “he”, “she”, and “they”
 - Nongendered: “zie” and “per”
- Transgender boys/men and girls/women
 - DSM-5: Gender dysphoria
 - ICD 11: Gender incongruency
- Transition and alignment to gender identity
 - Hormonal
 - Surgical

**“Sexually Transmitted
Infections/Diseases are rarely
seen in GP practice”**

Common STI syndromes

- Urethral discharge in men
- Vaginal discharge
- Genital ulcer in men and women
- Lower abdominal pain in women
- Scrotal swelling
- Inguinal bubo

Male Urethritis Syndrome (MUS)

First-line treatment: STG 2015

- Ceftriaxone 250mg IM stat **AND**
- Azithromycin 1g PO stat

If sexual partner has VDS, add

- Metronidazole 2g stat PO as a single dose

Suspected ceftriaxone 250mg treatment failure:

- Ceftriaxone 1g IM stat **AND**
- Azithromycin 2g PO stat **AND**
- Metronidazole 2g stat PO as a single dose (if not already given)

Vaginal Discharge Syndrome (VDS)

Main causes of VDS

- Bacterial vaginosis (BV)
- Candidiasis

- *Neisseria gonorrhoeae*
- *Chlamydia trachomatis*
- *Trichomonas vaginalis*

- Physiological

Vaginal Discharge Syndrome (VDS)

First-line treatment: STG 2015

Age < 35 years OR Partner has NO MUS

- Metronidazole, oral , 2g as single dose
AND
- Clotrimazole vaginal pessary 500mg stat **OR** vaginal cream 12 hourly for 7 days

Partner has MUS

- Ceftriaxone 250mg IM stat as a single dose **AND**
- Azithromycin oral ,1g, as a single dose **AND**
- Metronidazole oral 2g as a single dose

Vaginal discharge syndrome (VDS)

Lower Abdominal Pain (LAP)/Pain on moving the cervix

Any of the following present:

- Pregnancy
- Missed period
- Recent delivery, TOP or miscarriage
- Abdominal guarding and/or rebound tenderness
- Abnormal vaginal bleeding
- Abdominal mass
- Fever > 38°C

Refer all for gynaecological or surgical assessment

Genital Ulcer Disease

- Herpes
- Syphilis
- Chancroid
- LGV
- GI/Donovanoses

Genital ulcer syndrome (GUS)

First-line treatment for GUS: STG 2015

If not sexually active in the last 3 months

- Acyclovir 400mg 3 x daily for 7 days

If sexually active in the last 3 months, *ADD*

- Benzathine penicillin 2.4 million units IM stat as a single dose
- Acyclovir oral 400mg tds for 7 days

If no improvement in 1 week

- Azithromycin 1g oral as a single dose
- Aspirate fluctuant buboes at each visit

**“HIV does not effect `n
person’s sexuality”**

INTERACTION BETWEEN STI'S AND HIV INFLUENCE

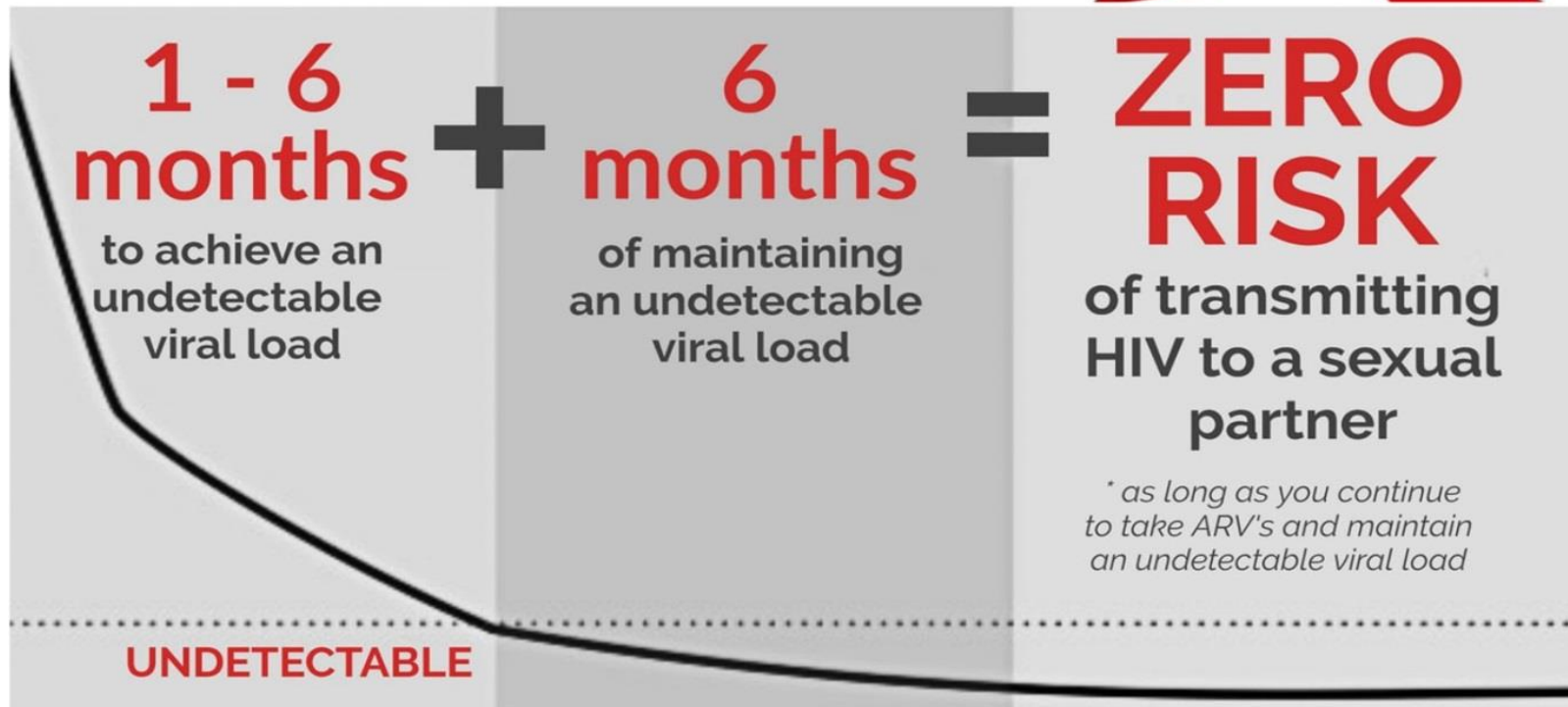
STIs will increase transmission and acquisition of HIV

- A person with STI has greater chance of transmitting and acquiring HIV infection

HIV will result in:

- Atypical appearance of lesions (Scabies, HSV)
- Increased numbers of lesions (Warts, HSV, Molluscum)
- Increased frequency of recurrence (HSV, warts)
- Increase in treatment failure (Chancroid, Syphilis)
- Increased risk of pre-cancer and cancer (HPV)

Undetectable = Untransmittable



TAKE ARV'S EVERYDAY AS PRESCRIBED



**HIV
Positive**



**Antiretroviral
Treatment
(ART)**



Undetectable

Undetectable

U = U

Untransmittable

If you are HIV-positive and receive antiretroviral treatment
until the virus is undetectable, you can't pass it on.
(untransmittable)

“Libido differences seldom exist in relationships”

Sexual agendas



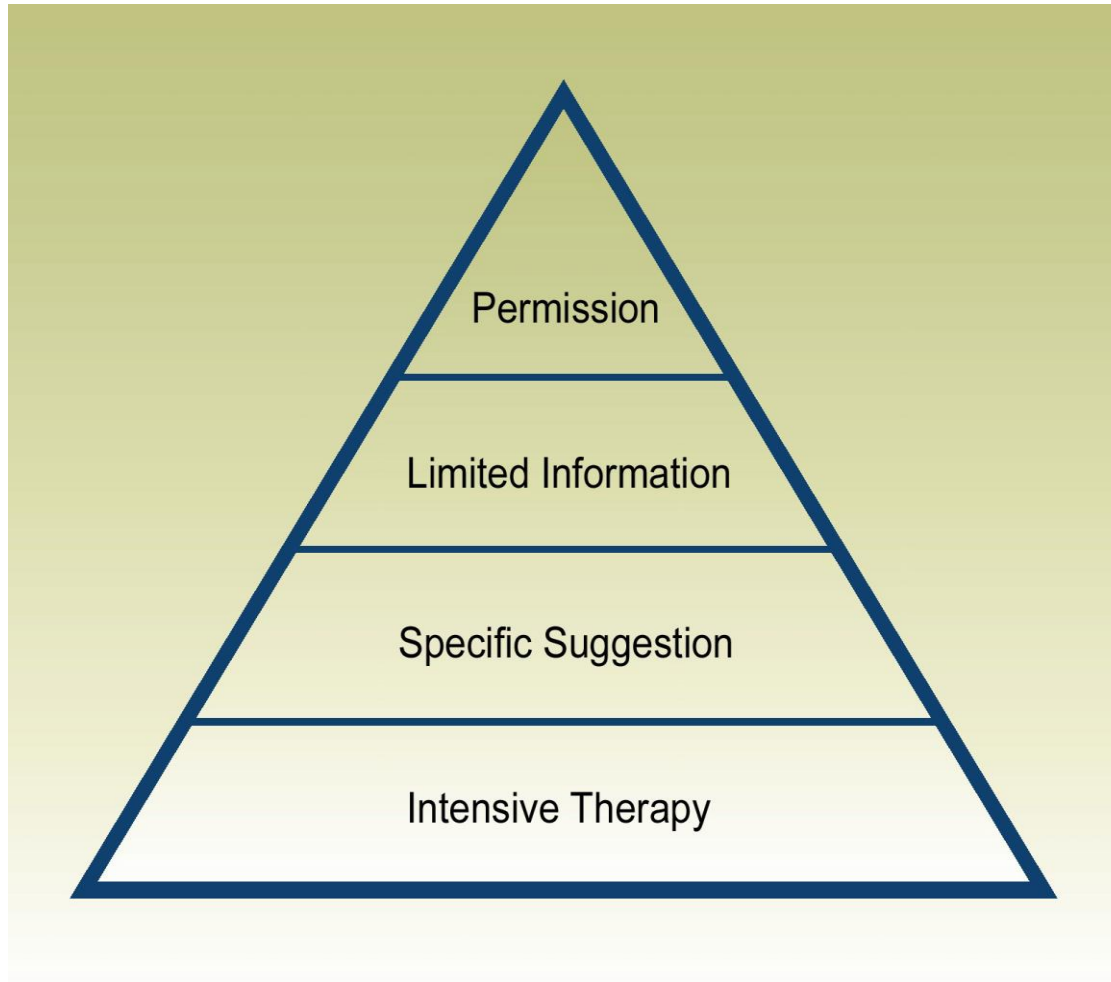
**“Female lubrication always
comes naturally”**

Female Lubrication

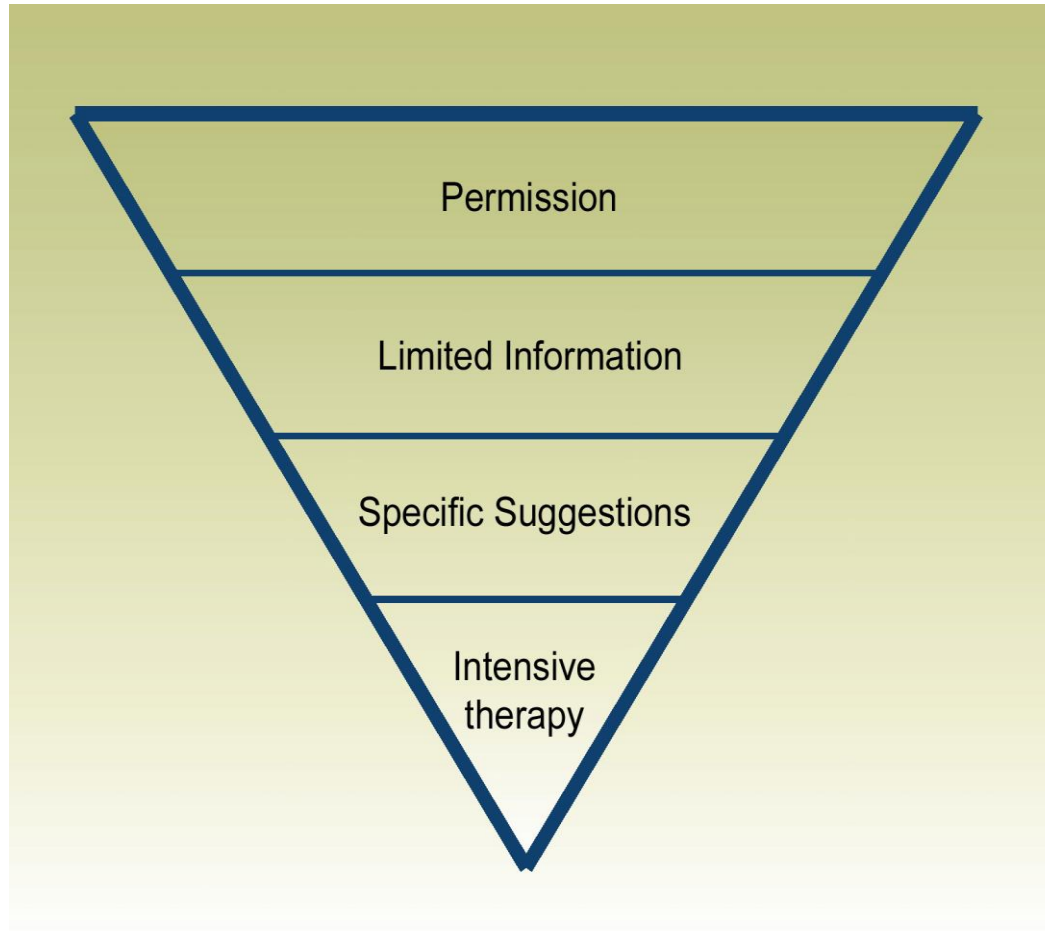
- Origin
 - Walls of the vagina
 - Bartholin's glands
- Prerequisite
 - Estrogenized vagina (physiological)
 - Psychosocial, relational and cultural factors
- Lubricants
 - Water based
 - Silicone
 - Natural/organic oils
 - Petroleum oils
 - Combinations
- Moisturizers

**“Sex Therapy does not fall into
the realm of a GP”**

“PLISSIT” Model



“PLISSIT” Model revisited



“Cancer does not really effect a person’s sex life, survival is more important”

Cancer survivors in USA

- 11.4 million in number
- 23% Female breast cancer
- 20% Prostate cancer
- 10% Colorectal cancer
- 14% Gynecological cancer
(uterine, ovarian, cervical, vaginal, vulvar or fallopian tube)

Cancer diagnosis (Ca Dx)

- Patients have to cope with many issues:
 - Seeking multiple opinions
 - Exploring treatment options
 - Anticipating potential side effects of treatment
 - Face own mortality

General “side-effects” in cancers

- Development of “the new me” and “the new we”
- 38% suffers from a mood disorder
 - Depression, anxiety, adjustment disorder or dysthymia)
- 80% suffers from fatigue
- Later stages: cachexia, dizziness, nausea and pain

Men and Ca Dx

- ↓ in libido and difficulty with erections caused by:
 - Depression
 - Sexual self image changes
 - Infection fear (self or partner)

Cancer and sex

- Cancer can affect any one or more phases of the Human Sexual Response Cycle (sexual desire, excitement, orgasm & resolution)
- Sexuality is important, although often seen less than that of survival, after the diagnosis
- Sexuality not only the ability to function sexually, but affects self-image, personality and social persona

Breast Cancer

- Rise in breast cancer incidence, but a decline in average death rate
 - Improvement of early diagnostic technologies
 - Public health prevention programmes
 - Health care policies
 - Improvement in medical & surgical therapies
 - Reduction in risk factors
 - Interventions in carriers of BRCA 1+2 mutations
- Majority of women with breast Ca are both partnered and sexually active
- Partner might even have had a role in detection

Breast Cancer Risk factors

- Behavioural
 - Alcohol
 - ↓ Physical activity
 - Obesity
 - High-fat diet
- Environmental
 - Second hand tobacco smoke
- Genetic
 - BRCA 1+2 mutations

Sexual Side effects of Rx for breast cancer

Drug Class	Selective estrogen reseptor modulators	Nonsteriodal aromatase inhibitors	Steriodal aromatase inhibitors	Estrogen reseptor modulators
Example	Tamoxifen	Anastrozole Letrozole	Exemestane	Fulvestrant
Vaginal dryness	++	+++	+++	+
Vaginal discharge	+++	++	++	+
Vaginal bleeding	+++	++	++	+
Endometrial bleeding	+++			
Vaginitis	+	++	++	+
Dyspareunia	++	+++	+++	+
Vulvar changes	+	++	++	+
Urogenital atrophy	+	++	++	+
Hot flashes	+++	+++	+++	+
Decreased Libido	++	+++	+++	+

Other side effects of Rx for breast cancer

- Cardiovascular
 - Cardiac toxicity
 - ↑ Cholesterol
 - Proteinuria
 - Blood clots
 - ↑ Blood pressure
- Neurologic
 - Headache
 - Neuropathy
- Constitutional
 - Fatigue
 - Joint stiffness
 - Bone density change
 - Weight change
 - Body aches
 - Muscle weakness
 - Myelosuppression
 - Oedema

Sexual Side effects of Rx for breast cancer

- **Loss of ovarian function:**
- Taxanes
Paclitaxel, Nab-paclitaxel & Docetaxel
- Topoisomerase inhibitors
Liposomal-Doxorubicin, Doxorubicin
- Alkylating agents
Cyclophosphamide, Methotrexate & Fluorouracil
(CMF)

Breast Cancer Rx of any stage and sexual function

- 509 Women, mean age 51 (26-91yrs)
- 87% current or past hormonal treatment
- 82% current or past chemotherapy
(76% adjuvant, 24% metastatic disease)
- 76% Sexual Dysfunction (FSFI)
- 79% Regarded as bothersome
- 51% Moderate to severe levels of bother

Breast Cancer Rx of any stage and sexual function

- Attributed their sexual dysfunction to:
 - Chemotherapy (85%)
 - Hormonal therapy (74%)
 - Surgery (66%)
- Other reported contributors:
 - New diagnosis of breast cancer (81%)
 - Anxiety (82%)
 - Change in relationship with partner (55%)

Gynaecological Cancers and sexuality

- 14.4% of all cancers affecting women
- Include cancer of vulva, cervix, uterus & ovaries
- Psychological impact of diagnosis
- Psycho-physiological impact of the disease and treatment interventions (surgery, chemotherapy, radiotherapy)

Gynaecological Cancers and sexuality

- Prior to diagnosis
 - Bleeding, pain, fatigue, PV discharge
- Immediately after surgery
 - Pain
- Loss of fertility
 - Partial or complete removal of uterus
 - And/or ovaries

Gynaecological Cancers and sexuality

- Loss of reproductive potential
 - ♀ Sexual identity
 - Loss of womanhood
 - Distress
 - Femininity
 - Depression
- Damage to organs of sexual response
- Loss of ovarian hormone production

Prostate cancer and sexuality

- Sexual function
 - ED
- Sexual identity
 - ADT – “I am not a man anymore”
- Sexual relationship
 - Carer vs. sexual/erotic partner

Long-term complications of CA prostate treatment

	Radical Prostatectomy	Radiation Therapy	Hormone Therapy
Erectile dysfunction	+++	+++	++++
Painful ejaculation	++	++	-
Haemospermia	-	++	-
Climacturia	++	+	-
Loss of libido	+	+	++++
Penile shortening	++	+	+++
Urinary incontinence	++	++	-
Urinary frequency	+	++	-
Haematuria	+	++	-
Osteoporosis	-	-	+++
Hot flashes	-	-	++++
Muscle loss	-	-	++++
Weight gain	-	-	+++

**“Sexual Dysfunctions are not
very common in practice”**

Sexual Problems

- Concerns
- Difficulties
- Dysfunctions
- Disorders

Sexual dysfunctions: DSM 5

- Delayed ejaculation
- Erectile disorder
- Female orgasmic disorder
- Female sexual interest/arousal disorder
- Genito-pelvic pain/penetration disorder

Sexual dysfunctions: DSM 5

- Male hypoactive sexual desire disorder
- Premature (early) ejaculation
- Substance/medication-induced sexual dysfunction
- Other specified sexual dysfunction, and
- Unspecified sexual dysfunction

Types of Sexual Dysfunctions in Men

- Desire disorder (Decreased libido)
- Arousal disorder (Erectile Dysfunction)
- Premature ejaculation (PE)
- Other ejaculation disorders
- Orgasmic disorder
- Sexual pain disorder
- (Fertility problems)

Male Hypoactive Sexual Desire Disorder: Diagnostic Criteria 302.71 (F52.0)

- A. Persistently or recurrently deficient (or absent) sexual/erotic thoughts or fantasies and desire for sexual activity. The judgment of deficiency is made by the clinician, taking into account factors that affect sexual functioning, such as age and general and sociocultural contexts of the individual's life.
- B. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.
- C. The symptoms in Criterion A cause clinically significant distress in the individual.

Male Hypoactive Sexual Desire Disorder: Diagnostic Criteria 302.71 (F52.0)

- D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.
- Specify whether:
- Lifelong: The disturbance has been present since the individual became sexually active.
- Acquired: The disturbance began after a period of relatively normal sexual function.

Male Hypoactive Sexual Desire Disorder: Diagnostic Criteria 302.71 (F52.0)

- Specify whether:
- Generalized: Not limited to certain types of stimulation, situations, or partners.
- Situational: Only occurs with certain types of stimulation, situations, or partners.

Male Hypoactive Sexual Desire Disorder: Diagnostic Criteria 302.71 (F52.0)

- Specify current severity:
- Mild: Evidence of mild distress over the symptoms in Criterion A.
- Moderate: Evidence of moderate distress over the symptoms in Criterion A.
- Severe: Evidence of severe or extreme distress over the symptoms in Criterion A.

Female Orgasmic Disorder

Criteria

302.73 (F52.31)

1. Presence of either of the following symptoms and experienced on almost all or all (approximately 75%–100%) occasions of sexual activity (in identified situational contexts or, if generalized, in all contexts):
 1. Marked delay in, marked infrequency of, or absence of orgasm.
 2. Markedly reduced intensity of orgasmic sensations.
2. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.
3. The symptoms in Criterion A cause clinically significant distress in the individual.
4. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress (e.g., partner violence) or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

Female Orgasmic Disorder Criteria 302.73 (F52.31)

- *Specify* whether:
- **Lifelong:** The disturbance has been present since the individual became sexually active.
- **Acquired:** The disturbance began after a period of relatively normal sexual function.
- *Specify* whether:
- **Generalized:** Not limited to certain types of stimulation, situations, or partners.
- **Situational:** Only occurs with certain types of stimulation, situations, or partners.
- *Specify* if:
- **Never experienced an orgasm under any situation.**
- *Specify* current severity:
- **Mild:** Evidence of mild distress over the symptoms in Criterion A.
- **Moderate:** Evidence of moderate distress over the symptoms in Criterion A.
- **Severe:** Evidence of severe or extreme distress over the symptoms in Criterion A.

Female Sexual Interest/Arousal Disorder

Criteria

302.72 (F52.22)

1. Lack of, or significantly reduced, sexual interest/arousal, as manifested by at least three of the following:
 1. Absent/reduced interest in sexual activity.
 2. Absent/reduced sexual/erotic thoughts or fantasies.
 3. No/reduced initiation of sexual activity, and typically unreceptive to a partner's attempts to initiate.
 4. Absent/reduced sexual excitement/pleasure during sexual activity in almost all or all (approximately 75%–100%) sexual encounters (in identified situational contexts or, if generalized, in all contexts).
 5. Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues (e.g., written, verbal, visual).
 6. Absent/reduced genital or nongenital sensations during sexual activity in almost all or all (approximately 75%–100%) sexual encounters (in identified situational contexts or, if generalized, in all contexts).
2. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.
3. The symptoms in Criterion A cause clinically significant distress in the individual.
4. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress (e.g., partner violence) or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

Female Sexual Interest/Arousal Disorder

Criteria

302.72 (F52.22)

- *Specify* whether:
- **Lifelong:** The disturbance has been present since the individual became sexually active.
- **Acquired:** The disturbance began after a period of relatively normal sexual function.
- *Specify* whether:
- **Generalized:** Not limited to certain types of stimulation, situations, or partners.
- **Situational:** Only occurs with certain types of stimulation, situations, or partners.
- *Specify* current severity:
- **Mild:** Evidence of mild distress over the symptoms in Criterion A.
- **Moderate:** Evidence of moderate distress over the symptoms in Criterion A.
- **Severe:** Evidence of severe or extreme distress over the symptoms in Criterion A.

Genito-Pelvic Pain/Penetration Disorder

Criteria

302.76 (F52.6)

- *Specify* whether:
- **Lifelong:** The disturbance has been present since the individual became sexually active.
- **Acquired:** The disturbance began after a period of relatively normal sexual function.
- *Specify* current severity:
- **Mild:** Evidence of mild distress over the symptoms in Criterion A.
- **Moderate:** Evidence of moderate distress over the symptoms in Criterion A.
- **Severe:** Evidence of severe or extreme distress over the symptoms in Criterion A.

Genito-Pelvic Pain/Penetration Disorder

Criteria

302.76 (F52.6)

1. Persistent or recurrent difficulties with one (or more) of the following:
 1. Vaginal penetration during intercourse.
 2. Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts.
 3. Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration.
 4. Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration.
2. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.
3. The symptoms in Criterion A cause clinically significant distress in the individual.
4. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of a severe relationship distress (e.g., partner violence) or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

THANK YOU!

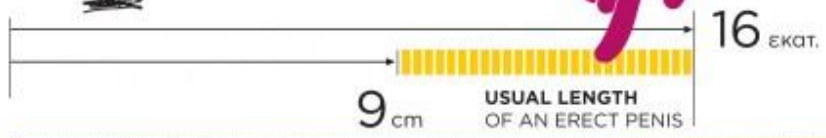


12 myths about sex

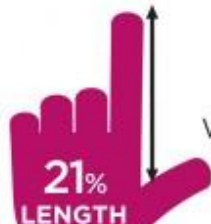
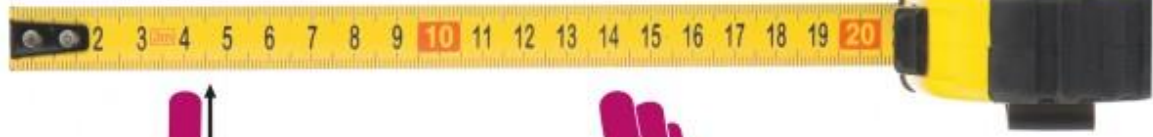


sex

1 PENIS SIZE
determines
a woman's pleasure



Average penis length while erect is **13** centimetres



WOMEN WHO WERE ASKED WHAT IS IMPORTANT

