Anorgasmia

Anorgasmia (often related to delayed ejaculation in males) is a form of sexual dysfunction sometimes classified as a psychiatric disorder in which the patient cannot achieve orgasm, even with "adequate" stimulation. However, it can also be caused by medical problems such as diabetic neuropathy, multiple sclerosis, pelvic trauma, hormonal imbalances, total hysterectomy, spinal cord injury and cardiovascular disease. Anorgasmia is far more common in females than in males and is especially rare in younger men.

A common cause of anorgasmia, in both men and women, is the use of anti-depressants, particularly selective serotonin reuptake inhibitors (SSRIs). Though reporting of anorgasmia as a side-effect of SSRIs is not precise, it is estimated that 15-50% of users of such medications are affected by this condition. Some popular SSRIs are escitalopram, paroxetine, fluoxetine and sertraline. The chemical amantadine has been shown to cure SSRI-induced anorgasmia in some, but not all, people.

The rest of this article primarily discusses anorgasmia in women, since male anorgasmia has had very little study compared to female anorgasmia. Four types of anorgasmia have been defined: primary, secondary, situational and random.

Contents

Primary anorgasmia

Primary anorgasmia is a condition where one cannot physically orgasm This is significantly more common in women, although it can occur in men who lack the gladipudendal reflexes.

Women with this condition can sometimes achieve a relatively low level of sexual excitement and may think of intercourse or other sexual activities as pleasant despite their inability to orgasm. They may get most of their reward from touching, holding, kissing, caressing, attention, and approval. However, women who regularly achieve high levels of sexual response without orgasmic release of tension may find the experience frustrating. Emotional irritability, restlessness, and pelvic pain or a heavy pelvic sensation may occur because of vascular engorgement.

Women who have not yet had an orgasm usually have some combination of the following:

* Sociocultural inhibitions that interfere with normal sexual response.
* Unresolved feelings towards a traumatic sexual experience as in sexual abuse or rape.
* A lack of knowledge about sex and sexuality, which interferes with normal sexual development.
* A lack of opportunity to practice in a safe, secure, socially acceptable, and a private atmosphere (only two partaking) in a situation that offers approval and
support.
* A partner who has primary or secondary difficulty in achieving an erection.
* Dyspareunia, or painful intercourse.
* Genital mutilation ("female circumcision") that removes part or all of the clitoris, scars the genital area, or constricts the opening to the vagina. Often,
vaginal intercourse is painful not only because of scarring from this procedure but also because of associated infection.

Often, though, there is no obvious reason why orgasm is unobtainable. Regardless of having a caring, skilled partner, having adequate time and privacy, and having no medical issues which would affect sexual satisfaction, some women are unable to orgasm. This situation is extremely frustrating because with no discernible cause, a plausible solution is difficult to discover.[citations needed]

In many contexts, many people have been able to find effective relief from anorgasmia despite a physical factor through a mental process of conditioning, as such hypnosis can have a positive impact. Primary male anorgasmia is very uncommon, and thus has been studied very little.

Secondary anorgasmia

Secondary anorgasmia is the loss of the ability to have orgasms The cause may be alcoholism, depression, grief, pelvic surgery or injuries, certain medications, illness, estrogen deprivation associated with menopause or an event that has violated the patient's sexual value system.

Secondary anorgasmia is close to 50% among males undergoing prostatectomy; 80% among radical prostatectomies. This is a serious adverse result because radical prostatectomies are usually given to younger males who are expected to more easily recover from the entire removal of their prostate. This is generally caused by damage to the primary nerves serving the penile area, which typically pass through the prostate gland. Removal of the prostate frequently damages or even completely severs the nerves, making sexual response unreasonably difficult.

Due to the existence of these nerves in the prostate, surgeons performing sex reassignment surgery on transsexual male to female patients avoid removing the prostate, leaving it there so that its presence near the newly formed wall of the vagina will result in stimulation of the nerves, providing a source of pleasure for the patient after the operation. Thus post-operative patients do not typically suffer from anorgasmia due to surgical reasons.[citations needed]

Situational anorgasmia

Women who are orgasmic in some situations may not be in others. A woman may have an orgasm from one type of stimulation but not from another. Or a woman may achieve orgasm with one partner but not another, or have an orgasm only under certain conditions or only with a certain type or amount of foreplay. These common variations are within the range of normal sexual expression.

Doctors believe that a woman with situational anorgasmia should be encouraged to explore alone and with her partner those factors that may affect whether or not she is orgasmic, such as fatigue, emotional concerns, feeling pressured to have sex when she is not interested, or her partner's sexual dysfunction.

The same doctors believe that family plannings should consider recommending the female-above position for penile-vaginal intercourse, as it may allow for greater stimulation of the clitoris by the penis or symphysis pubis or both, and it allows the woman better control of movement. Bridging is the combining of a successful method for sexual stimulation with a desired technique so that the body learns to associate orgasm with that technique. If, for example, the woman is readily orgasmic with manual stimulation but not with penile-vaginal thrusting, she is encouraged to combine those two regularly until her body has learned to associate high levels of excitement and orgasm with penile-vaginal thrusting.[citations needed]

Random anorgasmia

Some women are orgasmic but not in enough instances to satisfy their sense of what is appropriate or desirable. Often such women have trouble momentarily giving up control and allowing themselves to respond fully. Therapy can be aimed at helping them give up the need to keep their sexual feelings under control at all times.

Treatment

Information in this article or section has not been verified against sources and may not be reliable.
Please check for inaccuracies and modify as needed, citing the sources against which it was checked.

Effective treatment for anorgasmia depends on the cause. In the case of a women suffering from psychological sexual trauma or inhibition, psychosexual counselling might be advisable and could be obtained through GP referral.

Women suffering from anorgasmia with no obvious psychological cause would need to be examined by their GP to check for absence of disease. Blood tests would also need to be done (full blood count, liver function, oestradiol/estradiol, total testosterone, SHBG, FSH/LH, prolactin, thyroid function, lipids and fasting blood sugar) to check for other conditions such as diabetes, lack of ovulation, low thyroid function or hormone imbalances. They would then need to be referred to a consultant specialising in female sexual dysfunction. There are very few such consultants in the UK (their details can be obtained from the Sexual Dysfunction Association).

Just as with erectile dysfunction in men lack of sexual function in women may be treated with hormones to correct imbalances, clitoral vacuum pump devices or medication to improve blood flow and sexual sensation.