

# Sexual Dysfunction Diagnostic Decision Tree: Assessing the Types

Michael E. Metz, Ph.D.

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**INITIAL DIFFERENTIAL:** (1) Is the onset of SD lifelong or acquired?  
(2) Is the context of SD generalized to all sexual situations or situation?

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**LIFELONG ONSET: IF LIFELONG ONSET AND GENERALIZED CONTEXT:**

**STEP 1:** Is there also history and evidence of a physiological condition associated with SD such as congenital, genetic, circulatory, neurologic, hormonal, or urologic system problem, and no evidence of psychopathology:

**YES:** PHYSICAL SYSTEM SD **Treatment:** medical options, pharmaco-therapy, and CB sex therapy for adaptation.  
**NO:** to Step 2.

**STEP 2.** Is there evidence of a chronic, psychological character pattern or psychopathology that predisposes to SD such as bipolar, obsessive/compulsive, dysthymia, or generalized anxiety disorders, etc.?

**YES:** PSYCHOLOGICAL SYSTEM SD **Treatment:** individual psychotherapy, psychotropic pharmaco-therapy, and CD sex therapy.  
**NO:** to Step 3.

**IF LIFELONG ONSET AND EITHER GENERALIZED OR SITUATIONAL CONTEXT SD:**

**STEP 3:** Is there evidence of the person's cognitive and behavioral inability to physiologically relax during sexual arousal, focus on specific pleasure/arousal of one's own bodily sensations, and manage desire and arousal?

**YES:** PSYCHOLOSEXUAL SKILLS SD **Treatment:** CB psychosexual skills training; judicious use of pro-sexual medications.  
**NO:** to Step 4.

**ACQUIRED ONSET: IF ACQUIRED ONSET AND GENERALIZED CONTEXT SD:**

**STEP 4:** Is there a current physical illness that is known to cause SD such as?

Diabetes mellitus	Cardiac disease	Vascular disease
Multiple sclerosis	Sleep apnea	Peyronies Disease
Hypothyroidism	Hypopituitarism	Hypogonadism
Polyneuropathy	Systemic lupus	Sexually transmitted disease (STD)
Lipid abnormalities	Chronic renal failure	Epilepsy
Prostatitis	Hypertension	Cancer (and its treatments)

YES: PHYSICAL ILLNESS SD                      Treatment: medical treatment , if possible; consider CB sex therapy to rebalance.  
 NO: to Step 5

STEP 5.            Has there been a physical injury, pelvic surgery, or neurologic trauma that may reasonably cause SD?

YES: PHYSICAL INJURY SD                      Treatment: medical treatment if possible; pharmaco-therapy; consider CB sex therapy.  
 NO: to Step 6.

STEP 6.            Has the person begun taking (or withdrawn from) a chemical agent known to cause SD such as an antihypertensive, psychotropic medications, chemo-therapy?

YES: DRUG SIDE EFFECT SD                      Treatment: discontinue agent if safe; try alternatives or antidotes; CB sex therapy.  
 NO: to Step 7

STEP 7:            Are there physiologic lifestyle patterns that are known to precipitate detrimental effects on sexual function such as obesity, smoking, poor cardio-vascular conditioning, marathon athletics, sleep deprivation, etc.?

YES: PHYSIOLOGIC LIFESTYLE SD                      Treatment: address patterns with programs such as weight loss, physical conditioning, adaptation sex therapy.  
 NO: to Step 8.

IF ACQUIRED ONSET AND EITHER GENERALIZED OR SITUATIONAL CONTEXT SD:

STEP 8:            Is there history and objective psychological test evidence that the person is experiencing current psychological stress?

YES: PSYCHOLOGICAL DISTRESS SD                      Treatment: psychotherapy; consider psychotropic medication; CB sex therapy;  
 NO: to Step 9.

STEP 9:            Is there interview, history, and relationship test evidence of relationship distress associated with SD such as emotional conflict, infertility stresses, infidelity?

YES: RELATIONSHIP DISTRESS SD                      Treatment: relationship therapy and CB sex therapy.  
 NO: to Step 10.

STEP 10:            Is there also a complaint of another SD with the person and/or partner?

YES: MULTIPLE SEX DYSFUNCTION                      Treatment: Comprehensive treatment of the causes and effects of the multiple sex dysfunctions.

NO: Reconsider and reevaluate the case.            Reconsider Steps 1,2,7 and 8.