

Sexual Dysfunction, Part I: Classification, Etiology, And Pathogenesis

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Abstract: Background: The sexual dysfunctions are extremely common but are rarely recognized by primary care physicians. They represent inhibitions in the appetitive or psychophysiologic changes that characterize the complete adult sexual response and are classified into four major categories: (1) sexual desire disorders (hypoactive sexual desire, sexual aversion disorder), (2) sexual arousal disorders (female sexual arousal disorder, male erectile dysfunction), (3) orgasmic disorders (inhibited male or female orgasm, premature ejaculation), and (4) sexual pain disorders (dyspareunia, vaginismus).

Methods: Articles about the sexual dysfunctions were obtained from a search of MEDLINE files from 1966 to the present using the categories as key words, along with the general key word "sexual dysfunction." Additional articles came from the reference lists of dysfunction-specific reviews.

Results and Conclusions: Cause and pathogenesis span a continuum from organic to psychogenic and most often include a mosaic of factors. Organic factors include chronic illness, pregnancy, pharmacologic agents, endocrine alterations, and a host of other medical, surgical, and traumatic factors. Psychogenic factors include an array of individual factors (e.g., depression, anxiety, fear, frustration, guilt, hypochondria, intrapsychic conflict), interpersonal and relationship factors (e.g., poor communication, relationship conflict, diminished trust, fear of intimacy, poor relationship models, family system conflict), psychosexual factors (e.g., negative learning and attitudes, performance anxiety, prior sexual trauma, restrictive religiosity, intellectual defenses), and sexual enactment factors (e.g., skill and knowledge deficits, unrealistic performance expectations).

Understanding the cause and pathophysiology of sexual disorders will help primary care physicians diagnose these problems accurately and manage them effectively. (*J Am Board Fam Pract* 1992; 5:51-61.)

Sexual dysfunctions are exceptionally common but infrequently recognized. The classic "Content of Family Practice" study from the Department of Family Practice, Medical College of Virginia¹ recorded sexual dysfunctions rarely. Other investigators, however, have reported that sexual problems can occur in 50 percent of all marriages² and that they are present in 75 percent of couples who seek marital therapy.^{3,4} Moore and Goldstein⁵ found that 56 percent of patients in a family practice reported one or more sexual problems, but these problems were recorded in only 22 percent of the cases. In one of the most cited prevalence studies, Frank and colleagues⁶ surveyed well-adjusted couples with high marital

satisfaction and found that 63 percent of the women and 40 percent of the men experienced a specific sexual dysfunction, and an even higher percentage (77 percent of the women and 50 percent of the men) reported general "sexual difficulties."

Because many sexual problems are hidden, primary care physicians need to help discover them. Once discovered, to manage these disorders effectively, physicians must understand their cause and pathogenesis; evaluate them thoroughly by history, physical examination, and laboratory testing; initiate management; and refer to other appropriate professionals when necessary.

Classification of Sexual Dysfunctions

Inhibitions in the appetitive or psychophysiologic changes that characterize the complete adult sexual response are at the heart of the sexual dysfunctions. They are not usually diagnosed, however, if they occur exclusively during the course of an-

Submitted, revised, 9 August 1991.

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