



Sexual Difficulties

Sex can be fun, exciting, and a time of intimate sharing. However, it can also be a time of anxiety and vulnerability, especially when there is a sexual problem.

Sexual difficulties belong to the group of conditions known as psychosomatic disorders, in which the body expresses the distress via a symptom, such as low libido. Symptoms can be the result of physical (somatic) and/or psychological/relationship factors. All psychosexual difficulties can be "primary", meaning that the problem has been there since the start of sexual experience, or "secondary", when there was a period of normal functioning before the difficulty began.

The most common male sexual difficulties are premature ejaculation and erectile difficulties. Other problems include low libido, delayed ejaculation, anorgasmia and retrograde ejaculation. Of note, is that for diagnosis, all types of sexual problem focus only on performance, not pleasure. Whilst many people have occasional problems, if they persist, treatment can help restore confidence and intimacy.

ERECTILE DIFFICULTIES

What's the problem, and how widespread is it?

About one in five men over the age of 40 are unable to get and/or keep an erection sufficient for penetrative intercourse. The number of men affected increases with age, alongside an increase in chronic medical conditions.

What causes erectile difficulties?

Erectile difficulties can be the first presentation of serious medical conditions such as diabetes, heart disease, kidney disease and depression. Medication that can cause erectile difficulties include antidepressants, antipsychotics and antihypertensives, and are usually dose-related. Alcohol, cigarettes, methadone and non-prescription drugs including antihistamines can also cause erectile problems.

Erectile difficulties can be the result of relationship difficulties, especially when there is no underlying medical cause. A gradual onset of erectile difficulties is more likely to have a medical cause, whereas a sudden onset is more likely to be associated with performance anxiety or relationship issues, unless brought about by injury or surgery.

How is erectile dysfunction assessed?

A full physical and medical examination is taken. Routine tests include glucose, cholesterol and testosterone levels. More sophisticated tests are only performed when there are specific indications.

How is erectile dysfunction treated?

Most doctors start treatment for erectile difficulties with tablets such as Viagra®, Cialis® or Levitra®. The drugs are generally safe and effective in treating about two out of three men. When there is nerve damage, penile injections or implants may be needed.

Many doctors also offer counselling, or referral to a specially-trained sex therapist, because they recognise that erectile difficulties may contribute to, or be a reflection of, relationship difficulties.

For more detailed information on erectile dysfunction, please call Andrology Australia on 1300 303 878 for a free 'Men's Health Matters' guide on erectile dysfunction, or visit the website <http://www.andrologyaustralia.org>.

PREMATURE EJACULATION

What is premature ejaculation?

Premature ejaculation happens when a man is unable to control the timing of ejaculation, and ejaculates before he and/or his partner feels ready for this to happen. Whilst it is common for young men to ejaculate rapidly, ejaculatory control is usually gained with the confidence that comes with experience.

What causes it?

Performance anxiety is the main cause of premature ejaculation. Performance anxiety can be part of:

- general anxiety;
- anxiety related to a specific situation, e.g. a new relationship;
- a time of conflict in an established relationship, where there may be fear of rejection or failure.

There is no known physical cause for premature ejaculation.

How is premature ejaculation treated?

Treatments include:

- **SSRI antidepressants**
a side-effect of these drugs is that they delay ejaculation, therefore they can also be used to control the symptom. The treatment only works for as long as the patient continues to take the medication.
- **Traditional sex therapy**
Masters and Johnson's "squeeze" technique - a behavioral model in which the patient "retrains" to recognise pelvic sensations before ejaculation, and thereby gains control of the process.
- **Sex therapy (individually or as a couple)**
with the guidance of an experienced sex therapist, the underlying sexual and relationship issues can be explored and treated.

LACK OF LIBIDO

What is it?

Lack of libido is the term used to describe a lack of interest in sexual activity. Sexual desire or libido is a complex condition produced by a combination of biological, personal and relationship factors.

What causes low libido?

Acute or chronic medical or psychiatric conditions, especially depression, as well as chronic alcohol or marijuana use and certain prescription drugs e.g. antidepressants and antihypertensives, can all lower feelings of sexual desire.

It is often difficult to separate how much the patient's sexual interest is affected by biological and psychological factors, especially when there is chronic illness, chronic pain, fatigue or body image problems (e.g. following surgery for cancer). Personal factors such as stress or tiredness from work, too little or too much exercise, as well as feelings of dissatisfaction in the relationship are also potent causes of lack of interest in sex.

How is low libido treated?

Whilst antidepressants can be helpful if the person is depressed, they can also lower sexual interest. If low libido is caused by confirmed androgen deficiency, testosterone replacement may be needed.

Partner dissatisfaction is the most common reason for people seeking treatment. The "identified patient" (the one who is less interested in sex) seeks treatment because their partner is frustrated, angry or resentful. Ironically, the "lack of libido" often conceals a desire for more non-sexual sharing and intimacy. Individual or couple counselling can be very helpful in identifying and addressing the issues that have caused the "identified patient" to withdraw emotionally from the sexual arena.

RETROGRADE EJACULATION

What is retrograde ejaculation?

During normal ejaculation, semen is propelled forward through the urethra and out the tip of the penis. In men with retrograde ejaculation, the muscle at the opening of the bladder, which usually stops semen from entering the bladder during orgasm, does not close normally. This allows semen to flow back into the bladder. Therefore little or no semen is discharged from the penis during ejaculation, and the first urination after sex looks cloudy as the semen mixes into the urine. This uncommon condition is harmless.

What can cause retrograde ejaculation?

Retrograde ejaculation can happen after surgery to the prostate or bladder neck. Diabetes, multiple sclerosis, spinal cord injury, and some medications, in particular drugs to treat blood pressure, can also cause it. Depending on the cause, retrograde ejaculation may be a temporary or permanent condition.

How is retrograde ejaculation treated?

Most men who have retrograde ejaculation do not need treatment. The important message is that it is not a sign of serious illness.

It is difficult for men with retrograde ejaculation to conceive naturally. For men wishing to have a family, treatment is needed to correct the condition, or sperm may need to be collected in other ways for use in assisted reproduction procedures. A fertility specialist can take sperm from the urine, or can also take sperm directly from the testes in a small operation (biopsy).

DELAYED EJACULATION / ANORGASMIA

What is it?

Delayed ejaculation and anorgasmia are used to describe the inability to ejaculate at will, so that ejaculation takes much longer than desired, or does not happen at all. This might happen only with intercourse, or in all situations including self-stimulation (masturbation). "Orgasm" and "ejaculation" are often used interchangeably, but some men can experience orgasm even though they don't ejaculate (the behavioral part).

What causes it?

Physical causes include spinal cord injury, major lymph node surgery, diabetes, multiple sclerosis and traumatic injury to the pelvic region, when there is disruption to the nerve supply. Delayed ejaculation is a well-documented side-effect of SSRI antidepressants. Whilst delayed ejaculation can be caused by relationship difficulties, persistent anorgasmia, where there is no medical cause, is very uncommon.

How is it treated?

A change of antidepressant medication may be required for men who are concerned about this side-effect. Vibrator stimulation and electrical stimulation of the penis can be used to promote reflex ejaculation in men who can't ejaculate, but want to father a baby. Men who are concerned about being unable to ejaculate when there is no medical reason for this difficulty may require long-term individual therapy.

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