

# Sexual Dysfunctions and Disorders

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## Rationale

Sexual dysfunction includes clinically significant disturbances in the ability to respond sexually or to experience sexual pleasure. Some sexual behaviours may cause harm.

## Causal Conditions

(list not exhaustive)

- Erectile, arousal, or orgasmic dysfunctions
  - a. Psychological or emotional (e.g., depression, abuse, performance anxiety)
  - b. Neurologic dysfunction (e.g., spinal cord injury)
  - c. Vascular insufficiency (e.g., diabetes)
  - d. Substance- or medication-induced sexual dysfunction (e.g., alcohol, sedatives, drug adverse effects)
  - e. Hormonal (e.g., testosterone deficiency)
  - f. Hypoactive sexual desire/interest
  - g. Premature or delayed ejaculation
- Genitopelvic pain or penetration issues (dyspareunia)
  - a. Trauma (e.g., episiotomy)
  - b. Hormonal (e.g., vulvovaginal atrophy postmenopause)
  - c. Other pelvic pathology (e.g., endometriosis, pelvic inflammatory disease)
  - d. Psychological or emotional (e.g., anxiety, abuse)
- Sexual disorders

- a. Paraphilic disorders (e.g., sexual sadism, pedophilia, fetishes causing harm)
- b. Sexual addiction

## Key Objectives

Given a patient with sexual dysfunction or disorder, the candidate will address the issues and offer appropriate support and management measures. Because these issues can be emotional, physicians should strive to approach them in an unbiased and nonjudgmental way, with respect for the patient's wishes and values.

## Enabling Objectives

Given a patient with sexual dysfunction or disorder, the candidate will

- list and interpret critical clinical findings derived from an appropriate history, including the patient's physical and sexual development and comfort with their sexuality, and an appropriate physical examination to
  - a. determine if there is an organic or psychological cause;
  - b. identify treatable causes (e.g., atrophic vaginitis, diabetes, antidepressant medications); and
  - c. identify the risk of sexual activity causing harm;
- list and interpret investigations as required to identify underlying causes (e.g., testosterone level, blood glucose level, thyroid hormone levels); and
- construct an effective initial management plan for underlying issues, including
  - a. constructing a relevant safety plan where appropriate;
  - b. prescribing medications where appropriate (e.g., sildenafil, estrogen);
  - c. treating associated medical conditions if indicated (e.g., referral to a psychologist and/or sexologist); and
  - d. providing sexual education and counselling to the patient and their partner (e.g., use of lubricant, proper communication between partners).