

**Human Behavior Course
2004**

Sexual & Gender Identity Disorders

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HUMAN BEHAVIOR COURSE 2004
SEXUAL & GENDER IDENTITY DISORDERS - SLIDES

LEARNING OBJECTIVES AND STUDY QUESTIONS FOR DISCUSSION.

1. Know the meaning of the terms and concepts listed in slides 1 and 2 below.
2. Name the phases of the sexual response cycle and what occurs in each phase
3. What are the common medical causes of the sexual dysfunctions?
4. What medicines or other substances can cause the sexual dysfunctions?
5. Name the disorders of sexual desire.
6. What is the difference between hypoactive sexual desire disorder and sexual aversion disorder?
7. Name the different sexual & gender identity disorders and whether they are very common (point prevalence > 5%), common (1-5%) or uncommon (<1%) in the general population.
8. Know whether each sexual & gender identity disorder is more common in men, more common in women, or occurs in a similar proportion of men and women.
9. What treatments are commonly used for each of the different sexual dysfunctions? What are the predominant treatments being used for male erectile dysfunction?
10. Define and contrast the meaning of sexual identity and gender identity.
11. Is homosexuality a matter of sexual or gender identity? Why? How common is homosexuality?
12. What is the difference between sexual dysfunctions and paraphilias?
13. What is the difference between the paraphilias and the gender identity disorders?
14. What is the difference between transvestism (i.e., transvestic fetishism) and transexualism (i.e., gender identity disorder)?
15. What is dyspareunia? What are its common medical etiologies? How is it different from vaginismus? What is the main therapy for vaginismus?
16. Know the various paraphilias and what they signify. What are the treatments for the paraphilias and in general how effective are they?

Sexual & Gender Identity Disorders – Terms & Concepts

- ★ sexual dysfunctions
- ★ hypoactive sexual desire disorder
- ★ sexual aversion disorder
- ★ sexual arousal disorders
- ★ female sexual arousal disorder
- ★ male erectile disorder
- ★ orgasmic disorders
- ★ female orgasmic disorder
- ★ male orgasmic disorder
- ★ premature ejaculation
- ★ sexual pain disorders
- ★ dyspareunia
- ★ vaginismus
- ★ paraphilias
- ★ exhibitionism
- ★ fetishism
- ★ frotteurism
- ★ pedophilia
- ★ sexual masochism
- ★ sexual sadism
- ★ transvestic fetishism
- ★ voyeurism
- ★ telephone scatologia
- ★ necrophilia
- ★ partialism
- ★ zoophilia
- ★ coprophilia
- ★ klismaphilia
- ★ urophilia
- ★ hypoxyphilia
- ★ gender identity disorders
(transsexualism)



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Sexual & Gender Identity Disorders – Terms & Concepts

- ★ sexual identity
- ★ gender identity
- ★ gender role
- ★ sexual orientation
- ★ homosexuality
- ★ sexual fantasy
- ★ sexual activity
- ★ personal identity
- ★ social role
- ★ sexual response cycle
- ★ desire phase
- ★ excitement (arousal) phase
- ★ orgasm
- ★ resolution phase
- ★ papaverine
- ★ phenoxybenzamine
- ★ prostaglandin E₁
- ★ alprostadil (Caverject or Muse)
- ★ sildenafil (Viagra)
- ★ antiandrogenic agents
- ★ cyproterone acetate
- ★ medroxyprogesterone acetate (Provera)
- ★ leuprolide acetate (Lupron)
- ★ selective serotonin reuptake inhibitors



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Overview

- ★ Sexual response cycle
- ★ Sexual dysfunctions
- ★ Paraphilias
- ★ Sexual versus gender identity
- ★ Gender identity disorders



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Phases of Sexual Response Cycle

- ★ desire
- ★ excitement (arousal)
- ★ orgasm
- ★ resolution



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Phases of Sexual Response Cycle

Desire Phase

involves an appetite or craving for sexual activity.



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Desire Phase

Factors Affecting Sexual Craving

Biological, psychological, and social factors including...

- ★ libido
- ★ suggestive context
 - partner available
 - suggestive materials present
- ★ sexual fantasizing



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Phases of Sexual Response Cycle Excitement (Arousal) Phase

- ★ subjective sense of arousal
- ★ associated physiological changes
 - male – penile tumescence & erection
 - female – pelvic vasocongestion, vaginal expansion & lubrication, swelling of external genitalia



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Phases of Sexual Response Cycle Orgasm Phase

- ★ peaking of sexual pleasure
- ★ release of sexual tension
- ★ slight clouding of consciousness
- ★ rhythmic contraction of perineal muscles, anal sphincter, & reproductive organs
- ★ sense of ejaculatory inevitability & ejaculation of semen in male
- ★ neurological pathways –
 - central reward – dopamine & mesolimbic
 - peripheral SNS mediation – hypogastric plexus



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Phases of Sexual Response Cycle Resolution Phase

- ★ muscular relaxation
- ★ sense of general well-being
- ★ males – physiologically refractory to another erection / orgasm for minutes to hours
- ★ females – remain responsive to additional stimulation



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Sexual Dysfunctions

are characterized by a disturbance in an aspect of the sexual response cycle.



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Sexual Dysfunctions

- ★ may involve any phase(s)
- ★ lifelong versus acquired
- ★ situational or generalized
- ★ psychosocial, medical, medications or drugs



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DSM-IV Sexual Dysfunctions

- ★ Sexual dysfunction due to GMC
- ★ Substance-induced sexual dysfunction

-
- ★ Desire disorders
 - ★ Sexual arousal disorders
 - ★ Orgasmic disorders
 - ★ Sexual pain disorders



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Sexual Response Cycle Disruptions Due to Disease

- ★ neural – central or peripheral problems including MS, stroke, spinal stenosis, diabetic neuropathy, surgical nerve injury (e.g., radical prostatectomy)
- ★ vascular – focal stenosis from bike riding, diabetic or other vasculopathy
- ★ endocrine / metabolic –
 - hyper- or hypo-thyroid
 - increased estrogen secondary to cirrhosis, diabetes, renal failure
 - zinc deficiency



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Sexual Response Cycle Medication-Related Disruptions

- ★ anticholinergics
- ★ antihypertensives
- ★ antipsychotics
- ★ selective serotonin reuptake inhibitors
- ★ spironolactone, steroids, estrogens
- ★ drugs of abuse including alcohol, opioids, & psychostimulants



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Desire Disorders

Hypoactive sexual desire disorder
Sexual aversion disorder



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Hypoactive Sexual Desire Disorder

- ★ global – all forms of sexual expression
- ★ situational – limited to a partner, activity or context
- ★ wide range of sexual desire is normal
 - ~40% of marrieds have intercourse twice per week
 - ~ a third of marrieds have intercourse every 1-2 months
 - problem often boils down to discordant sexual frequency preference
- ★ primary versus secondary – often associated with other response phase, psychosocial, or psychiatric problems



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Hypoactive Sexual Desire Disorder Treatment

- ★ testosterone if baseline level is low
- ★ cognitive-behavioral approaches
 - involve homework
 - sensate focus
- ★ interpersonal or dynamic therapy for couples with primary relationship problems



Sexual Aversion Disorder

- ★ decreased frequency of sexual activity due to active aversion to genital sexual contact with the sexual partner
- ★ anxiety, fear, or disgust experienced when the opportunity for sex arises
- ★ aversion may be to specific activity or generalized revulsion
- ★ treatment involves in vivo desensitization assignments similar to those for phobic disorders



Sexual Arousal Disorders

Female sexual arousal disorder

Male erectile disorder



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Female Sexual Arousal Disorder

persistent or recurrent inability to
attain or maintain an adequate
lubrication-swelling response during
the sexual excitement phase



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Male Erectile Disorder (aka erectile dysfunction or impotence)

persistent or recurrent inability to attain or maintain an erection adequate for completion of the desired sexual activity



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Male Erectile Disorder

- ★ prevalence – ~10% of adult males
- ★ risk factors –
 - aging – 7% at 20-30 years old versus ~50% at 40-70 years old
 - up to a third of adult male primary care patients
 - ~50% of adult male diabetics
 - vascular disease, smoking, hypercholesterolemia



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Male Erectile Disorder Medical Workup

- ★ Careful sexual history
- ★ Exam – secondary sexual characteristics, genital palpation, perineal sensory testing, lower extremity vascular function
- ★ Lab – Glu, LFT, TFT, levels of testosterone, prolactin & FSH
- ★ Specific Studies –
 - nocturnal penile tumescence
 - doppler flow studies (internal pudendal artery)
 - somatosensory evoked potentials



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Male Erectile Disorder Treatments

- ★ Testosterone for hypogonadism
- ★ Bromocriptine for hyperprolactinemia
- ★ Psychotherapies – useful even if cause is mainly medical
- ★ Penile prosthetic



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Male Erectile Disorder Treatments

★ Intracavernosal injections

- papaverine
- phenoxybenzamine
- prostaglandin E₁ (alprostadil, Caverject, Muse)

★ Oral therapies –

- sildenafil (Viagra – ‘join the millions’) ~4 hour half-life
- vardenafil (Levitra – ‘a proud sponsor of the NFL’) ~4-6 hour half-life
- tadalafil (Cialis – ‘will you be ready?’) 36 hour half-life



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Orgasmic Disorders

Female orgasmic disorder

Male orgasmic disorder

Premature ejaculation



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Female Orgasmic Disorder

- ★ persistent or recurrent delay in, or absence of, orgasm following a normal excitement phase
- ★ only a problem if the woman is troubled by it
 - ~25% of women report infrequent orgasm
 - only ~25% of those women were distressed about it



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Female Orgasmic Disorder

- ★ primary anorgasmia
 - woman has never achieved orgasm
 - prevalence 5-10%
 - prognosis is good
- ★ secondary anorgasmia
 - anorgasmia is situational or episodic
 - treatment response ~50%



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Male Orgasmic Disorder (aka, inhibited male orgasm)

persistent or recurrent delay in, or
absence of, orgasm following a normal
sexual excitement phase



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Male Orgasmic Disorder

- ★ situational more common than global
- ★ absence of orgasm more common than delayed orgasm
- ★ degree of associated distress is variable



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Male Orgasmic Disorder Treatment

- ★ behavioral interventions to minimize performance anxiety
 - sensate focus
 - increased stimulation prior to vaginal intercourse
- ★ pharmacotherapy – 1-2 hours before anticipated sexual activity
 - cyproheptadine
 - yohimbine



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Premature Ejaculation

persistent or recurrent onset of orgasm and ejaculation with minimal sexual stimulation before, upon, or shortly after penetration and before the individual wishes it.



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Sexual Pain Disorders

Dyspareunia
Vaginismus



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Dyspareunia

- ★ genital pain that occurs in association with sexual intercourse (during, before, or after)
- ★ much more common in males than females
- ★ may be accompanied by vaginismus
- ★ phobic avoidance of sexual activity often develops



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Dyspareunia Common Medical Etiologies

- ★ infections (vagina, urinary, cervical, fallopian)
- ★ endometriosis
- ★ episiotomy scar
- ★ ovarian cysts & tumors
- ★ pelvic irradiation & resulting vaginal atrophy
- ★ vulvar vestibulitis



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Vaginismus

- ★ recurrent or persistent involuntary contraction of the perineal muscles surrounding the outer third of the vagina when vaginal penetration is attempted
- ★ psychological factors are often important
- ★ treatment involves relaxation training followed by graded exposure
 - targeting phobic avoidance or aversion
 - sensate focus after successful graded exposure



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Paraphilias

are recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations.



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Paraphilias

- ★ exhibitionism
- ★ fetishism
- ★ frotteurism
- ★ pedophilia
- ★ sexual masochism
- ★ sexual sadism
- ★ transvestic fetishism
- ★ voyeurism
- ★ telephone scatologia
- ★ necrophilia
- ★ partialism
- ★ zoophilia
- ★ coprophilia
- ★ klismaphilia
- ★ urophilia
- ★ hypoxiphilia



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Sexual Identity

one's biological sex; also used to refer to one's sexual preference



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Gender Identity

one's subjective sense of maleness versus femaleness.



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Gender Role

refers to the behaviors an individual engages in that identify the individual as a male or female (i.e., masculine or feminine).



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Homosexuality

- ★ broad term encompassing
 - sexual fantasy
 - sexual activity
 - personal identity
 - social role
- ★ not a disorder in DSM since DSM-III (1978)
“ego-dystonic homosexuality”



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Gender Identity Disorders

are characterized by strong and persistent cross-gender identification accompanied by persistent discomfort with one's assigned sex



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