S41-03

ISSUES IN DIFFERENTIAL DIAGNOSIS OF SESXUAL DYSFUNCTION: MENTAL AND PHYSICAL DYSORDERS

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Sexuality is the ultimate union of mind and body; sexual functioning or dysfunction depends on complex bio-psycho-social conditions.

Sexual dysfunction (SD) may be primarily due to physical disorders, including endocrinologic (diabetes, androgen deficiency, hyperprolactinemia, hypothyroidism and hyperthyroidism), cardiovascular and pelvic illnesses. SD can be secondary or indirectly related to impairments of the physical disorder such as fatigue, weakness and bladder incontinence, or to the psychosocial stress of the illness. Not only the disease itself, but the treatment prescribed, may also cause sexual impairment.

SD is prevalent among psychiatric patients and maybe related to both the psychopathology and the psychopharmacology. SD has been reported in as many as 30%-60% of patients with schizophrenia treated with antipsychotic medication, up to 78% of individuals with depression treated with antidepressants and up to 80% in patients suffering from anxiety disorder. Eating disorders and personality disorders, mainly borderline personality disorder, are also associated with SD.

Psychosocial factors, like interpersonal relationships, length of relationship, lifestyle, socioeconomic class and cultural background have been shown to correlate with SD, especially in hypoactive sexual desire disorder in women.

An evaluation of SD should take into consideration the primary sexual functioning, the physical and mental disorders, the various medications and the psychosocial factors.

It is recommended to identify the specific cause of the SD and to treat the patient according to the individual´s mental disorder, physical disorder and interpersonal relationship.

https://doi.org/10.1016/S0924-9338(09)70458-4 Published online by Cambridge University Press