

Hormonal:

Hormones have a highly significant role to play in regulating female sexual function.

Animal models suggest that oestrogen affects sensation.

Thus post-menopausal women may find that they experience vaginal dryness and some loss of clitoral/vaginal sensation.

Therefore hormone replacement therapy (HRT) may be useful in re-establishing normal levels of vaginal lubrication and increased clitoral/vaginal blood flow.

Surprisingly, the 'male' hormone testosterone may also have a role in women; low levels are associated with a decline in sexual arousal, genital sensation, libido and orgasm.

Studies have shown improvements in women treated with testosterone pellets.

Other hormonal/endocrine causes include: hypothalamic/pituitary dysfunction, natural menopause, premature ovarian failure, chronic use of oral contraceptives.

These tend to result in reduced libido, vaginal dryness and lack of sexual arousal.

Vascular:

High blood pressure, high cholesterol levels, diabetes, smoking and heart disease are implicated in sexual dysfunction in both men and women.

Traumatic injury to the pelvis or even extensive bike riding can result in sexual dysfunction.

Vascular insufficiency should always be excluded before turning to a diagnosis of psychological problems.

As sexual arousal disorder in some women is due to reduced genital blood flow, drugs which may increase blood flow are likely to be a suitable treatment option.

Topically-applied (via a spray) drugs such as minoxidil have been trialled for this purpose. However, their application in patients with circulatory disorders may be questionable.

Neurological:

Spinal cord injury, disease of the central/peripheral nervous system (e.g. MS, arachnoiditis, diabetic neuropathy) can all cause sexual dysfunction (see above).

Psychogenic:

Issues such as self-esteem, body image, and especially the quality of interpersonal relationships may affect sexual function. The strength of a partnership outside the bedroom may well be reflected in the activity in the bedroom.

The ability to communicate effectively about sexual matters is an essential feature of a healthy sex life.

Surgical:

Nowadays, the adverse effects of pelvic surgery (e.g. for bladder problems or gynaecological disorders) may be profound as regards sexual function.

The sling procedure described above may result in up to 20% of patients experiencing decreased vaginal sensation for around 6 months, although this mostly resolves within a year.