

Medical Sexology

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Definition

- Part of medicine that deals with conditions that influence the sexual life of patients.
- It's interdisciplinary and integrates knowledge of several medical specializations.
- Sexology isn't uniform throughout the World and there are countries where it doesn't exist as an integrated discipline.

Resources of sexology

- ⦿ Psychiatry
- ⦿ Psychology
- ⦿ Urology
- ⦿ Gynecology
- ⦿ Endocrinology

Areas of interest

- Sexual dysfunctions (not caused by organic disorder or disease)
- Gender identity disorders
- Disorders of sexual preference
- Psychological and behavioral disorders associated with sexual development and orientation
- Organic sexual disorders (the coordination of treatment)

Areas of interest

- Fertility problems
- Sexual crimes
 - > Medical examination of the offender
 - > Care of the victim
- Other problems linked to the human sexuality

Examination methods

- ⦿ Interview with the patient
- ⦿ Clinical examination
- ⦿ Laboratory analyses (blood, sperm...)
- ⦿ Phalopletismografi/vulvopletismografi
- ⦿ Other specific methods if needed

NA VLASTNÍ KŮŽI

Spodní prádlo si klienti mohou nechat a sami si umístí sondu na to správné místo



- 1 Sondy se dají přiložit na různé části těla
- 2 Spirála připomíná tvarem vývrtku, penis se do ní vkládá
- 3 «Ženská» spirála je v jedné rovině, na genitál se přikládá

MUDr. Zlatko Pastor je jedním z našich nejlepších odborníků na sexuologii



Jak se měří sex

Sexual dysfunctions

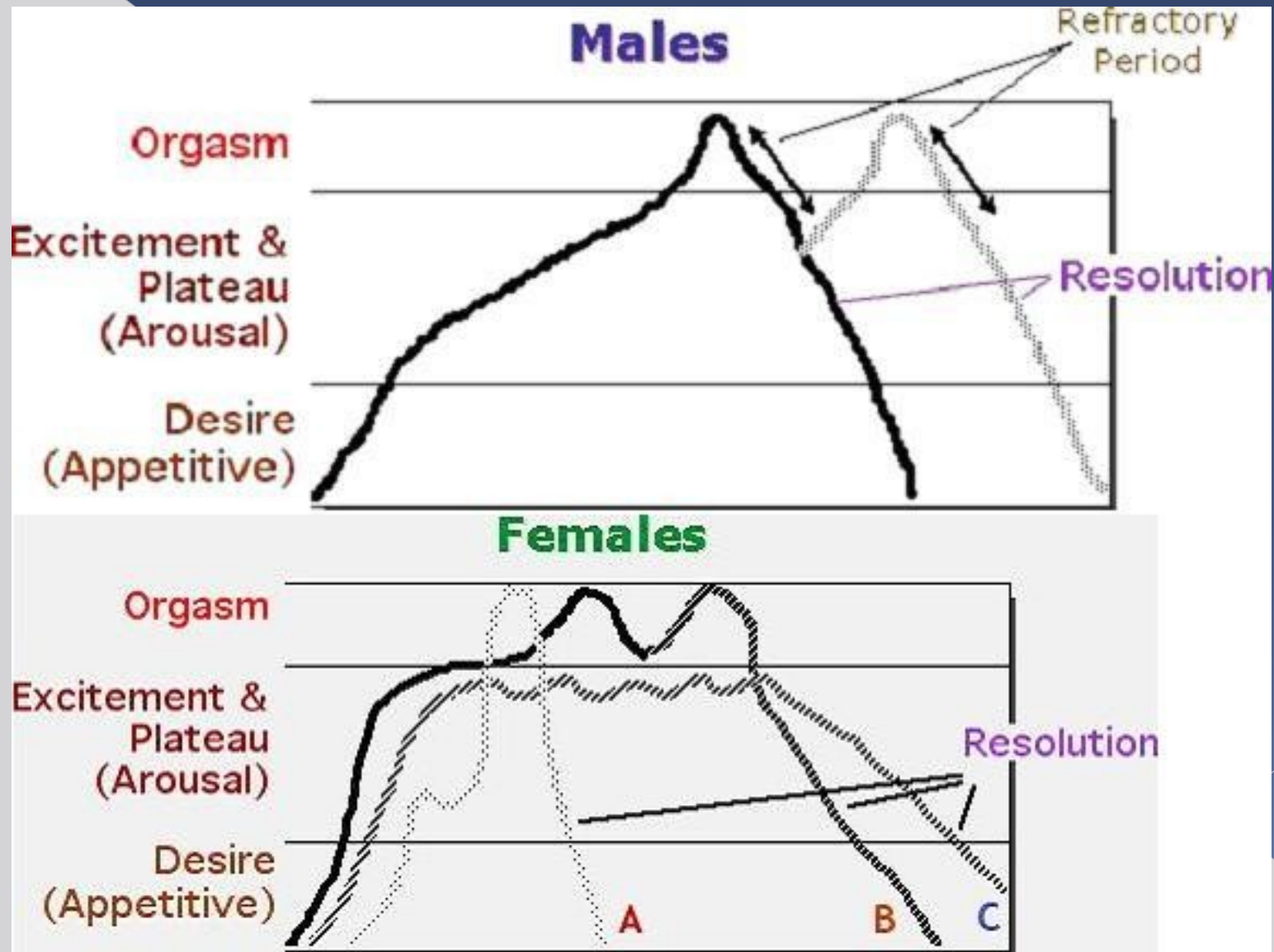
Classification of dysfunctions

- Organic (traumas, illness, congenital defects...)
- Not organic
 - Sexual dysfunction covers the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish, the preferred sexual object and activities are normal.

The Cycle of Sexual Reactivity

- ⦿ Sexual desire
- ⦿ Sexual excitement (with physiological reactions)
- ⦿ Intercourse
- ⦿ Orgasm
- ⦿ Resolution

The Cycle of Sexual Reactivity



Disorders of Sexual Desire

- ⦿ Lack or loss of sexual desire
- ⦿ Sexual aversion
- ⦿ Lack of sexual enjoyment
- ⦿ Excessive sexual drive
 - > Sex dependence
 - > Obsessive sexual behaviour (often with the intention of reducing stress or anxiety)

Disorders of Excitement



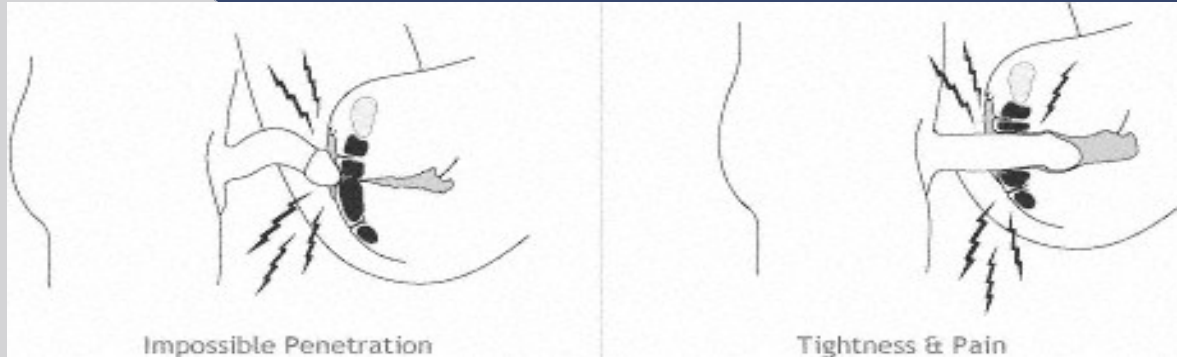
- ◎ Failure of genital response
 - › Erectile dysfunction in males
 - › Insufficient lubrication in females

Disorders of Orgasm

- Inhibited orgasm (male, female)
 - > Primary x secondary
 - > Generalized (total) x selective (situational)
- Premature ejaculation
 - > The inability to control ejaculation sufficiently for both partners to enjoy sexual interaction.
- Delayed ejaculation



Other dysfunction



- ⦿ Nonorganic vaginismus
 - > Spasm of the pelvic floor muscles that surround the vagina, causing occlusion of the vaginal opening. Penile entry is either impossible or painful.
- ⦿ Nonorganic dyspareunia (pain during sexual intercourse)
 - > occurs in both women and men.

Female anorgasmia

- The female orgasm isn't indispensable for the fertilization and it isn't present in other mammals.
- 5-10% of women in the population never achieve orgasm
- Orgasmic capacity depends on age and is best between 30 and 35 years
- The present generation of women have better capability of achieving orgasm than had generations of their grandmothers

Erectile dysfunction (ED)

- Organic x non-organic
- Generalized x situational
- Treatment: pharmacological, psychotherapeutic
- Medications: sildenafil, tadalafil, vardenafil (phosphodiesterase type 5 inhibitors)



Premature ejaculation

- The inability to control ejaculation sufficiently for both partners to enjoy sexual interaction.
- It even exists “ejaculation *ante portas*”
- “normal” intercourse duration : 3-7minutes
- An intercourse under 1 minute is usually problematic

- Treatment: psychotherapy, exercises, medicines (antidepressants with serotonergic effects)

Disorders of sexual preference

Disorders of sexual preference

- ⦿ Also: **paraphilias**
- ⦿ Terms not used any longer (offensive)
 - > sexual deviation
 - > perversion

“Sexual norm”

- ⦿ Characteristics common to all human beings
- ⦿ Culturally determined characteristics
- ⦿ Individual characteristics

“Sexual norm”

- ◎ Sexual activities can be considered normal if:
 - > Don't cause physical or psychological harm to anyone,
 - > Are acceptable to all participants, who are mature enough and not consanguineous relative.

Human sexual motivation

- Humans don't have a simple sexual instinct
- They possess a system of sexual motivation
- It's a hierarchical system consisting of partial sexual activations
- After one activity has been completed, another can begin
- It's formed during the intrauterine life and is usually completed within the first 3 years of life, but remains still.
- It awakens at the beginning of puberty

Human sexual motivation

- Attractivity phase (a stage when general sexual interest is expressed)
- Proceptivity phase (directed towards a specific person)
 - > „Gender signals“
 - > Flirting
 - > Nonverbal contact
 - > Verbal contact
 - > Approaching and “accidental” tactile contacts
- Receptive phase



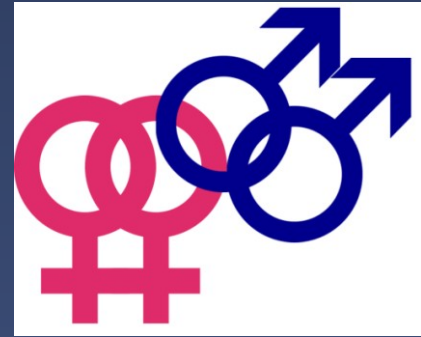
Disorders of the sexual motivation

- ⦿ Gender identity disorders
- ⦿ Disorders of sexual orientation
- ⦿ Disorders of sexual activity

Disorders of sexual orientation

- Change in the sexual motivation system
- The whole proceptivity phase is altered
 - > Not only the sexual practices!
- Relationships with persons of the same sex or of inappropriate age or preference for not living objects

Homosexuality



- Relations with persons of appropriate age but of the same sex
- It's not considered mental disorder since the 70's.
- It's innate, permanent and unalterable state of the sexual motivation system
- It may be a social, political, moral and religious issue, but not medical any longer.

Paedophilia



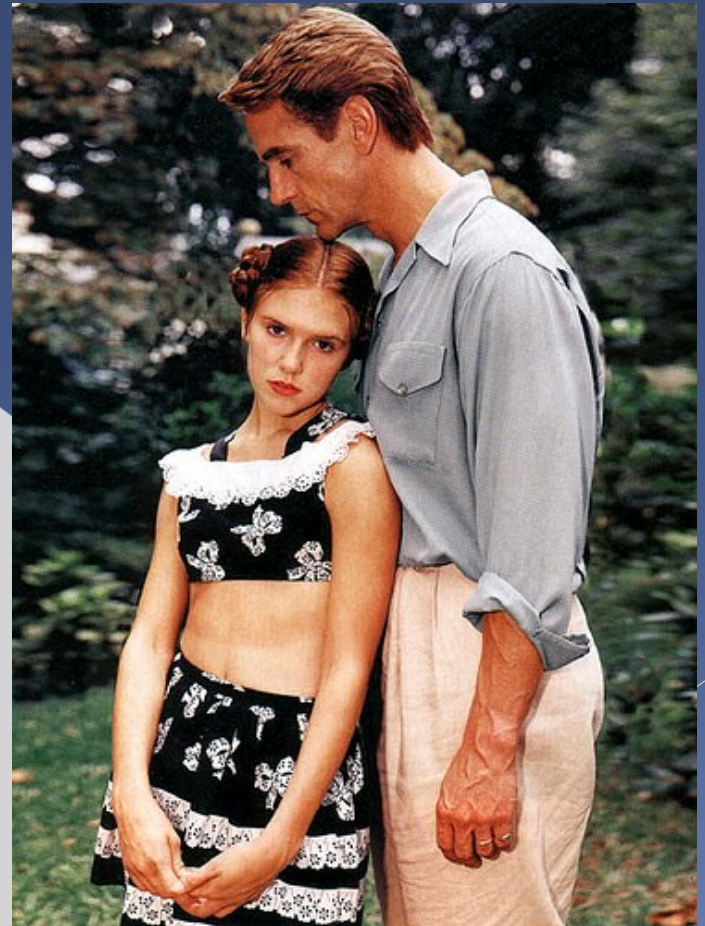
- A sexual preference for children, boys or girls or both, usually of prepubertal or early pubertal age.
- Typically between 5 and 12 years
- Fascination with the child's behaviour and appearance

Paedophilia

- Heterosexual paedophilia – preference for girls usually between 5 – 11 years, with usually close relationship
- Homosexual paedophilia – preference for boys around 12 years, more aggressive activities, directed more towards achieving orgasm
- Experimentally, sexual arousal can be achieved with the pictures of prepubertal girls in most heterosexual men. Therefore all societies have to determine the age of consent and protect their children.

Hebephilia

- ◉ Interest in pubertal girls



Ephēbophilia



- sexual preference of adults for mid-to-late adolescent boys, generally ages 15 to 19.

Fetishism

- Reliance on some non-living object as an indispensable stimulus for sexual arousal and sexual gratification. Many fetishes are extensions of the human body, such as articles of clothing or footwear. Other common examples are characterized by some particular texture such as rubber, plastic or leather.
- Fetish objects vary in their importance to the individual. In some cases they simply serve to enhance sexual excitement achieved in ordinary ways (e.g. having the partner wear a particular garment).

Fetishism

- The preferred sexual activity is masturbation with the preferred objects
- Sometimes it's possible to introduce the object to the couple activities
- The occurrence in women is very rare.



Fetishistic transvestism



- Also transvestic fetishism
- The wearing of clothes of the opposite sex principally to obtain sexual excitement and to create the appearance of a person of the opposite sex.
- Clear association with sexual arousal and the strong desire to remove the clothing once orgasm occurs and sexual arousal declines.
- There is no doubt about own gender
- It's exclusively men's condition

Other disorders of sexual preference

- Necrophilia- dead bodies
- Zoophilia - animals
- Pyrophilia - fire
- Mysophilia - dirt
- Gerontophilia – old people
- Statuophilia - statues

- All are rare conditions



Disorders of the sexual activity

- The object of desire is normal – an adult person of the opposite sex
- Alteration of achieving sexual excitation and how this excitation is resolved (satisfied)
- Voyeurism
- Exhibitionism
- Toucherism
- Frotteurism
- Pathological sexual aggressivity
- Sadism, sadomasochism
- Other and combined (multiple)

Voyeurism



- *Fr. voir = to see or look*
- A recurrent or persistent tendency to look at people engaging in sexual or intimate behaviour such as undressing.
- This is carried out without the observed people being aware, and usually leads to sexual excitement and masturbation.
- This is preferred behaviour even if there is possibility to have a sexual partner.

Exhibitionism

- Lat. *exhibere* = *to exhibit*
- A recurrent or persistent tendency to expose the genitalia to strangers (usually of the opposite sex) or to people in public places, without inviting or intending closer contact.
- There is usually sexual excitement at the time of the exposure and the act is commonly followed by masturbation.
- It's the most common disorder in this group



Pathological sexual aggressivity

- The excitement is achieved by breaking the resistance of an unknown woman, who is attacked and whose cooperation is reduced to minimum
- Predatory behaviour
- The aggressor attacks a surprised victim, who is not expecting anything, knocks her down and tries to rape her.
- No previous attempt of contact is usually present.

Aggressive sadism

- ⦿ The excitation is achieved by making immobile the object of sexual desire
- ⦿ In this group there are many sexual murderers
 - > But the primary intention is not to kill
- ⦿ This type of murderers forms only a small subgroup among all murderers, but enjoy a large public attention

Sadomasochism

- A preference for sexual activity which involves the infliction of pain or humiliation, or bondage.
- If the subject prefers to be the recipient of such stimulation this is called masochism; if the provider, sadism.
- Often an individual obtains sexual excitement from both sadistic and masochistic activities.



Treatment

- ⦿ A problematic group of patients
 - > Enormous stigma
 - > Fear of attending medical care
 - > Their sexuality is often suppressed to avoid unacceptable sexual activities
- ⦿ It's not possible to change sexual motivation

Treatment

- ⦿ Accept one's own sexuality
- ⦿ Identify the stimuli that could initiate the pathological sexual behaviour
- ⦿ Form brakes and safety behaviours
- ⦿ Engage in couple life if possible
- ⦿ Use other ways of reducing sexual arousal

Treatment

- ◎ Psychotherapy
- ◎ Drug treatment (to reduce sexual desire)
 - > Antidepressants
 - > Antipsychotics
 - > Antiandrogens
- ◎ Surgical treatment (pulpsectomy, castration – ethical controversy)

Gender identity disorders (GID)

- At present the term **GENDER DYSPHORIA** is used
- The ICD-10 includes the term **transsexualism**
- The ICD-11 presents with the term **GENDER INCONGRUENCE**

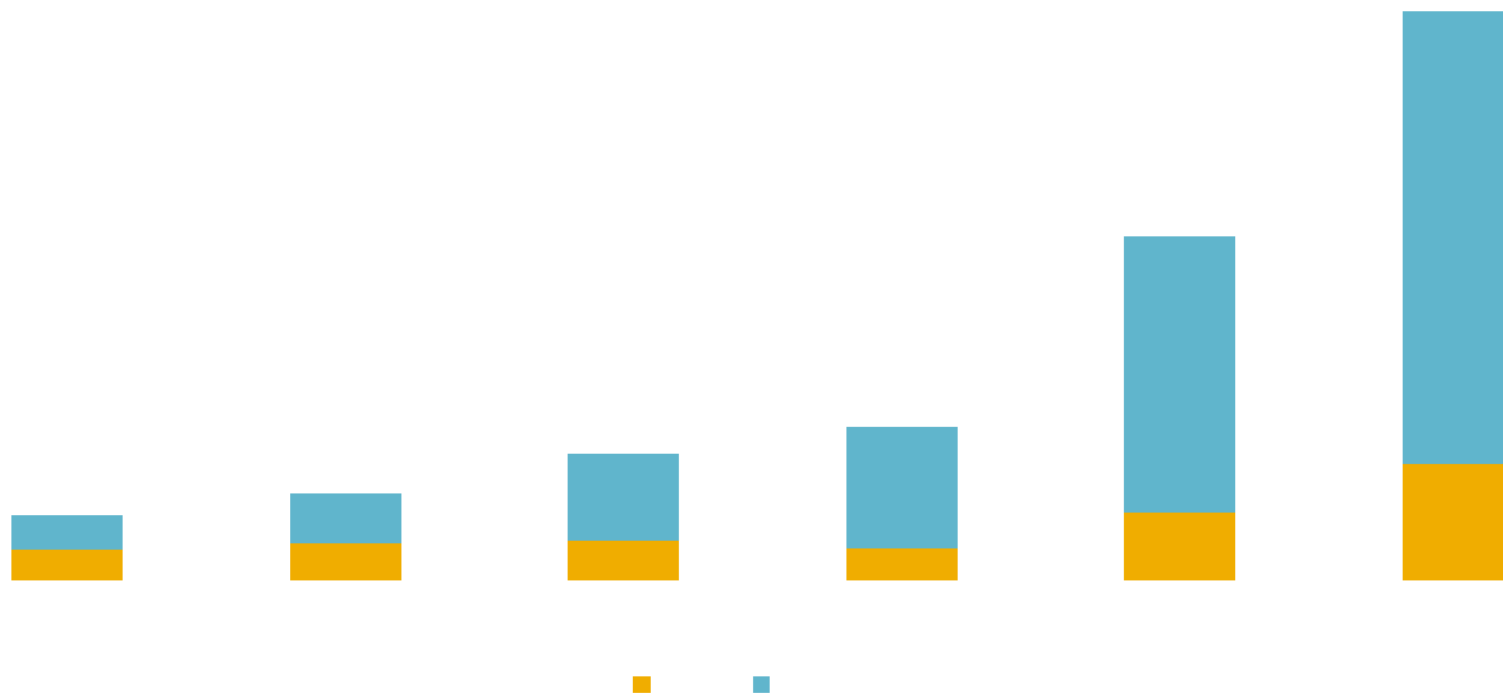
Gender dysphoria

- Sex versus gender
- The gender is assigned at birth based on the visual aspect
- That leads to expectations of a certain type of behaviors
- A real gender identity stabilises much later

Trends

- In adults the prevalence may be up to 1:200 (0,5%) (Conron et al., 2012)
- Based on common experience, in Europe, North America and Asia the numbers of people seeking help for gender dysphoria increases.
- In the West significantly increasing numbers of adolescent natal girls have been noticed

Statistics



Gender dysphoria

- Two significantly different conditions can be defined:
 - > **GD in pre-pubertal children**
 - > **GD in pubertal, adolescent and adult people**

Gender dysphoria: care before puberty onset

- "Wait and watch" approach
- The subjective experience of gender should be taken in account including name and forms of address
- No hormonal or surgery treatment are recommended at this stage.
- Only a proportion of these children, albeit large, will fulfil complete criteria for GD in adulthood

Gender dysphoria: care in adolescence

- If GD persists after onset of puberty, there is little or no chance that it will change later.
- If GD worsens with the onset of puberty, it is a strong diagnostic feature.
- Many people with GD try to “fit” their prescribed gender at the beginning of puberty, they feel strong distress and inappropriateness and they realize due to this effort that they simply cannot fit.

Gender dysphoria: care in adolescence

- The care must be interdisciplinary.
- The main role plays a sexologist/psychiatrist who coordinates the care
- A psychologist is an important member of the team as well as an endocrinologist, gynecologist, GP or pediatrician.
- Psychotherapy is very important and should aim at adjustment issues, relationships and psychological wellbeing. Psychotherapy aimed at gender change failed to be effective and even increased distress and thus is widely considered unethical.

Gender dysphoria: care in adolescence

- Diagnostic process includes 4 – 6 months and includes several visits with the sexologist. Then a Real Life Test follows as a part of this process.
- **Social transition** is a change of the gender role in society, includes coming-out and changes (name, addressing)
- Specialist assessments are necessary only in particular cases when in doubt – genetics, psychiatry, neurology

Gender dysphoria: care in adolescence

- If the gender dysphoria is severe and social transition does not reduce it, other treatments can be offered:
 - > Fully reversible procedures (puberty blocking agents - GnRH analogues)
 - > Partially reversible procedures (cross-sex hormones)
 - > Irreversible procedures (surgery)

Thank you for your attention