



Psychological Aspects of Sexual Dysfunctions

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Outline of presentation

- ▶ Take Home Messages
- ▶ Research Agenda: Psychological Aspects to prioritization

Take Home Messages

- ▶ **Sex therapy - why, how and when?**
- ▶ Sexual Dysfunction has been associated with low self esteem, anxiety, depression, and distress in men, women and their partners.
- ▶ Psychological issues are present in most of the patients with SD, as a **cause or as a consequence**.
- ▶ **Pharmacological interventions access part of this complex "scenario"**.
- ▶ Psychotherapy interventions aim to change **dysfunctional feelings and attitudes and help individuals to develop healthier, more effective patterns of sexual behavior**.

Combination: Medical and Psychological therapy for SD

- ▶ According to Dr. Althof "no matter how efficacious and safe are the medical intervention," **medications alone could not always surmount the psychosocial obstacles that maintained the dysfunction and interfered with sexual life".**

Four main psychotherapeutic treatment groups

- ▶ Behavior therapy; especially modified Masters' and Johnson's and Semans' techniques; psycho-education; psychodynamic therapy; and cognitive behavioural therapy (CBT)

Recent innovations in the field:

- **Mindfulness (yoga and meditation)**
- ▶ **Internet sexual therapy**
- ▶ This type of treatment also offers several potential advantages such as easy accessibility, anonymity, practicality, reduction of embarrassment or humiliation, geographical isolation, time constraints and the availability of specialized psychological care in communities without trained professional.

Sexual therapy for women with problems of desire

- ▶ *Dr. Kevan Wylie (United Kingdom)*
- ▶ *Present a model for treating interpersonal issues to access in the treatment as : couples capacity to grow and modify old patterns*

Acceptance and commitment therapy

ACT (Nelson C)

- ▶ Acceptance and commitment therapy for adherence to an erectile rehabilitation program (ERP) after radical prostatectomy (RP)
- ▶ “Data also indicate ACT increases ED treatment satisfaction and sexual self-esteem, while reducing sexual bother and prostate cancer treatment regret”

Take Home Message

- ▶ **Sexual function in schizophrenia**
- ▶ Preliminary results point to better sexual function with certain second generation antipsychotics. It also appears that patients on single antipsychotic may have better sexual function than patients on multiple agents.
- ▶ Preliminary data on the efficacy of psychoeducational intervention on sexual health and sexual difficulties in individuals with psychotic or mood disorder. The intervention was not effective for changing the sexual knowledge, which can be explained by the difficulty in acquiring new information by individuals with schizophrenia
- ▶ (Melnik T. Efficacy and safety of atypical antipsychotic drugs (quetiapine, risperidone, aripiprazole and paliperidone) compared with placebo or typical antipsychotic drugs for treating refractory schizophrenia: overview of systematic reviews)

Group therapy focused on psychodrama for patients with genito-pelvic pain/penetration disorders: a qualitative study *Fanganiello, A Brazil*

- ▶ Case Series
- ▶ 20 patients The Group Therapy focused on psychodrama was effective for women with penetrations difficulties raising emotional issues relevant to the management of this sexual dysfunction.



Could a critical summary of
psychotherapy for SD will Help
Focus Collaboration Efforts for a
Research Agenda in Sexuality ?

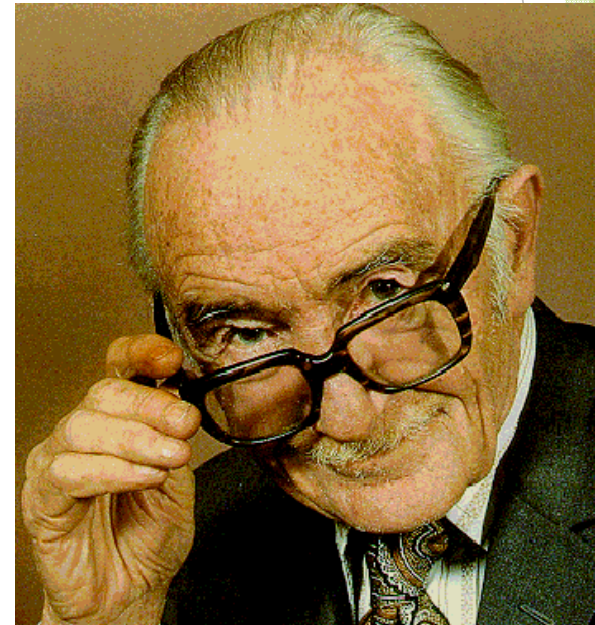


Cochrane Collaboration

Archie Cochrane, a British Medical researcher

In 1979:

“It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials”



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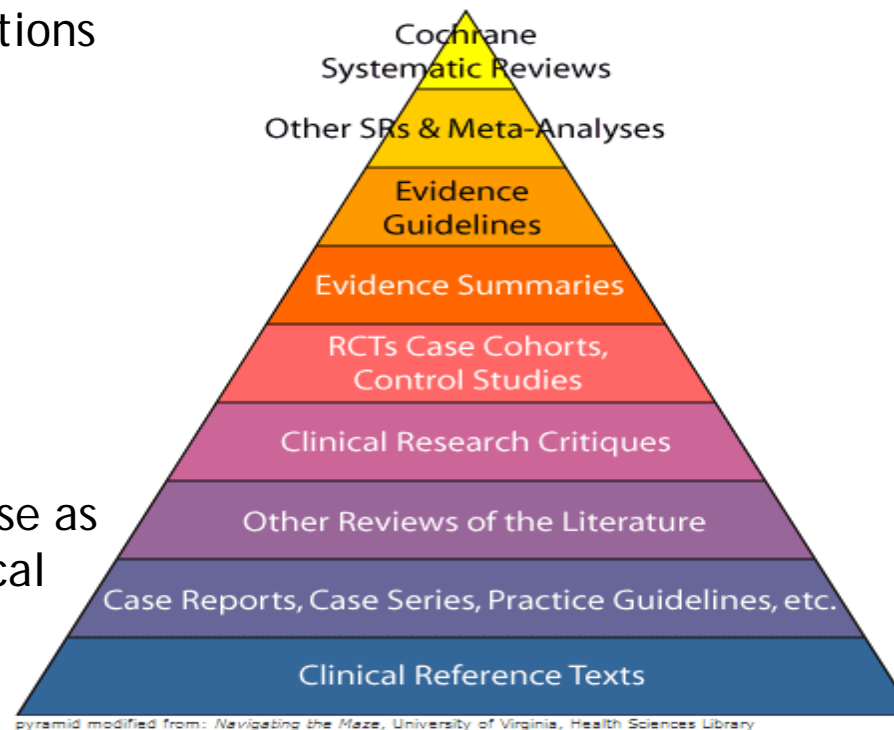


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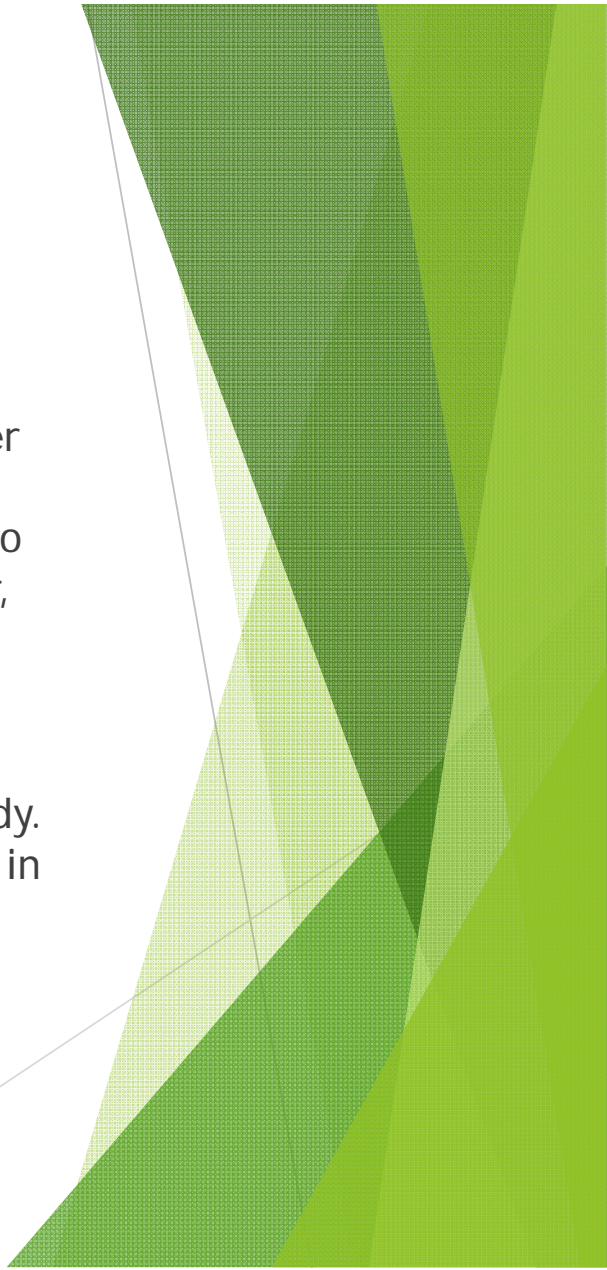
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and routinely appear in these as well as in specialized medical journals.



Implications for Research of two Cochrane Reviews (Melnik et al 2008 and Melnik et al 2011)

- ▶ There is a clear need for more RCTs to improve the **precision of estimates, to assess possible long-term benefits of psychosocial interventions for Sexual Dysfunctions and the impact of psychosocial interventions in anxiety and depressive felling**, and to explore differences in specific subgroups of patients such as organic versus psychogenic etiology and primary versus secondary sexual dysfunctions.

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- ▶ Randomized trials with larger group samples trials are still needed to further explore the current available evidence for psychological interventions for treating PE. The trials should be conducted over a longer follow-up period to further investigate delayed effects of psychological interventions. Moreover, the clarification of the optimal dose and duration of any psychosocial treatment also still needs further investigation.
 - ▶ The techniques used for randomisation, blindness (evaluators blind) and allocation concealment should be described clearly in presentation of a study. In addition, all outcomes should be presented in figures as clear as possible in a way that readers can analyse the data and draw conclusions themselves ([MeInik 2009](#)).

Asking an answerable question



Answerable questions for therapeutic

EFFECTIVENESS

A description of the populations

An identified intervention

An explicit comparison

Relevant outcomes

P

I

C

O

Questions of interest

Effectiveness:

Given the heterogeneity of patients with SD, research is needed to better understand particularly for patients with lifelong SD ?

Other important questions:

- ▶ Outcomes sexual confidence, stages of motivation, sexual satisfaction, readiness to change, increased intimacy, patient and partner satisfaction, functioning, and health-related quality of life

Research Agenda for Sexuality

- ▶ Evidence Based Diagnostic Criteria for Sexual Dysfunctions
- ▶ Psychological Interventions for:
 - ▶ Who? When? Duration? Technique? Individual? Couple? Group? Association?
 - ▶ Outcomes (more than remission, based on individuals demands)
 - ▶ Test Diagnostic Studies

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- Me** Methodology
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