

STIs

STIs and sexual dysfunction

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A quiet partnership?

Despite its prevalence, sexual dysfunction is often endured in silence. Population studies in both the United States and United Kingdom suggest that as many as 54% of women and 35% of men acknowledge sexual complaints and problems lasting for at least 1 month and often for many months and even years.^{1,2} Nevertheless, only 11% of men and 30% of women seek treatment.^{1,3} It is timely that the authors of one of these epidemiological studies have provided more details about the large scale sexual survey that was originally conducted in the United Kingdom between 1999 and 2001 of men and women between the ages of 16–44 (**this issue of STI, p 394**).

Although prevalent, the high rates of reported sexual problems need to be understood both in population and in clinical terms. These are self reported problems and are, by the authors' admission, not identical to diagnosed sexual dysfunctions that require both the clinical diagnosis of a sexual problem along with the report of concomitant distress. Moreover, sexual problem rates are often inflated, since the rate of persistent problems (those lasting 6 months or longer) are significantly lower than those of more transient complaints—for example, those lasting 1 month.

Despite these caveats, what is new in this paper is the in-depth sociodemographic, sexual, and health correlates associated with sexual complaints.

For women increasing age, lack of "competence" at first sexual encounter (a novel composite measure of absence of duress and regret, autonomy of decision, and use of a reliable method of contraception), having small children in the house, and finding it hard to talk to their partner were all highly correlated with sexual dysfunction. The latter two associations are mirrored very frequently in clinical practice. Low sexual desire is the most common presenting complaint of women. Sexual desire is now understood to be significantly

influenced by contextual and motivational variables in women—that is, feelings of safety, relationship satisfaction, privacy, etc, rather than internal sexual drive or visual and/or erotic fantasy as in men.⁴ A common clinical scenario is the working woman or housewife with a young family who's partner doesn't communicate with her and who complains about her lack of spontaneous sexual desire or interest. She, on the other hand, is tired and stressed by multiple domestic and child-care demands and feels her partner should win her over emotionally rather than simply expecting her to be sexually enthusiastic and responsive. It is notable that the authors found that women with young children were significantly more likely to report both any and persistent sexual problems.

"Words get squeezed into unexpected shapes because of the reality they are in. Silence is often squeezed because you have to say something sometimes."

Dylan Thomas

For men, competence at first sexual intercourse and finding it difficult to talk to a partner about sex were also important correlates of sexual dysfunction. Increasing age and poor health were also significantly associated with sexual problems. This should not be surprising as conditions such as hypertension and diabetes are more prevalent with advancing years and are known to be associated with erectile dysfunction.⁵

The rather surprising finding of a strong association between having an STI and sexual dysfunction in men does not at first blush seem scientifically plausible. However, male pelvic pain (chronic prostatitis) is known to be associated with STIs (*Chlamydia trachomatis* and *Mycoplasma genitalium*)⁶ and with premature ejaculation and erectile dysfunction.^{7,8} Genital herpes has also long been known to be associated with

psychiatric illness⁹ and sexual dysfunction.¹⁰ It also seems entirely plausible that acquiring a chlamydial infection results in feelings of stigmatisation, guilt, regret and "dirtiness" in men.¹¹ It is clear that sexual behaviour, STIs, and sexual dysfunction intercorrelate and have common themes and threads that make them easier to understand when viewed holistically.

Overall, the findings of this study suggest that many sexual problems stem from relationship issues—for example, lack of effective communication, child-care stressors, as well as feelings of sexual competence and for men, a history of physical problems, or STIs.

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