

Female Sexual Dysfunction

WARWIKI

Patient Information · Common, often treatable concerns about sex

Female sexual dysfunction means ongoing problems with **desire, arousal, orgasm, or pain with sex** that bother you. It is common at every age, usually has more than one cause — physical, hormonal, and emotional — and is very often treatable. It is a medical topic worth raising; your team can help without judgment.

About This Condition

Concerns usually fall into one or more areas:

- **Desire** — low interest in sex
- **Arousal** — trouble becoming or staying aroused; dryness
- **Orgasm** — difficulty reaching climax
- **Pain** — discomfort during or after sex (dyspareunia)

What Causes It

Often a mix of factors:

- **Menopause / low estrogen** — vaginal dryness and thinning (GSM)
- A **tight or painful pelvic floor**, prolapse, or leakage worries
- Medical conditions, prior surgery, and some **medicines** (e.g., certain antidepressants)
- Stress, mood, sleep, and relationship factors

LEARN THE TERMS

Libido

Sexual desire or interest.

Arousal

The body's physical response, including lubrication.

Dyspareunia

Pain during or after sexual activity.

GSM

Genitourinary syndrome of menopause — dryness and thinning from low estrogen.

Vaginal estrogen

A low-dose local treatment for dryness and discomfort.

Pelvic-floor PT

Therapy for pain from tight pelvic muscles.

Lubricant / moisturizer

Nonhormonal products that ease dryness and friction.

IS THIS “ALL IN MY HEAD”? No. There are real, treatable physical causes — dryness, a tight pelvic floor, prolapse, medication effects — alongside emotional and relationship factors that also matter. A good evaluation looks at all of them, and most people find meaningful improvement.

How It's Evaluated

- A caring, confidential conversation about your concerns and history
- An exam to find treatable physical causes (dryness, pelvic-floor tension, prolapse)
- A review of your medicines and overall health

How It's Treated

- 1 **Ease dryness & pain** — lubricants and moisturizers, and **vaginal estrogen** for menopause-related dryness.
- 2 **Pelvic-floor physical therapy** for pain or muscle tightness.
- 3 **Treat the contributors** — prolapse, leakage, or medications that lower desire.
- 4 **Counseling / sex therapy** and attention to mood, stress, sleep, and the relationship.

Helpful Steps

- Use a good **lubricant** for activity and a **moisturizer** regularly for dryness.
- Open communication with your partner reduces pressure and pain.
- Give treatments time; combining approaches often works best.

Tell your team about:

- New pain, a **lump or mass**, or unusual bleeding
- Bleeding after sex or after menopause
- Any concern about safety in your relationship

THREE THINGS TO REMEMBER

1. Sexual concerns — desire, arousal, orgasm, or pain — are common, have real causes, and are usually treatable.
2. Many causes are physical and fixable (dryness, a tight pelvic floor, medications); emotional and relationship factors matter too.
3. It's worth raising with your team. Report new pain, a mass, or bleeding after sex or after menopause.