

# Classification of female sexual dysfunctions

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**The article presents revaluation of classification of female sexual dysfunctions considering the gynecological status and age peculiarities.**

**Key words:** *female sexual dysfunctions, classification.*

It is impossible to reevaluate the significance of sexual experience in any age. Disorders of reproductive family health may often be preconditioned by sexual disharmony. Among women with sexual dysfunctions the frequency of gynecological pathology is diagnosed in 2–3 times more often. At the same time, the evaluation of indicators of female sexual health (libido, arousal, orgasm, gratification, lubrication, etc.) in the process of gynecological assistance is carried out in exceptional circumstances [1–3].

Problems of sexual disharmony have often been outside the scope of research focus of specialists investigating the person's intimate sphere. However, these problems are often the main links in pathogenetic mechanisms of development of chronic inflammatory diseases of genitals, sterility, chronic pelvic pain, and tumorous processes both in men and women [5].

At present there is a real necessity in revaluation of the existing classification of female sexual dysfunctions, improvement of methodological approaches both in diagnostics and in treatment of sexual disorders in women, and their implementation in practice (FSD) [7].

Most researchers in the past considered problems of female sexology through problems of male sexology. With that, the rational, but potentially distracting strategy was used. It did not take into account and did not explain the existing differences between genders, peculiarities of hormonal homeostasis, and age characteristics [8].

Undoubtedly, all variety of clinical manifestations of the functional sexual female disorders, on the one hand, and «their considerable adaptation to reality, compared with male sexual dysfunctions», on the other hand, indicate the degree of complication, which predetermines revaluation of the modern classification of female sexual dysfunctions (FSD). At the same time, the deficit of clinical observations and the scientific substantiations of female sexology explain the presence of nonsystematic diagnostic standards during the study of the present pathology [9, 10].

Attempting to revalue the classification of female sexual dysfunctions, we have also taken into account the positive experience of the observations in this area, the grounded and affirmed world standards, namely that the appraisal of condition of the problem must be carried out considering the following aspects:

- 1) the definitions of criteria of sexual status and the quality of life in the single key;
- 2) gender aspects;
- 3) age-related peculiarities;
- 4) gynecological status;
- 5) somatical status;
- 6) hormonal homeostasis.

The difficulties are possible during the diagnostics of female sexual dysfunctions, which are caused by the imperfection of diagnostic methodological approaches in the present area. Thereby, the majority of sexual dysfunction (for example, the

low sexual desire, the abnormalities of stimulations, and the achievement of orgasm) are grouped into single clinical category – female sexual dysfunctions (FSD), because they are homogeneous, have no different origin, and, accordingly, they do not demand the differentiated approaches in substantiation of therapeutic method. It is important to take into account the condition of gynecological and somatic health, and it is necessary to conduct the observation with the definition of either nearest, or far results of the therapy [11, 12].

The women of different groups and, accordingly, with different hormonal status (for example, during the period of perimenopause, who use by hormonal contraception and take the hormonal preparations) must be distinguished by different categories and, consequently, they must be inspected and receive the recommendations, adapted to these categories.

In the clinical practice, using the defined classification, one must take into account that in cases of the receipt of incompatible results on the stage of inspection or after its finish it is necessary to analyze and compare the received results in dynamic of clinical observations. In other case, especially during the use of several methods, the results of the treatment of material may be biased.

Estimating the results of clinical inspection of female sexual dysfunctions, the analyses of peculiarities of sexual dysfunctions, the appraisal of sexual function of a partner and the activities of patient's life quality are very important. One should pay attention to the general conditions and take into account the nuances of individual characteristics.

In consideration of the moments and demands, which are presented above, we tried to revalue, add and single out the new positions in classification of female sexual dysfunctions.

## THE CLASSIFICATION OF FEMALE SEXUAL DYSFUNCTIONS

I. The absence or loss of sexual desire:

- 1) primary (inherent, constitutional, showing up absence of sexual desire from the start of forming of sexual relationship);
- 2) repeated (acquired, situational, appeared because of different conditions, perhaps, provoked by the conducting of conservative or surgical treatment, by hormonal dysfunctions, traumas etc.).

II. The breach of sexual stimulation:

- 1) the insufficiency of genital reaction (the breach of lubrication, the rise of the threshold of apprehensibility of erogenous zones of the first order, the breach of blood flow of genital vessels);
- 2) the insufficiency of psycho-emotional reaction (situational, which is coupled with absence of prelude of sexual relationship, interpersonal conflicts);
- 3) the combination of insufficiency of genital and psycho-emotional reaction.

III. The orgasmic dysfunction.

- 1) primary (which arises from the start of sexual relationship);
- 2) repeated (acquired, situational).

IV. The sexual aversion and the absence of sexual satisfaction:

- 1) primary;
- 2) repeated.

V. The vaginism of inorganic genesis:

- 1) the first degree – it is accompanied by spastic decrease of the muscle of vagina during the introduction of penis into vagina;
- 2) the second degree – its reaction is been observed while the approaching of penis or instrument to sexual organs or while the external touch to them;

3) the third degree – its reaction comes while the one imagination about the sexual act or gynecological study.

VI. The sexual pains:

1) dyspareuniaiatrogenic (after the conservative and surgical treatment of the diseases of the organs of small pelvis);

2) dyspareuniapostnatal (during the one year, after the complication with obstetrics);

3) dyspareuniarelated (on the background of estrogenic deficit during the postmenopause, it is coupled with the malfunction of lubrication on the background of the changes of blood flow of genitals);

4) postcoital pains (while the malfunction of the technique of the sexual act, anatomic discrepancy of women' and men' genitals, iatrogenic).

VII. The excessive sexual attraction:

- 1) hyperandrogenic conditions;
- 2) nymphomania during the postmenopause.

#### **Класифікація жіночих сексуальних дисфункцій** **І.І. Горпинченко, О.В. Ромащенко, С.М. Мельников,** **В.В. Білоголовська, С.Б. Коваль, М.М. Ходжава**

У статті представлено переоцінку класифікації жіночих сексуальних дисфункцій з урахуванням гінекологічного статусу та вікових особливостей.

**Ключові слова:** жіночі сексуальні дисфункції, класифікація.

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VIII. Other sexual dysfunctions, which are not conditioned by organic changes and diseases.

IX. Non-specified sexual disorders, which are not conditioned by organic changes and diseases.

#### **CONCLUSION**

Thereby, the attempt of reevaluation of the female sexual dysfunctions is conditioned by the enumeration of the factors, predetermined by social-economical, medical aspects, which confirm the changing of women' position in the modern society and the realizing of their sexual potential. The studies, which we have conducted earlier, demonstrated, that the frequency of sexual dysfunctions of the women of different related groups are from 27,6 to 65,6 per cent, what is evidences that majority of them need the provision of the special sexologic assistance. Undoubtedly, the improvement of classification of female sexual dysfunctions is the key to decision of present problems with the achievement of positive result with the saving of sexual, gynecological health and the quality of life in general.

Perspectives of further research are related with implementation of female sexology in the practice of obstetricians-gynecologists.

The classification proposed by us was positively evaluated at the XIV Congress of the European Society for Sexual Medicine.

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В статье представлена переоценка классификации женских сексуальных расстройств с учетом гинекологического статуса и возрастных особенностей.

**Ключевые слова:** женские сексуальные дисфункции, классификация.

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