

Sexual Vitality

In today's world of chronic stress - racing to work, picking up children from various activities, trying to get household chores accomplished and just trying to "keep up," it is no wonder that many people don't have enough gusto in the bedroom to do anything but sleep. Sexual dysfunction is an umbrella term that encompasses everything from low libido to erectile dysfunction, female sexual dysfunction, decreased orgasmic potential and pain with sexual activity. Given the many aspects of sexual function, how do we best help our patients?

It is widely believed that testosterone is the sole key player in sustaining a healthy libido in both sexes and medications such as Viagra, a phosphodiesterase-5 inhibitor (PDE5i), have become a popular way to manage erectile function. With new studies that have been done in both women and men, we now understand that these views are somewhat limited. Testosterone, while very important in sexual function, is not the only hormone that plays a role. PDE5i medications, while helping to maintain erections in some men, are not successful treatments for all men, do not address the underlying cause of dysfunction and have not been shown to be as effective in the female population when used for arousal disorders.

What the newest research is showing is what we have known all along: human beings are complex and, likewise, so is our sexual function. A study that was published in the International Journal of Impotence Research suggests that testosterone levels, while very important in sexual function, may have a less significant role than cortisol in erectile function. Likewise in women, higher levels of stress, and thus dysfunctional cortisol production, correlated with lower levels of genital arousal. In younger women there is a correlation with the use of birth control pills, the ensuing hormone imbalance and increased sexual dysfunction. Peri- and post-menopausal women often present clinically with low libido and pain with sexual activity, as the female organs are receiving less influence from estrogen and progesterone. Across populations, we also know that properly balanced neurotransmitters, such as serotonin and dopamine, are crucial to the maintenance of a healthy libido and the ability to achieve orgasm.

Ultimately, in order to best help patients who are experiencing sexual dysfunction, a holistic approach is key. This includes ruling out contributors to sexual symptomatology including medications (i.e. antidepressants and birth control pills), major illnesses (i.e. hypertension, diabetes, anemia, neurological disorders) and lifestyle influences (i.e. alcohol and tobacco use). Once this screening has been done, a more functional approach addressing neuroendocrine balance can be taken. While testosterone testing may be beneficial, screening testosterone alone is likely to miss additional contributors to sexual dysfunction. Assessing and addressing additional neuroendocrine imbalances, including the remaining sex hormones, cortisol, and neurotransmitter testing, provides a more complete picture of contributors to patients' sexual dysfunction, and can easily and accurately be done with Labrix's NeuroHormone testing.

References

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