Sexual counselling in General Practice

How does one attempt to define and treat a sexual problem in a fifteen minute interview?

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Define the problem

Patient often presents directly as 'I'm no good sexually (anymore), I can't get aroused' or 'I'm not interested in sex'. He may say he's impotent but he's really got premature ejaculation.

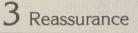
A woman may say that she's not interested in sex but can get aroused to orgasmic level.

I feel this is so common in marriages as to be regarded as normal.

Patient may present indirectly. The person who comes in for a tonic; males when they present for a medical checkup; females when they come in for their PAP smear: these are often the propitious times to enquire if their are any sex problems.

2 How to ask

Open questions are better. If you ask closed questions, eg "Are you happy with your sex life?" – you often won't get the right response. "How do you feel about your sex life?" is an open question which may lead to discussion.



People want to know if they are average or normal. We are educators – the simple sharing of sex information and concepts without formal sex therapy has enabled people to resolve their sexual difficulties.

Define average parameters like frequency -

Three times a week for 20 - 30 year olds Twice a week for 30 - 40 year olds Once a week for 40 - 50 year olds.

Women feel they are not as sexy as the women in some authors' books – these are the women the author would like to meet.

Many women are not sexually

stimulated by their breasts being touched. Only 3% of women have multiple orgasms. Some women are capable of sequential orgasms, ie after a break of, say 10 minutes. Most women are content with one climax. Only 7% of women regularly climax every time.

4 Guiding principles

- You must be comfortable discussing sex, otherwise don't try to counsel.
- Treat as a couple there is no such thing as an uninvolved partner.
- Don't be judgmental and impose your sexual values.
- Refer if any resistance to therapy.
- Any longstanding primary pathology of over five years, refer.

5 Impotence

- Organic no early morning erections or unable to masturbate
- Non organic Primary; Secondary; Situational – with his wife, not his mistress

6 Non-organic primary impotence

This is the man who has never achieved an erection with sexual intercourse. If over five years duration, refer to sex therapist, psychologist or psychiatrist.

If less than five years duration you can try and help him. Usually the story is based on strong religious and family taboos against intercourse pre-marriage, and a previous first failure in terrible circumstances – too much alcohol; with a prostitute or in a car, etc.

He has a fear of failure and performance anxiety. Suggest he comes to see you when he has a committed relationship with a sympathetic woman that he can confide in, and treat them as a couple.

7 Secondary impotence

He was capable of erection – now incapable.

• Organic causes – chronic illness, arteriosclerosis, diabetes mellitus, chronic cardiac, chronic renal disease, chronic obstructive airways disease, chronic alcohol abuse; drugs, eg Aldomet, beta blockers (most), Tagamet, Phenothiazines, Codeine, Antabuse.

• Non-organic

Is he depressed? – very common presenting sign.

Relationship problem – are they getting on, what is their communication inside and outside the bedroom like? Pressure at work – mental and physical stress, eg Policemen, business executives.

8 Treatment

Treat and explain the cause of impotence.

Sensate focus exercises. This takes away performance anxiety.

Premature ejaculation

An average man should last two to three minutes or about 20 strokes. If his wife takes ten minutes of intercourse to climax, he is not a premature ejaculator: she needs more foreplay, inside and outside the bedroom.

Treatment Four to eight seconds clamp – before and during intercourse.

10 Primary female orgasmic dysfunction

If over five years duration, refer to sexologist, psychologist, psychiatrist. If under five years duration, look for organic, to page 7