

Chapter: Dissociative disorder

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Learning objectives

After completing the material in this session the students will be able to:

- ♣ List the types of dissociative disorder
- ♣ Define dissociative amnesia
- ♣ Identify the epidemiology of dissociative amnesia
- ♣ List the Diagnostic criteria of dissociative amnesia
- ♣ Describe the treatment of dissociative amnesia

Dissociative disorder

ω Types of dissociative disorders

Dissociative fugue

Dissociative amnesia

Depersonalization disorder

Dissociative identity disorder

Dissociative disorder not otherwise specified
(NOS).

Dissociative disorder

⊖ Dissociative Amnesia

⌘ Definition

♣ It is an inability to recall important personal information, usually of a traumatic or stressful nature.

♣ May last minutes to days

⌘ Epidemiology

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♣ Prevalence 6% in the general population



Dissociative disorder...

⌘ Clinical features

Patients may present with intercurrent
somatoform or conversion symptoms,
Alterations in consciousness,
depersonalization, derealization, trance states,
Spontaneous age regression, and even
ongoing anterograde dissociative amnesia.

Depression and suicidal ideation

Dissociative disorder...

⌘ **Diagnostic criteria**

The predominant disturbance is one or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature

Exclusion of another dissociative disorder, GMC and Substance

Cause impairment in functioning.

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Dissociative disorder...

⌘ **Treatment**

- ♣ No known pharmacotherapy exists for dissociative amnesia
- ♣ Psychotherapy

Learning objectives

After completing the material in this session the students will be able to:

- ♣ Define dissociative fugue
- ♣ Identify the epidemiology of dissociative fugue
- ♣ List the Diagnostic criteria of



Dissociative fugue

This is an example of dissociative fugue, because she is in the middle of nowhere, and she doesn't know how she got there.

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Dissociative disorder...

⊖ Dissociative fugue

⌘ Definition

- Confusion over personal identity, together with unexpected travel away from home.
- Also called “fugue state”
- Usually involves only short periods of time with incomplete change of identity.

⌘ Epidemiology

- The disorder is thought to be more common during natural disasters, war time, or times of major social dislocation and violence



Dissociative disorder...

⌘ Diagnostic criteria

- The predominant disturbance is sudden, unexpected travel away from home or one's customary place of work, with inability to recall one's past.
- Confusion about personal identity or assumption of a new identity (partial or complete).
- Exclusion of substance/GMC/another

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dissociative disorder

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Dissociative disorder...

⌘ **Treatment**

- Hypnosis
- Drug assisted interviews
- Psychotherapy (expressive supportive psychodynamic therapy for healthy adjustment to stressor)

Learning objectives

Upon accomplishing this session the students will be able to:

- ♣ Define Depersonalization Disorder
- ♣ Identify the epidemiology of Depersonalization d/o
- ♣ List the Diagnostic criteria of

Depersonalization d/o

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• Describe the treatment of Depersonalization

Dissociative disorder.

⌘ Depersonalization Disorder

⌘ Definition

- ♣ It is the persistent or recurrent feeling of detachment or estrangement from one's self.

⌘ Epidemiology

- ♣ The third most commonly reported psychiatric symptoms, after depression and anxiety.
- ♣ A 1-year prevalence of 19 percent in the general population.
- ♣ 2 to 4 times more in women than in men.



Dissociative disorder...

⌘ Clinical features

→ The essential feature of depersonalization are:

- A sense of :1) bodily changes
2) duality of self as observer and actor
3) being cut off from others
4) being cut off from one's own emotions.

- Trying to express their subjective suffering with banal phrases, such as I feel dead, nothing seems real or I'm standing outside

Dissociative disorder...

⌘ Diagnostic criteria

Persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one's mental processes or body (e.g., feeling like one is in a dream).

Causes impairment in functioning

Exclusion of another dissociative and mental

disorder, GMC and Substance

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Dissociative disorder...

⌘ Treatment

└ Pharmacotherapy

- Antidepressants, mood stabilizers, typical and atypical neuroleptics, anticonvulsants
- Stress management strategies, distraction techniques, relaxation training, and physical exercise

OUTLINE

What is adjustment disorder and its subtypes

Epidemiology

Etiology

Diagnosis and Clinical Features

Differential Diagnosis

Course and Prognosis

Treatment

What is adjustment disorder ??
And type ?

What is adjustment disorder and its subtypes

- ⌘ The adjustment disorders are a diagnostic category characterized by an emotional response to a stressful event.
- ⌘ Typically, the stressor involves :
 - ♣ financial issues
 - ♣ a medical illness
 - ♣ a relationship problem
 - ♣ moving to a new environment
 - ♣ Specific developmental stages, such as beginning school, leaving home, getting married, becoming a parent .

What is adjustment disorder and its subtypes...

The symptom complex that develops may involve anxious or depressive affect or may present with a disturbance of conduct.

The symptoms must begin within 3 months of the stressor
and

Must remit within 6 months of removal of the stressor.

What is adjustment disorder and its subtypes...

- **Subtypes includes:**

- ⌘ Adjustment Disorder With
 - ┌ Depressed Mood
 - ┌ Anxious Mood
 - ┌ Mixed Anxiety And Depressed Mood
 - ┌ Disturbance Of Conduct
 - ┌ Mixed Disturbance Of Emotions And Conduct And
 - ┌ Unspecified Type.

Epidemiology

The prevalence 2 to 8 % of the general population.

Women are diagnosed with the disorder twice as often as men, and single women are generally overly represented as most at risk.

In children and adolescents, boys and girls are equally diagnosed with adjustment disorders.

Epidemiology...

- ❖ Among adolescents of either sex, common precipitating stresses are school problems, parental rejection and divorce, and substance abuse.
- ❖ Among adults, common precipitating stresses are marital problems, divorce, moving to a new environment, and financial problems.
- ❖ Adjustment disorders are one of the most common psychiatric diagnoses for disorders of patients hospitalized for medical and surgical problems.

Epidemiology...

θ In one study,

- ♣ 5 % of persons admitted to a hospital over a 3-year period
- ♣ Up to 50 % of persons with specific medical problems or stressors
- ♣ 10-30% of mental health outpatients and
- ♣ up to 12 % of general hospital inpatients referred for mental health consultations have been diagnosed with adjustment disorders

Etiology

- ♣ By definition, an adjustment disorder is precipitated by **one or more stressors**.
- ♣ The severity of the stressor or stressors does **not** always predict the severity of the disorder

Etiology...

The stressor severity is a complex function of degree, quantity, duration, reversibility, environment, and personal context.

For example, the loss of a parent is different for a child 10 years of age than for a person 40 years of age.

Personality organization and cultural or group norms and values also contribute to the disproportionate responses to stressors.

Etiology...

- ♣ Stressors may be single, such as
 - ♣ a divorce or the loss of a job
- ♣ Multiple, such as
 - ♣ The death of a person important to a patient, patient's own physical illness and loss of a job.
- ♣ Stressors may be recurrent, such as
 - ♣ seasonal business difficulties, or continuous, such as chronic illness or poverty.

Etiology...

- ♣ Sometimes, AD occur in a group or community setting, and the stressors affect several persons, as in a natural disaster or social, or religious persecution.
- ♣ Specific developmental stages, such as
 - ♣ Beginning school, leaving home, getting married, becoming a parent, failing to achieve occupational goals, and retiring, are often associated with adjustment disorders.

Etiology...

⊖ Psychodynamic Factors

♣ Three factors:

The nature of the stressor

The conscious and unconscious meanings of the stressor

The patient's preexisting vulnerability.

A concurrent personality disorder or organic impairment may make a person vulnerable to adjustment disorders.

Vulnerability is also associated with the loss of a parent during infancy or being reared in a dysfunctional family.

Etiology...

Early development, some children have less mature defensive mechanisms than other children.

This disadvantage may cause them as adults to react with substantially impaired functioning when they are faced with a loss, a divorce, or a financial setback

Those who have developed **mature defense mechanisms are less vulnerable** and

bounce back more quickly from the stressor.

Etiology...

Family and Genetic Factors

Some studies suggest that monozygotic twins showing greater concordance than dizygotic twins.

Features

DSM-V-TR Diagnostic Criteria for Adjustment Disorders

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).

B. These symptoms or behaviors are clinically significant as evidenced by either of the following:

- marked distress that is in excess of what would be expected from exposure to the stressor

- significant impairment in social or occupational (academic) functioning

Diagnosis and Clinical Features...

- ♣ **C.** The stress-related disturbance does not meet the criteria for another specific mental disorder and is not merely an exacerbation of a preexisting mental disorder.
- ♣ **D.** The symptoms do not represent bereavement.
- ♣ **E.** Once the stressor (or its consequences) has terminated, the symptoms do **not** persist for more than an additional 6 months.

Diagnosis and Clinical Features...

Specify if:

Acute: If the disturbance lasts < 6 months

Chronic: if the disturbance lasts ≥ 6 months

Adjustment disorders are coded based on the subtype, which is selected according to **the predominant symptoms.**

Diagnosis and Clinical Features...

The specific stressor(s) can be specified on

With depressed mood

With anxiety

With mixed anxiety and depressed mood

With disturbance of conduct

With mixed disturbance of emotions and conduct

Unspecified

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Features...

DSM-IV-TR lists **six** adjustment disorders:

1. Adjustment Disorder with Depressed Mood

In adjustment disorder with depressed mood, the predominant manifestations are depressed mood, tearfulness, and hopelessness. This type must be distinguished from major depressive disorder and uncomplicated bereavement.

Adolescents with this type of adjustment disorder are at increased risk for major depressive disorder in young adulthood.

Diagnosis and Clinical Features...

θ 2. Adjustment Disorder with Anxiety

- ♣ Symptoms of anxiety, such as palpitations, jitteriness, and agitation, are present in adjustment disorder with anxiety, which must be differentiated from anxiety disorders.

Diagnosis and Clinical Features...

⌘ 3. Adjustment Disorder with Mixed Anxiety and Depressed Mood

Patients exhibit features of **both** anxiety and depression that do **not** meet the criteria for an already established anxiety disorder or depressive disorder.

Diagnosis and Clinical Features...

⌚ **4. Adjustment Disorder with Disturbance of Conduct**

The predominant manifestation involves conduct in which the rights of others are violated or age-appropriate societal norms and rules are disregarded ,destruction of properties.

Examples of behavior in this category are truancy, vandalism like cutting trees without permission, egg throwing , breaking windows, spraying paint on

others' properties.

Diagnosis and Clinical Features...

5. Adjustment Disorder with Mixed Disturbance of Emotions and Conduct

A combination of disturbances of emotions and of conduct sometimes occurs . Clinicians are encouraged to try to make one or the other diagnosis in the interest of clarity.

Diagnosis and Clinical Features...

θ 6. **Adjustment Disorder Unspecified**

Adjustment disorder unspecified is a residual category for atypical maladaptive reactions to stress.

- ┌ Examples include inappropriate responses to the diagnosis of physical illness, such as massive denial, severe noncompliance with treatment, and social withdrawal, without significant depressed or anxious mood

Differential Diagnosis

Uncomplicated bereavement - Often produces temporarily impaired social and occupational functioning

I.e the person's dysfunction remains within the expectable bounds of a reaction to the loss of a loved one and

Thus, is not considered adjustment disorder

Differential Diagnosis...

Major Depressive Disorder

Brief Psychotic Disorder

Generalized Anxiety Disorder

Somatization Disorder

Substance-related Disorder, Conduct Disorder

Academic Problem, Occupational Problem,

Identity Problem, And PTSD.

Differential Diagnosis...

- ♣ Acute stress disorder
- ♣ Posttraumatic Stress Disorders
- ♣ When the response to an extreme stressor does not meet the acute stress or posttraumatic disorder threshold, the adjustment disorder diagnosis would be appropriate.

Course and Prognosis

- ♣ With appropriate treatment, the overall prognosis of an adjustment disorder is **generally favorable**.
- ♣ **Most** patients return to their previous level of functioning **within 3 months**.
- ♣ Some persons (particularly adolescents) who receive a diagnosis of an adjustment disorder later have **mood disorders or substance-related disorders**.
- ♣ Adolescents usually require a **longer** time to

Treatment

⊖ Psychotherapy

Psychotherapy is a process focused on helping the patient heal and learn more constructive ways to deal with the problems or issues within your life and it is the **treatment of choice for**

Treatment...

- ♣ Supportive psychotherapy
 - ♣ In order to reduce the intrasychic conflicts that produce symptoms of mental disorder
- ♣ Individual psychotherapy offers the opportunity to explore the meaning of the stressor to the patient

Treatment...

- ① Group therapy can be particularly useful for patients who have had similar stresses (retired persons or patients having renal dialysis)

Treatment...

After successful therapy, patients sometimes emerge from an adjustment disorder stronger than in the premorbid period

Treatment...

⌘ Counseling may include treatment that focuses on the patient's thoughts, feelings, and behaviors. The following may help patients cope:

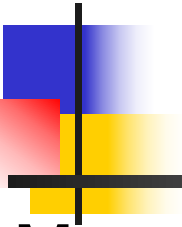
- ♣ Relaxation training.
- ♣ Plan for events that may happen in the future.
- ♣ Change beliefs that are not true.
- ♣ Distraction.
- ♣ Thought stopping.
- ♣ Positive thoughts.

Treatment...

θ Conclusion

- ♣ The combined use of drugs and psychotherapies, are needed vitally, especially for the **resistant** forms of AD.

Sexual dysfunctions



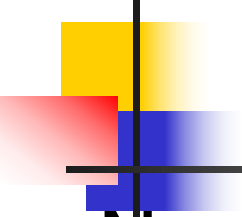
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Introduction

- ✓ Sexual relationships are among the most sensitive and delicate issues in human relationships.
- ✓ Sexual behavior has many meanings and purposes:
 - ✓ Reproductive /biological/
 - ✓ Expression of emotion /psychological/
 - ✓ Commitment to each other and the offspring /social/

Physiology of sex



- v Normal sexuality involves feeling of desire- behavior that brings pleasure to oneself and one's partner.
- v Four stages
 - v Desire phase
 - v Excitement phase
 - v Orgasmic phase
 - v Resolution phase

Sexual Dysfunction

- 
- ✓ A problem with sexual response in any of the phases.
 - ✓ It is inhibition in one or more of the phases
 - ✓ The disorders may be life long or acquired, generalized, or situational may be due to physiological, psychological, or combined factors.
 - ✓ Patients invariably develop an increasing fear of failure and become self conscious about their sexual

Pathophysiology of Sexual Dysfunction

- **A normal sexual response requires the anatomic and functional integrity of the brain's entire limbic system, rather than a particular anatomic structure within it**
- **The limbic system is involving the hypothalamus and the thalamus (both within the diencephalon), the anterior cingulate gyrus.**

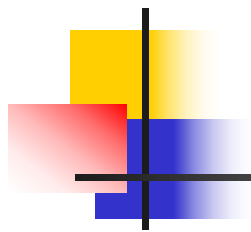
Pathophysiology of Sexual Dysfunction

- v Temporal lobes, including the amygdala, the mammillary bodies, the fornix, and the hippocampus, Together with the prefrontal lobe, which has a predominantly inhibitory role over the basic instinctual drives, the limbic system is essential in both sexes for the initiation of sexual desire and related sexual phenomena

Pathophysiology of Sexual Dysfunction

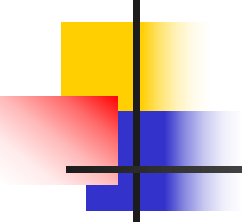
- ✓ The limbic system activates sexual fantasies, sexual day dreams, erotic dreams, mental sexual arousal, and the initiation of the cascade of neurovascular events triggering all of the somatic and genital responses of sexual function as well as the associated socially appropriate behaviors

Pathophysiology of Sexual Dysfunction



- ✓ Amygdala maintains a key role as the control center for the four “basic emotional command systems” seeking appetitive-lust system, the anger-rage, the fear-anxiety and the panic separation distress
- ✓ All these systems may interact to modulate the final perception of sexual desire and central arousal and correlated sexual behaviors.

Pathophysiology of Sexual Dysfunction

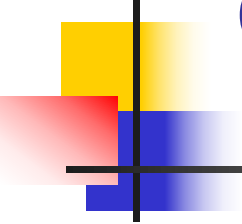


- v The disruption of any level of the limbic system may cause sexual dysfunction in both sexes, particularly in the domains of desire, central arousal, and socially appropriate sexual behavior

Pathophysiology of Sexual Dysfunction

- v **Neurotransmitters**
- v In men and women, the sexual response is coordinated by the same neurotransmitters, with the most studied such as
 - v Dopamine, norepinephrine and serotonin
 - v Neuropeptides (opioid peptides)
- v neurohormones (oxytocin and vasopressin) and neurotrophins (including the Nerve Growth Factor, which increases in the brain and peripheral blood when people fall in love)

categories of sexual dysfunction are in DSM V



Delayed ejaculation

Erectile disorder

Female orgasmic disorder

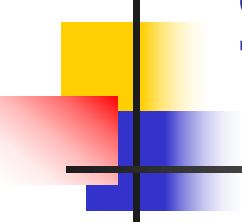
Female sexual

interest/arousal disorder

Genito-pelvic

pain/penetration disorder

- v Male hypoactive sexual desire disorder
- v Premature (early) ejaculation
- v Substance/medication induced sexual dysfunction
- v Other specified sexual dysfunction and
- v unspecified sexual dysfunction.



Sexual Dysfunction

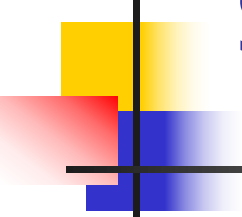
Definition of delayed ejaculation

Epidemiology of delayed ejaculation

Etiology of delayed ejaculation

Diagnostic criteria delayed ejaculation

Treatment of delayed ejaculation



Sexual Dysfunction

- v Definition: difficulty or inability to ejaculate despite the presence of adequate sexual stimulation and the desire to ejaculate
- ## Epidemiology
- v It is the least common male sexual complaint.
 - v less than 1% of men complain of problems with reaching ejaculation that last more than 6 months.



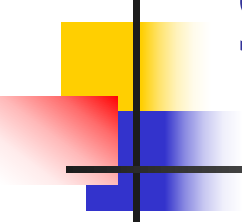
Etiology:

- v Premature ejaculation of the partner
- v Negative attitude towards sex
- v Difficulty in communication
- v Guilt about sexual matters
- v Hostility towards men.
- v Fear of loss of control.
- v Cultural and social restrictions.



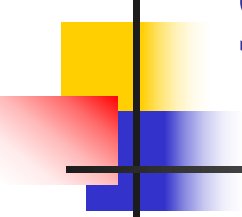
Etiology

- v Perception of sex as sinful and the genitals as dirty
- v Lack of good communication, fear of pregnancy, interpersonal difficulties
- v Loss of sexual attraction to the partner or demands by the partner for greater commitment in sexual performance
- v Retrograde ejaculation
- v The incidence increases with age



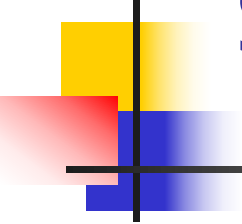
Sexual Dysfunction

- ⌘ **Diagnostic criteria delayed ejaculation**
- √ A. Either of the following symptoms must be experienced on almost all or all occasions (approximately 75%-100%) of partnered sexual activity (in identified situational contexts or, if generalized, in all contexts), and without the individual desiring delay:
 - √ 1. Marked delay in ejaculation.
 - √ 2. Marked infrequency or absence of ejaculation.



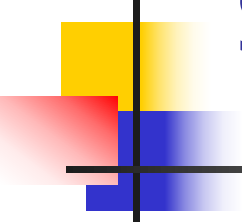
Sexual Dysfunction

- v B. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.
- v C. The symptoms in Criterion A cause clinically significant distress in the individual.
- v D. The sexual dysfunction is not better explained by a nonsexual mental disorder
- v It is not attributable to the effects of a substance/medication or another medical condition.
- v **Specify whether:**
Lifelong, Acquired, Generalized, Situational



Sexual Dysfunction

- v **Treatment**
- v **Psychotherapy:** Exploration of the unconscious conflicts, motivation and fantasies.



Sexual Dysfunction

Definition of Erectile Disorder

Epidemiology of Erectile Disorder

Etiology of Erectile Disorder

Diagnostic criteria Erectile Disorder

Treatment of Erectile Disorder

Sexual Dysfunction

- 
- ✓ Male erectile disorder (impotence)
 - ✓ Failure to attain penile erection sufficient for vaginal insertion.
 - ✓ Life long when the man has never been able to attain erection.
 - ✓ Acquired when once the man was able to successfully penetrate the vagina but failed only later.
 - ✓ Most common problem for which men seek therapy

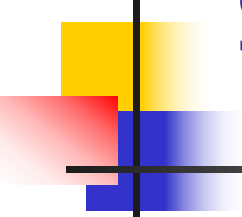
Sexual Dysfunction

- v Male erectile disorder (impotence)
- v Acquired cases are reported in 10-20% of all men
- v Life long erectile disorder is rare~1%.
- v Impotence is the chief complaint of more than 50% of all men treated for sexual disorder
- v 75% of all men are impotent at age 80.



Sexual Dysfunction

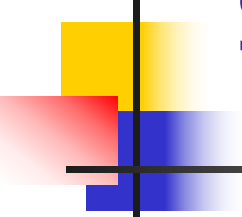
- ✓ Male erectile disorder (impotence)
- ✓ Etiology could be psychological ,organic or a combination of both
 - ✓ Anxiety: performance failure
 - ✓ Communication difficulties
- GMC - in 20-50% of erectile disorder cases.
- Organic illnesses like cardiovascular, renal, respiratory, endocrine /DM/, neurological disorders are implicated.



Sexual Dysfunction

v **Diagnostic Criteria**

- θ A. At least one of the three symptoms must be experienced on almost all or all (approximately 75%-100%) occasions of sexual activity
- v 1. Marked difficulty in obtaining an erection during sexual activity.
- v 2. Marked difficulty in maintaining an erection until the completion of sexual activity.
- v 3. Marked decrease in erectile rigidity



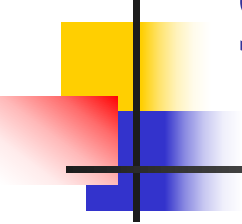
Sexual Dysfunction

v **Diagnostic Criteria**

- v Minimum duration have persisted for proximately 6 months.
- v C. Cause clinically significant distress in the individual.
- v D. The sexual dysfunction is not better explained by a nonsexual mental disorder or other significant stressors and

5/29/2020

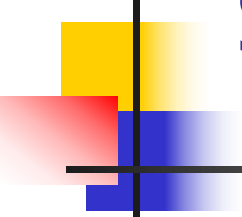
- v It is not attributable to the effects of a



Sexual Dysfunction

⊖ **Treatment**

- Antidepressants like TCA's, SSRI'S
- antipsychotics
- ,antihypertensives.



Sexual Dysfunction

v **Female Sexual Interest/Arousal Disorder**

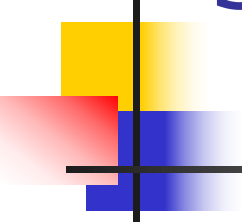
Definition of Interest/Arousal Disorder

Epidemiology of Interest/Arousal Disorder

Etiology of Interest/Arousal Disorder

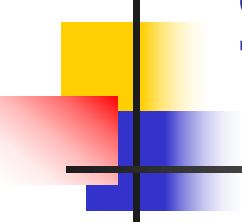
Diagnostic criteria Interest/Arousal Disorder

Treatment of Interest/Arousal Disorder



Sexual Dysfunction

- v Sexual arousal disorder
- v **Definition:**—Female – partial or complete failure to attain or maintain the lubrication–swelling response of sexual excitement until the completion of sexual act. May also have orgasmic problems
- v **Epidemiology of Interest/Arousal Disorder**
- v Is unknown
- v Some older women report less distress about low sexual desire than younger women



Sexual Dysfunction

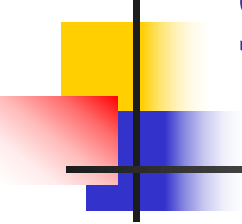
- v **Etiology**

- v Psychological factors like

 - v anxiety

 - v guilt, fear and

 - v hormonal factors may be involved.

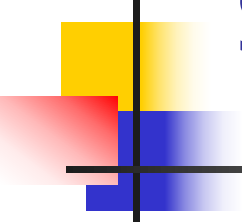


Sexual Dysfunction

Diagnostic criteria Interest/Arousal

Disorder

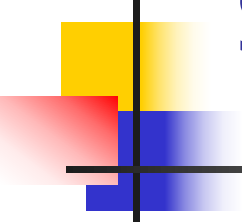
- v A. Lack of, or significantly reduced, sexual interest/arousal, as manifested by at least three of the following:
 1. Absent/reduced interest in sexual activity.
 2. Absent/reduced sexual/erotic thoughts or fantasies.



Sexual Dysfunction

Diagnostic criteria Interest/Arousal Disorder

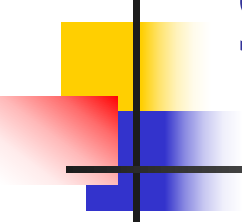
- v 4. Absent/reduced sexual excitement/pleasure during sexual activity in almost all or all 75%-100% sexual
- v 5. Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues
- v 6. Absent/reduced genital or nongenital sensations during sexual activity in almost all



Sexual Dysfunction

Diagnostic criteria Interest/Arousal Disorder

- v The duration should be approximately 6 months.
- v C. The symptoms cause clinically significant
- v D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress (e.g., partner violence) or other
- v It is not attributable to the effects of a substance/medication or another medical condition



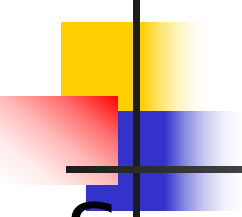
Sexual Dysfunction

Definition of Hypoactive sexual desire disorder

Epidemiology of Hypoactive sexual desire disorder

Etiology of Hypoactive sexual desire disorder

Diagnostic criteria Hypoactive sexual desire disorder



Sexual Dysfunction

Sexual desire disorders

Definition of Hypoactive sexual desire disorder

deficiency or absence of sexual fantasies and desire for sexual activity.

Epidemiology

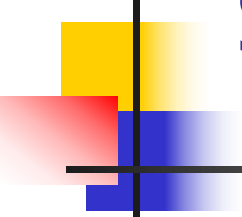
Approximately 6% of younger men (ages 18-24 years)

41% of older men (ages 66-74 years) have problems with sexual desire.

men ages 16-44 (1.8%).

Sexual aversion disorder: Avoidance of genital sexual contact -coitus or masturbation.

Characterized by intense fear or sexual panic state.

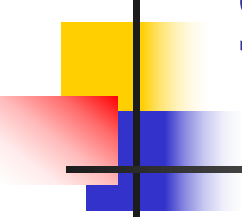


Sexual Dysfunction

- ✓ **Diagnostic Criteria of Hypoactive sexual desire disorder**

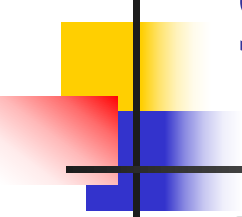
- ✓ A. Persistently or recurrently deficient (or absent) sexual/erotic thoughts or fantasies and desire for sexual activity. The judgment of deficiency is made by the clinician, taking into account factors that affect sexual functioning, such as age and general and sociocultural contexts of the individual's life.

- ✓ B. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months



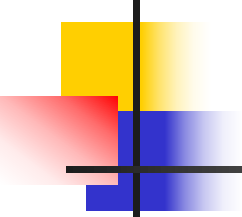
Sexual Dysfunction

- v C. Cause clinically significant distress
- v D. The sexual dysfunction is not better explained by a nonsexual mental disorder or other significant stressors and
- v It is not attributable to these effects of a substance/medication or another medical condition.



Sexual Dysfunction

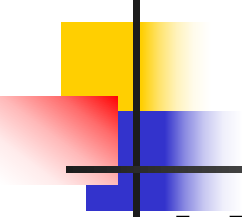
- v Definition of Premature ejaculation
- v Epidemiology of Premature ejaculation
- v Etiology of Premature ejaculation
- v Diagnostic criteria Premature ejaculation



Sexual Dysfunction

v **Premature ejaculation**

- v Definition:-Persistent or recurrent ejaculation with minimal sexual stimulation before or shortly after penetration and before the person wishes it.
- v It may be lifelong or acquired; generalized or situational.
- v Masters and Johnson define PE as the inability to control or delay ejaculation long enough for the woman to have orgasm at least 50% of the time.



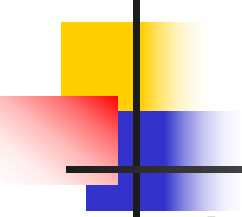
Sexual Dysfunction

Epidemiology

Internationally, more than 20%-30% of men ages 18-70 years report concern about how rapidly they ejaculate.

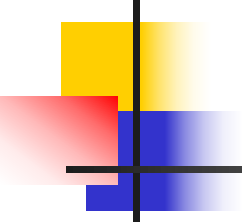
Ejaculation occurring within approximately 1 minute of vaginal penetration), only 1%-3% of men

Premature ejaculation may increase with age.



Sexual Dysfunction

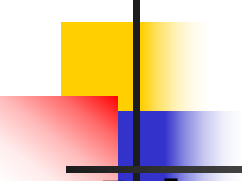
- v Etiology:
- v Negative cultural conditioning
- v Anxiety regarding sexual act
- v Unconscious fear about the vagina
- v Influence of the partner
- v Stressful marriage



Sexual Dysfunction

- v **Diagnostic Criteria**

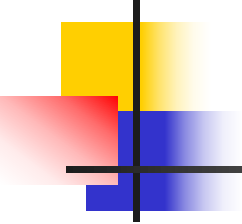
- v A. A persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within approximately 1 minute following vaginal penetration and before the individual wishes it.



Sexual Dysfunction

v **Diagnostic Criteria**

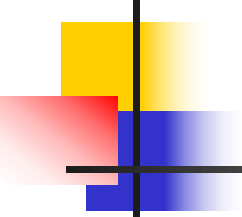
- v The duration have been present for at least 6 months and must be experienced on almost all sexual activity
- v C. The symptom causes clinically significant distress .
- v D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a or other significant stressors and
- v It is not attributable to the effects of a substance/medication or another medical



Sexual Dysfunction

- v Treatment
- v Psychotherapy
- v SSRI will be helpful

E.G :- Dapoxetine PRN it has the possibility to increase the duration 2-3 min



Sexual Dysfunction

Definition of Genito-Pelvic Pain/Penetration Disorder

Epidemiology of Genito-Pelvic Pain/Penetration Disorder

Etiology of Genito-Pelvic Pain/Penetration Disorder

Diagnostic criteria Genito-Pelvic Pain/Penetration Disorder

Treatment of Genito-Pelvic Pain/Penetration Disorder



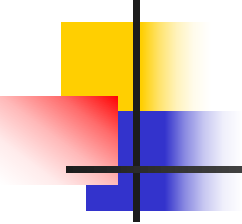
Sexual Dysfunction

- v **Sexual pain disorders**

- v **Dyspareunia** : Recurrent or persistent genital pain associated with sexual intercourse in either a female or a male.

- v **Epidemiology**

- v Prevalence of 15% in women and 3% in men.
- v More common in women than in men.
- v Often co-occurs with vaginismus



Sexual Dysfunction

- v **Etiology**

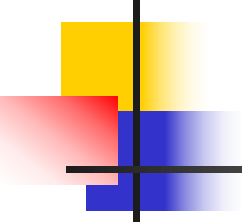
- v Painful coitus may result from tension and anxiety about the sex act.
- v history of rape and childhood sexual abuse.



Sexual Dysfunction

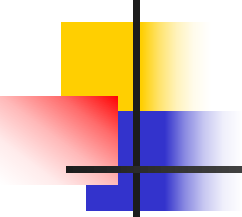
v **Diagnostic Criteria**

- v A. Persistent or recurrent difficulties with one (or more) of the following:
 1. Vaginal penetration during intercourse.
 2. Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts.
 3. Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration.
 4. Marked tensing or tightening of the pelvic floor muscles during attempted vaginal



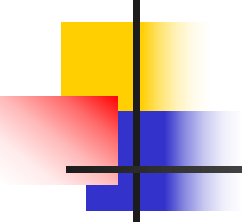
Sexual Dysfunction

- ✓ B. The symptoms persisted for a minimum duration of approximately 6 months.
- ✓ C. The symptoms cause clinically significant distress
- ✓ D. The sexual dysfunction is not better explained by a nonsexual mental disorder or other significant stressors and
- ✓ It is not attributable to the effects of a substance/medication or another medical condition.



Sexual Dysfunction

- v **Vaginismus:** Recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse
- v Causing marked distress or interpersonal difficulties.
- v It usually afflicts highly educated women and those in high socioeconomic groups.



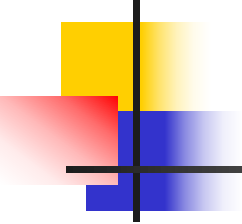
Sexual Dysfunction

Women with vaginismus may consciously wish to have coitus but unconsciously wish to keep a penis from entering their body.

Pain or anticipation of pain can cause it

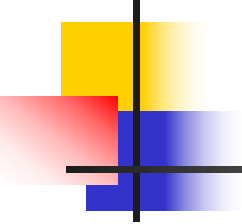
History of rape, trauma

May be mode of protest of emotionally-abused women by their partners.



Sexual Dysfunction

- v Treatment
- v **Psychotherapy:** Exploration of the unconscious conflicts, motivation and fantasies.
- v / Masters and Johnson/ -Concept of marital unit or dyad as the object of therapy.



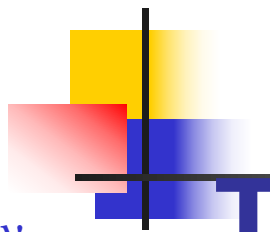
Sexual Dysfunction

- v **Treatment**

- v **Couple orientation:** The entire marital relationship is treated with emphasis on sexual functioning.

- v **Sexuality education:** A wise sex therapist assumes that the couple doesn't know any thing about sex and starts from the basic.

Sexual Dysfunction



Treatment

- ✓ Reduction of performance anxiety- a sexual response cannot be forced or produced on demand given its involuntary nature.
- ✓ Positive attitude change: Legitimizing sexual expression as a positive natural beneficial human function.
- ✓ Improving communication between partners:
Open communication is blocked by the cultural expectation that the male is a sex expert and the female is a passive recipient.



Sexual Dysfunction

✓ **Treatment**

- ✓ **Taking responsibility for oneself:** in addition to mutual responsibility in sex therapy, individual initiative is of paramount importance.
- ✓ **Behavioral assignments:** Assignments to be conducted at home in privacy called home play assignments are given.
- ✓ **Improving life style:** Sex shouldn't be last job to be done- complete physical and mental rest is needed before sexual practice.
- ✓ Avoid alcohol and other substances.
- ✓ **Avoid sexual sabotage:** Respond to the demand of the partner in due time



Sexual Dysfunction

- v **Basic therapy format**
- v **History taking:** each partner is interviewed individually 1st by the same sexed therapist and next by the opposite sexed therapist- information varies.
- v **Physical investigation:** Medical History, Physical exam and lab test



Sexual Dysfunction

- v **Basic therapy format**
- v **Sensate Focus** : the couple is given a series of behavioral home play assignment called *sensate focus*.
- v It is to mean pleasurable sensations that are received from the sensory input. Sense of touch is the most important.
- v The 1st sensate focus is *sensual* not *sexual*



Sexual Dysfunction

θ **Basic therapy format**

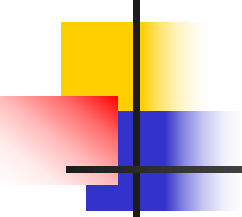
- ν **Step one:** The couple is instructed to choose suitable time and a private setting usually the bed room.
- ν All clothes removed, partners asked to take a turn exploring the other's body with exclusion of the *breasts* and the *genitalia*.
- ν Attempts of sexual intercourse is prohibited at this stage.



Sexual Dysfunction

Step two:

- ✓ The basic structure of this step is the same as that of the 1st step but the prohibition against touching the breasts and the genitalia is lifted.
- ✓ Sexual intercourse is still prohibited.
- ✓ An exercise called *hand riding* is assigned where the receiving partner places a hand on the other's hand and guides the pleasuring partner.



Sexual Dysfunction

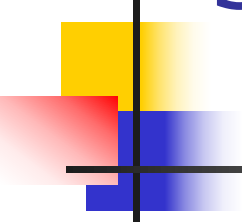
- v Step three:
- v The couple can have genital sexual contact in combination with the previous two steps.



Sexual Dysfunction

v **Specific Dysfunctions**

- v In case of PE, an exercise called squeeze technique is used to raise the threshold of penile excitability
- v The second variant is the start stop technique where the female partner on top trains the male partner vaginal containment exercise guided by the male.

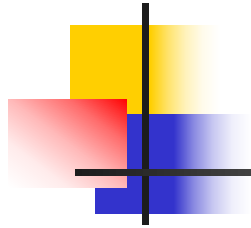


Sexual Dysfunction

Behavior therapy:

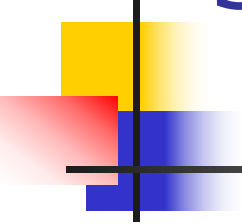
- ✓ A hierarchy of anxiety provoking situations ranging from least threatening/e.g.. thought of kissing/to most threatening/thought of penile penetration/ the therapist systematically desensitizes the patient.

Sexual Dysfunction



Group therapy:

- v Used to solve intra- psychic and interpersonal problems.
- v Helps to overcome fear, shame, guilt and anxiety.
- v Useful to counteract the sexual myths, provide information about sexual anatomy and physiology.



Sexual Dysfunction

- v **Biological therapy:** Include pharmacotherapy, surgery and mechanical devices.
- v **Pharmacotherapy:** Sildenafil/viagra/ and its cogeners phentolamines/Vasomax/ alprostadil /caverject/ an inject able prostaglandin and transurethral used to treat erectile dysfunction.



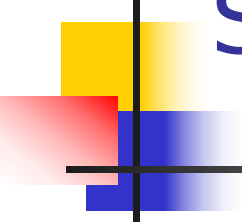
Sexual Dysfunction

- v Sildenafil/viagra/ is a nitric oxide enhancer that facilitates the inflow of blood to the penis takes effect 1 hour after ingestion and lasts about 4 hours.
- v can be used to treat premature ejaculation
- v **Hormone therapy:** Androgen increases sex drive in both sexes with low testosterone concentration.
- v Women using estrogen for contraception are reported to have increased libido.
- v Estrogen and progesterone are used to treat compulsive sexual behavior in men – usually sex offenders.



Sexual Dysfunction

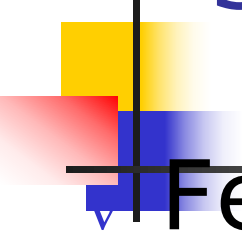
- v Mechanical treatment
 - v Vacuum Pump: Can be used by men without vascular disease for erection. Penis filled with blood and the ring is left at the base.
 - v Surgical: Penile prosthetic device is available for surgical implantation.



Sexual Dysfunction NOS

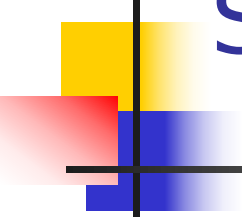
✓ **PARAPHILIAS**

- ✓ Are abnormal expression of sexuality.
- ✓ Range from nearly normal to destructive behavior.
- ✓ **Exhibitionism:** Recurrent urge to expose the genitals to a stranger or to unsuspecting person.
- ✓ Sexual excitement occurs in anticipation of exposure and orgasm is brought about by masturbation during or after the event
- ✓ All of the cases are men exposing themselves to women.



Sexual Dysfunction NOS

- ✓ **Fetishism** Sexual focus is on objects like shoes, gloves, panties, stockings.
- ✓ Sexual activity may be directed toward the fetish/e.g...
masturbation with or into shoes./
Disorder is almost exclusively found in men.



Sexual Dysfunction NOS

Froteurism: Characterized by a man's rubbing his penis against a body part of a woman to achieve orgasm in places like crowded buses.

Voyeurism- Recurrent preoccupation with fantasies and acts that involve in observing persons who are naked or engaged in grooming or sexual activity

Sexual Dysfunction NOS

Sexual Sadism

- ✓ Recurrent ,intense sexually-arousing fantasies, sexual urges or behaviors involving acts in which the psychological or physical suffering of the victim is sexually-exciting to the person acting on non-consenting person.
- ✓ Onset usually before age 18 years
- ✓ Most are male

Sexual Dysfunction NOS



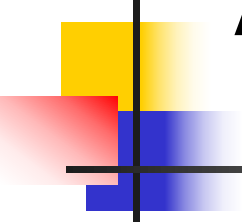
Transvestism

Fantasies and sexual urges to dress in opposite gender clothing as a means of arousal and as an adjunct to masturbation or coitus.

Transsexuality - gender identity

Homosexuality - sexual orientation

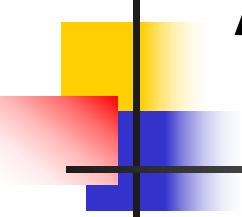
Self-Assessment Assignment part-1



1. Describe the dissociative disorders ?
2. What is the differential diagnosis for the dissociative disorders ?
3. What is a dissociative fugue ?

Self-Assessment

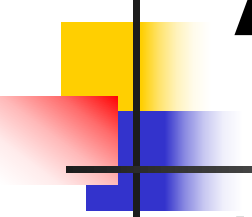
Assignment part-2



1. How common are adjustment disorders, and what are their typical precipitants and manifestations?
2. What is the differential diagnosis of the adjustment disorders?

Self-Assessment

Assignment part-2



3. What is the “cause” of adjustment disorders? Why do some persons develop adjustment disorders and others do not?
4. How do the stressors differ between adolescents and adults?
5. Describe the clinical management of the adjustment disorders?

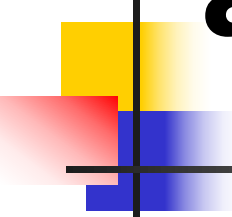
Self-Assessment

Assignment part-3



1. What are the major types of sexual disorders? List and discuss them?
2. Describe the four stages of Masters and Johnson's sexual response cycle.
3. What are the medical causes of erectile disorder (impotence)?
4. Describe "dual" sex therapy. What are "sensate focus" exercises?

Self-Assessment assignment-3



5. What medications are used to treat erectile disorder?

6. How are the paraphilic disorders treated? Describe cognitivebehavioral therapy for a person with a paraphilic disorder. What medications can be used to curb unwanted sexual behaviors?

References

⌘ Kaplan & Sadock's Synopsis of Psychiatry:
11th Edition

⌘ DSM_V

⌘ <http://www.youtube.com/watch?v=f-8gnXuX-VQ&feature=related> accessed on
April 25th /2013(**What is Adjustment
Disorder?**)

