

KAPLAN'S MODEL

STAGE 1 ~ DESIRE:

the drive & interest level for sexual activity
which arises in the brain

testosterone is the key hormone for desire
level in both men & women strengthened by
fantasy & stimulation

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STAGE 2 ~ EXCITEMENT:

increased muscle tension, heart rate & blood pressure

women – engorged clitoris, labia & vagina, vaginal lubrication

men – penile erection, enlargement & elevation of testes, Cowper's secretion

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STAGE 3 ~ ORGASM:

involuntary muscle spasms throughout body,
mostly in vagina & penis

blood pressure, heart rate & respiration peak
slightly longer duration for females

general medical condition are absent from the new edition. The Not Otherwise Specified (NOS) category was scrapped from the sexual dysfunctions chapter as well as elsewhere in the DSM-5. Finally, substance- or medication-induced sexual dysfunction remains unchanged. The DSM-IV and DSM-5 classifications are compared in **Table 1**.

| DSM-IV-TR Diagnoses | Changes in DSM-5 |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <i>Female dysfunctions</i> | |
| Female hypoactive desire disorder | Merged into: |
| Female arousal disorder | Female sexual interest/arousal disorder |
| Female orgasmic disorder | Unchanged |
| Dyspareunia | Merged into: |
| Vaginismus | Genito-pelvic pain/penetration disorder |
| <i>Male dysfunctions</i> | |
| Male erectile disorder | Changed to Erectile disorder |
| Hypoactive sexual desire disorder | Changed to Male hypoactive sexual desire disorder |
| Premature (early) ejaculation | Unchanged |
| Male orgasmic disorder | Changed to Delayed ejaculation |
| Male dyspareunia | Deleted |
| Male sexual Pain | |
| <i>Other dysfunctions</i> | |
| Sexual aversion disorder | Deleted |
| Sexual dysfunction due to a general medical condition | |
| Substance/medication-induced sexual dysfunction | Unchanged |
| Sexual dysfunction NOS | Replaced by Other specified sexual dysfunction and Unspecified sexual dysfunction |

Note: Individual changes to DSM nomenclature and criteria are in **bold**.

DSM: Diagnostic and Statistical Manual of Mental Disorders; IV-TR: 4th Edition-Text Revision; NOS: Not Otherwise Specified

Sexual interest and arousal disorder DSM-V

1. First, there is a lack of sexual fantasy and desire to engage in sexual activity. This absence of fantasy and desire must produce marked personal or interpersonal distress.
2. the distress affects both partners, particularly if there is a distinct discrepancy in sexual appetite resulting in, for example, frustration or disappointment.
3. HSDD cannot be met by another Axis I disorder or another sexual dysfunction and cannot be a byproduct of a general medical condition or the result of substance abuse.

New definition of HSDD (**desire/interest sexual disorder**)

- Absent or diminished feelings of sexual interest or desire, absent sexual thoughts or fantasies and a lack of responsive desire. Motivations (here defined as reasons/incentives) for attempting to become sexually aroused are scarce or absent. The lack of interest is considered to be beyond a normative lessening with life cycle and relationship duration. (Basson et al., 2003)

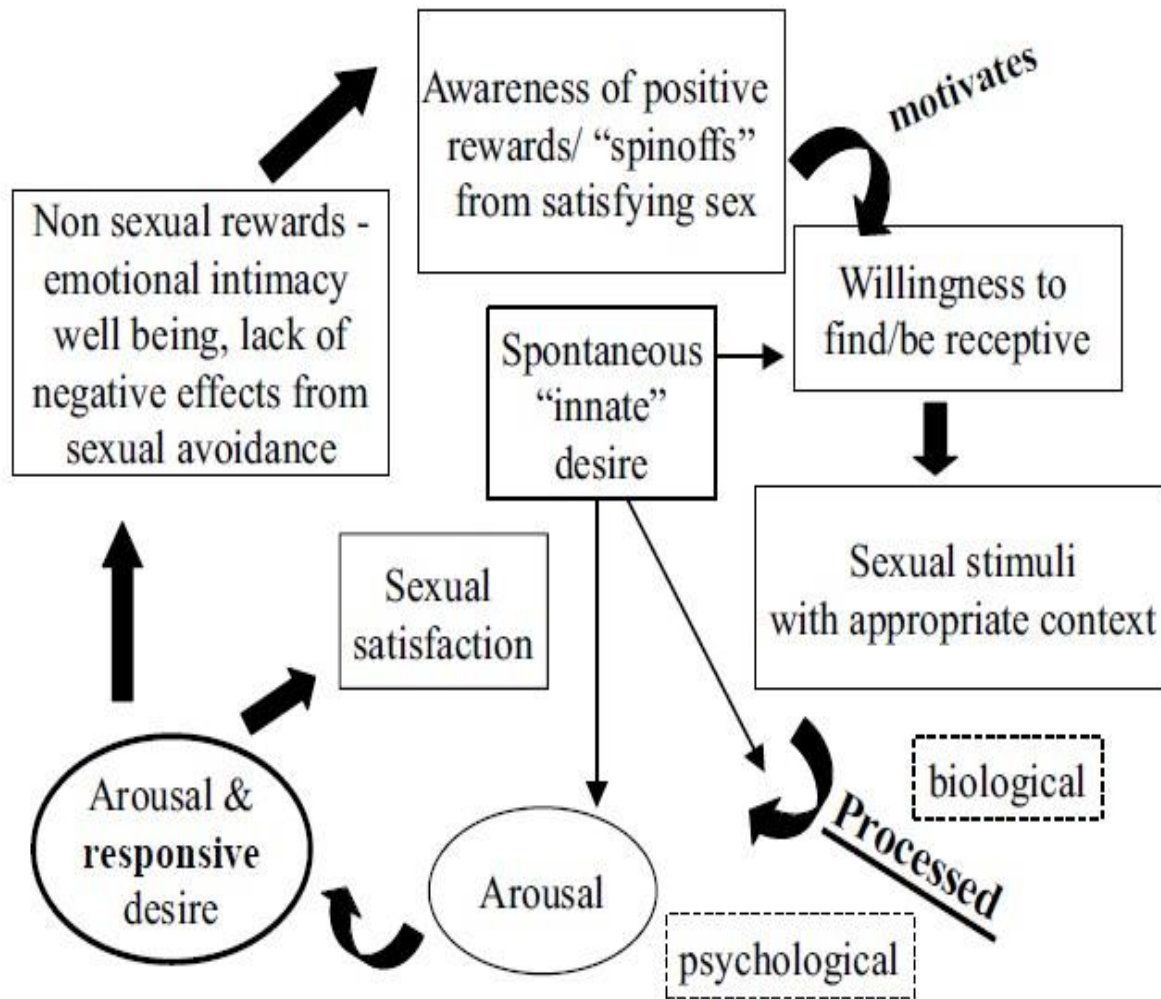
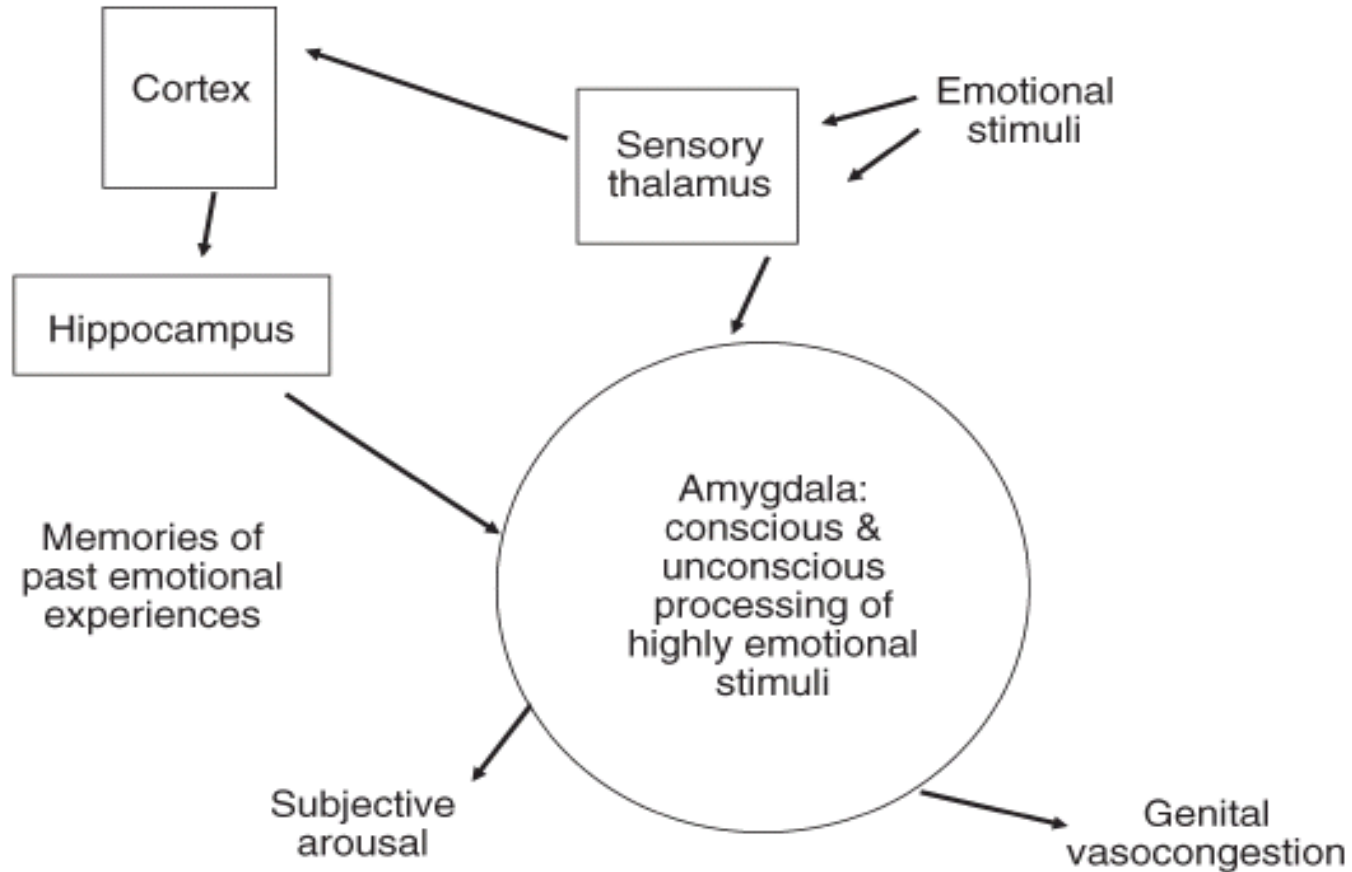


Figure 3.2 Blended sex response cycle: “spontaneous” desire augments or overshadows other motivations and increases arousability. Reprinted from *Obstet Gynecol* 2001; 98:350–353. Basson, with permission from the American College of Obstetricians and Gynecologists.

Neurobiology of subjective arousal



Sensate Focus: A Technique for Intimacy and Exploration

- ▶ Remember that each partner should take turns being the 'giver' and the 'receiver.'
- ▶ The receiver should focus on the sensations and the intimate presence of their partner. Use the hand to guide the giver's motions, but otherwise, remain passive and receptive. The focus is experiencing each other's bodies and discovering what brings each person pleasure

Female Orgasmic Disorder

▶ ناتوانی مستمر یا عود کننده زن برای دستیابی به ارگاسم است که با فقدان یا تاخیر عود کننده ارگاسم متعاقب مرحله تحریک جنسی طبیعی تظاهر می کند و مرحله تحریک هم طبق نظر بالینگر از لحاظ تمرکز، شدت و مدت کافی است.

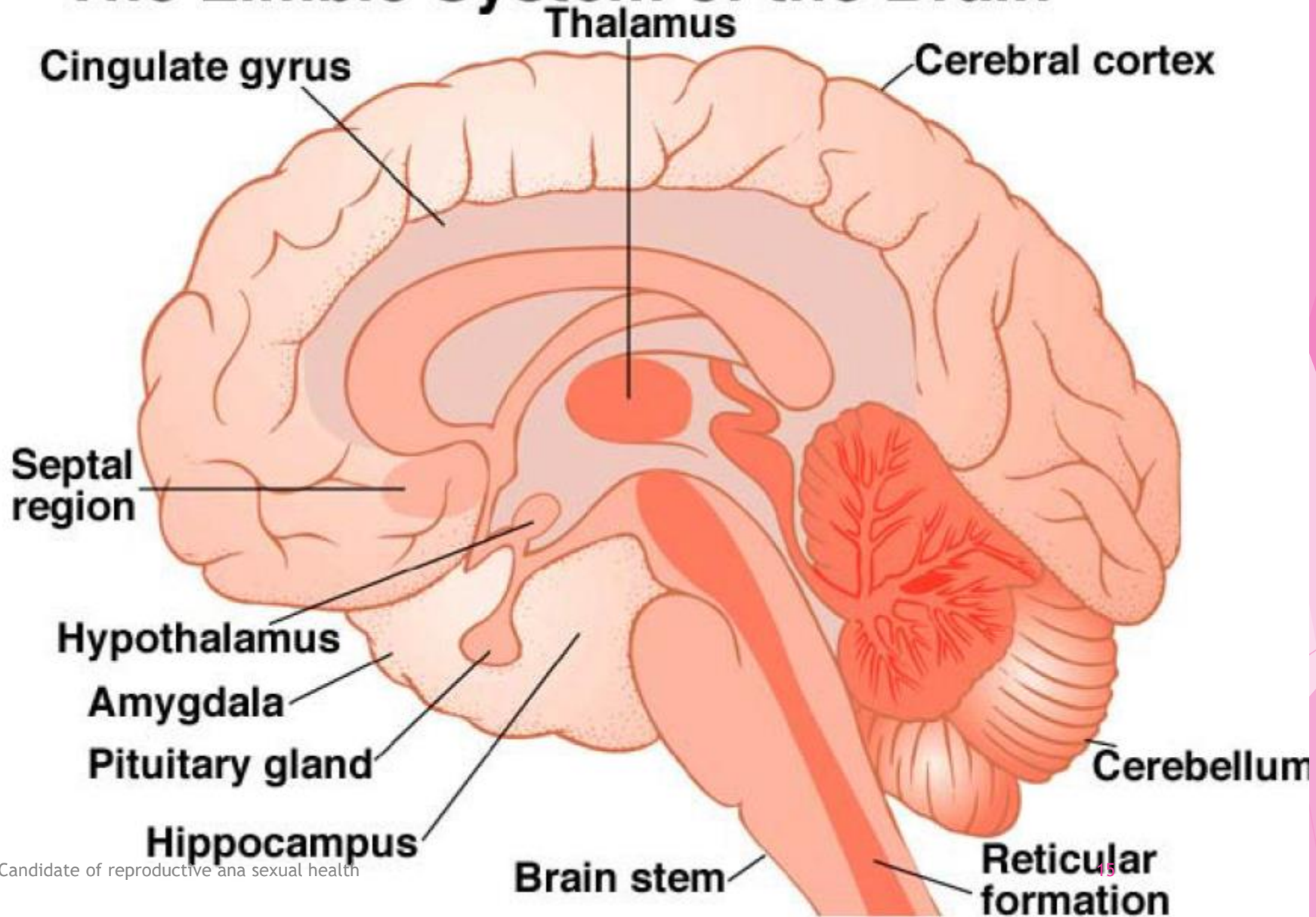
علل فیزیولوژیک

- ▶ آسیب به سیستم عصبی (نوروپاتی، MS، التهاب میلین و...)
- ▶ اختلالات غددی و متابولیک (کمبود تستسترون)
- ▶ بیماری های داخلی (کبدی، کلیوی، ریوی مزمن)
- ▶ سرطان پستان و جراحی اعضای تناسلی
- ▶ انواع داروها (داروهای آرام بخش، داروهای ضد افسردگی، داروهای ضد فشار خون)

علل روانشناختی

- ▶ ترومای جنسی در گذشته
- ▶ افسردگی
- ▶ خشم
- ▶ مشکلات ارتباطی

The Limbic System of the Brain



preoptic
area (POA), which appears to be particularly important
for
successful copulation

