



Sexual Dysfunctions

In *DSM-IV-TR*, sexual dysfunctions referred to sexual pain or to a disturbance in one or more phases of the sexual-response cycle. Research suggests that sexual response is not always a linear, uniform process and that the distinction between certain phases (for example, desire and arousal) may be artificial. In contrast to *DSM-IV-TR*, gender-specific sexual dysfunctions have been added, and, for females, sexual desire and arousal disorders have been combined into one disorder (female sexual interest/arousal disorder). To improve precision regarding duration and severity criteria compared with *DSM-IV-TR* and to reduce the likelihood of overdiagnosis, all of the sexual dysfunctions (except substance-/medication-induced sexual dysfunction) now require a minimum duration of approximately six months and more precise severity criteria. This provides useful thresholds for making a diagnosis and distinguishes transient sexual difficulties from more persistent sexual dysfunction. Genito-pelvic pain/penetration disorder is added to *DSM-5* and represents a merging of vaginismus from dyspareunia, which were highly comorbid and difficult to distinguish. The diagnosis of sexual aversion disorder is removed due to rare use and lack of supporting research.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which may be reordered from American Psychiatric Publishing by clicking [here](#). The book, available January 2014, contains 500 questions for all the categories of psychiatric disorders and includes Section III. The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons.

1. Which one of these *DSM-IV-TR* diagnoses is still included in *DSM-5*?

- a) sexual aversion disorder
- b) female orgasmic disorder
- c) dyspareunia
- d) vaginismus
- e) none of the above

Correct Answer: B. female orgasmic disorder

Rationale: An updated definition of female orgasmic disorder is included in *DSM-5*. Sexual aversion disorder has been removed from *DSM-5*, as it was infrequently used and there was little research justifying this disorder. Vaginismus and dyspareunia, which had high comorbidity and poor diagnostic reliability as independent diagnoses, have now been combined into genito-pelvic pain/penetration disorder (GPPPD).

2. Which of these terms is a valid subtype of sexual dysfunction in *DSM-5*?

- a) lifelong
- b) secondary to a medical condition
- c) due to relationship factors
- d) due to psychological factors
- e) none of the above

Correct Answer: A. lifelong

Rationale: While the *DSM-IV-TR* had three possible subtypes for sexual disorders, the *DSM-5* has only two. It has retained the “lifelong vs. acquired” subtype and the “generalized vs. situational” subtype. The *DSM-IV-TR* subtype of “due to psychological vs. combined factors” has been deleted, as the most frequent clinical presentations have both psychological and biological contributors. Relationship factors and medical factors are two possible specifiers for the sexual disorders, which are fac-

tors that may be relevant to diagnosis and treatment. If the symptoms are entirely secondary to a medical condition, no sexual disorder diagnosis is given.

3. Which of these is most accurate with regard to the *DSM-IV-TR* diagnosis of sexual dysfunction due to a general medical condition?

- a) This diagnosis is now classified with the somatic symptom disorders
- b) New criteria for this diagnosis specifies that the general medical condition must have been present for at least six months
- c) New criteria for this diagnosis specifies that the general medical condition must be included in the *ICD-10* diagnostic manual
- d) This diagnosis no longer exists, because this condition had poor diagnostic reliability
- e) This diagnosis no longer exists, because a sexual dysfunction that is better accounted for by a medical condition is no longer given a psychiatric diagnosis

Correct Answer: E. This diagnosis no longer exists, because a sexual dysfunction that is better accounted for by a medical condition is no longer given a psychiatric diagnosis.

Rationale: All sexual disorders now include factors to be considered as possibly relevant to etiology and or treatment. One of these specifiers is “medical factors relevant to prognosis, course, or treatment”; however, if the presence of a sexual dysfunction is entirely accounted for by a medical condition, that person will no longer be given a psychiatric diagnosis.

