

Sexual Function And Deprebion

Women's Mental Health, An Issue of Medical Clinics of North America, An Issue of Medical Clinics of North America, E-Book

Susan G. Kornstein 2019-05-11 This issue of Medical Clinics, edited by Drs. Susan G. Kornstein and Anita H. Clayton, will cover a wide arrange of topics in the field of Women's Mental Health. Topics covered in this issue include, but are not limited to, Psychopharmacology in Pregnancy and Breastfeeding, Binge Eating Disorder, Substance Abuse in Women, Dementia in Women, Neuroendocrine Networks and Functionality, Lesbian and Transgender Mental Health, and Reproductive Rights and Women's Mental Health.

The Monster Under the Bed JoEllen Notte 2020 A practical guide to navigating sex and relationships for people with depression and their partners.

The Effect of Dehydroepiandrosterone on Beck Depression Inventory Scores, Female Sexual Function Index Scores, and Androgen Levels in Depressed Women with Sexual Dysfunction Katherine Eileen Mason 2002

The Reciprocal Dynamics of Normative Affective States and Pathological Mood with Female Sexual Problems David A.

Kalmbach 2014 The associations of anxiety and depression with sexual problems have been the topic of much women's health research. Prior investigations have shown both depression and anxiety to be related to impaired female sexual function. Recent studies have shown that depression and anxiety are differently related to various aspects of women's sexual health. What remains unclear is the directionality of these relations. While concurrent effects have been reliably found between mood and sexual health, inconsistent results regarding temporal precedence in either direction leaves their directionality unclear. Additionally, though symptoms of mood disorders are related to problems with

sexual function, it remains unclear if changes in sexual function are also related to change in normative affective states (e.g., sadness, happiness, fear). By prospectively assessing daily levels of mood and sexual function, our findings demonstrate that both pathological mood and normative affective states are related to sexual health, and that these relations are more proximal than distal. That changes in many indices of sexual function accompany changes in both daily and syndromal mood emphasizes the close nature of affective and sexual health. Additionally, a number of temporal relations were observed, including cyclical patterns of influence between mood and certain indices of sexual function, including desire, arousal, and self-image. Future directions, including the role of sexual distress in the relation between affective and sexual problems, are discussed.

The Massachusetts General Hospital Guide to Depression

Benjamin G. Shapero 2018-10-17 Major Depressive Disorder

(MDD) is one of the most prevalent psychiatric disorders, with a lifetime prevalence rate of roughly 20%. MDD is a leading cause of disability and premature death worldwide, leads to greater impairment in work functioning than other chronic medical conditions, and has an estimated annual cost of \$210 billion in the US. The proposed text is designed for mental health professionals and will present state-of-the-art treatment options that are used in the Depression Clinical and Research Program (DCRP) at the Massachusetts General Hospital. The text provides different treatment options so that providers can 'think outside the box' of conventional interventions. The introductory sections discuss general themes about diagnosing and treating depression. The major body of the book, however, consists of chapters organized under the topics of new medication, new psychotherapy, alternative treatments, and consideration of specific populations and how to modify interventions to best treat these patients. Each chapter begins with a case vignette to illustrate key

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characteristics of the disorder process or treatment and reviews the history, research support, and new advances of these topics. In addition, the chapters include a description of how to apply this topic in treatment and frequently asked questions and answers. This book will be a unique contribution to the field. Existing guides focus on individual treatments of Depression, or include brief descriptions of interventions as a whole. The DCRP has consistently been a forerunner of clinical treatments for depression and often treats challenging cases of this disorder. This book will provide a practical and useful resource with wide applicability.

Integrative Sexual Health Barbara Bartlik 2018 Integrative Sexual Health explores beyond the standard topics in men's and women's health, drawing on a diverse research literature to provide an overview of sexual biology and sexual dysfunction, diverse lifespan, lifestyle and environmental impacts on sexual function, integrative medicine solutions to sexual problems, and traditional eastern and western treatment approaches to healing sexual difficulties. This comprehensive guide written by experts in the field provides clinical vignettes, detailed treatment strategies for mitigating the side effects of both medications and sexual dysfunction associated with medical illness and poor lifestyle habits, and extensive further reading resources. Integrative treatment modalities not typically consulted in mainstream medicine, such as traditional Chinese medicine, Ayurvedic medicine, aromatherapy, and botanical medicine, are presented with the best evidence, in a clinically relevant manner. Part of the Weil Integrative Medicine Library, this volume is a must read for the specialist and non-specialist alike who wish to address sexual problems using an integrative medicine approach, and acquire tools to maintain lifetime optimal health and vitality that supports healthy sexuality. Integrative medicine is defined as healing-oriented medicine that takes account of the whole person (body, mind, and spirit) as well as all aspects of lifestyle; it emphasizes

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the therapeutic relationship and makes use of appropriate therapies, both conventional and alternative. Series editor Andrew Weil, MD, is Professor and Director of the Arizona Center for Integrative Medicine at the University of Arizona. Dr. Weil's program was the first such academic program in the U.S., and its stated goal is to combine the best ideas and practices of conventional and alternative medicine into cost effective treatments without embracing alternative practices uncritically.

Depression and Sexual Function: pocketbook David Baldwin 1996-01-01 One of a series of pocketbooks designed to provide assimilable information on common medical issues. The concise texts are enhanced by tables and diagrams summarizing the essential information. This particular volume deals with sexual function and depressi

Textbook of Men's Mental Health Jon E. Grant 2007-04-02 The first of its kind, this book reflects progress in a too-little explored corner of psychiatry to show that gender plays an integral role in mental health issues for men. Textbook of Men's Mental Health provides clinicians with the information they need for understanding how certain disorders manifest differently in men - and for recognizing how treatment responses in men differ from those in women. Multidisciplinary coverage in this groundbreaking guide draws from fields such as public health and substance abuse to create a well-rounded approach to addressing men's specific mental health problems. With contributions by today's experts in men's mental health, this work gathers the latest research about men's psychiatric issues, from the difficulties in diagnosing male depression to strategies for engaging men in marital therapy. First addressing developmental issues specific to childhood, adolescence, and old age, the text then presents treatment options for an array of problems, from anxiety to sexual disorders to posttraumatic stress disorder. This volume then addresses psychosocial issues as they apply uniquely to men, such as fathering, marriage, aggression, and overcoming

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the stigma of mental health treatment -- as well as a chapter on how men's ethnicity influences the effectiveness of therapy. Among the topics discussed are how men behave in intimate relationships with women -- and the mental health considerations unique to gay men psychiatric disorders more prevalent in men than women, such as substance abuse, antisocial personality, and conduct disorder up-to-date facts on male sexual functioning, covering erectile dysfunction, premature ejaculation, and male orgasmic disorder why disorders less common in men -- anxiety, depression, PTSD -- require different treatment than for women coverage of compulsive disorders seen in men both more frequently, such as pathological gambling and compulsive sexual behavior -- and less frequently, such as kleptomania and compulsive buying insight into how body image, a problem usually associated with women, has become a serious health issue for men, as evidenced by eating disorders, muscle dysmorphia, and steroid abuse No previous text has addressed such a wide range of issues concerning men's mental health, presented here in evidence-based coverage featuring case vignettes, key points, practice guidelines, and an extensive reference list in each chapter. Clinicians who wish to make more prudent decisions regarding the care of men with mental health issues will find this text indispensable to their practice -- and to the well-being of their male patients.

Sex Differences in Depression Susan Nolen-Hoeksema 1990
Women are twice as likely as men to experience protracted sadness, apathy, low self-esteem, and other symptoms of depression. How can we account for this sex difference? Several explanations have been proposed, some dating back many years. This book critically examines the evidence for each explanation in an attempt to discover what we do and do not know about sex differences in depression. It is a landmark review of the historical, theoretical and empirical approaches to sex differences in depression. Nolen-Hoeksema presents a fresh historical review,

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makes theoretical criticisms and offers clear and challenging avenues for future research and practical applications.

Treatment Resistant Depression John F. Greden 2011 This unique book presents the treatment "roadmap" implemented by the University of Michigan Comprehensive Depression Center's Treatment Resistant Depression Program, step-by-step guidance that has long eluded clinicians, patients, and their families. Writing across discipline, modality, lifespan, and patient demographics, the authors have compiled the most current thinking on TRD and distilled it into a highly readable, imminently practical, and brilliantly organized source of hope. The authors believe that early intervention is critical, and they advocate strategies for renewed focus on identifying youths who are at risk or already symptomatic. Similarly, they devote chapters to special populations such as pregnant women, older people, and those with comorbidities. Perhaps most useful to patients and their families, the book has a strong self-care orientation, emphasizing the importance of exercise, nutrition, and healthy sleep guidelines. Patients who are actively engaged in managing their disease often have better outcomes. Treatment Resistant Depression is frequently a lifetime diagnosis. The book acknowledges that fact and offers a systematic course of treatment grounded in evidence-based research that is current and comprehensive. Treatment Resistant Depression: A Roadmap for Effective Care offers a new way of conceptualizing an old enemy, and should prove to be an indispensable weapon in the battle.

Sexual Function and Depression Stuart A. Montgomery 1998

Male Sexual Dysfunction Suks Minhas 2016-12-12 Sexual dysfunction affects men of all ages and incidence rates are expected to double by 2025 resulting in a major health burden. Though normal sexual function is an important aspect of health and well-being, sadly, this common condition still carries an associated stigma. As a result, affected men are often reluctant to

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approach their doctor and, instead, may live for many years with sexual dysfunction, often to the detriment of their personal lives. *Male Sexual Dysfunction: A Clinical Guide* covers all the common problems encountered by the clinician in this rapidly expanding and developing field. With full color throughout, this easy to read guide provides a comprehensive and systematic approach to patient management. Packed with key features, every chapter will contain flow diagrams and algorithms, key points, clinical pearls, what to avoid boxes, and numerous tables, graphs and photographs . This book provides: Comprehensive focus on the core clinical areas of physiology/pharmacology, investigation, diagnosis, management and surgical options Coverage of all treatment pathways, including psychological, pharmacologic and surgical A straightforward, logical approach to clinical management An experienced and international editor and contributor team Expertly-written, this book is the perfect resource for urologists and general practitioners with an interest in this highly topical area, as well as those about to undergo their urology trainee examinations.

Clinical Manual of Sexual Disorders Richard Balon 2009-08-06

Sexuality is an integral part of gender identity, self-image, and overall well-being. Sexual dysfunctions present in all cultures and ethnicities around the world. Sexual problems have an especially high prevalence among patients with psychiatric syndromes -- yet, in recent years, the field of psychiatry has shifted away from the treatment of sexual disorders. *Clinical Manual of Sexual Disorders* is the first comprehensive text in decades to address the management and treatment of sexual dysfunctions and disorders. Using a conceptual model that incorporates biological, psychological, and cultural interventions as its guiding principle, the book explores and evaluates the epidemiology of sexual disorders and paraphilias, sexual dysfunctions with comorbid psychiatric disorders, sexual problems associated with various medications, and sexual disorders in specific patient populations.

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Written by 25 contributing clinical specialists from around the world, the text combines conceptual shifts within the field of human sexuality with the latest research findings into a practical three-part volume. The first four chapters cover general areas relevant to the clinical understanding of human sexuality and sexual dysfunctions within the frame of psychiatry. The second part of the book outlines the major sexual dysfunctions, including male erectile disorder, female arousal disorder, premature ejaculation, and paraphilias. And the final chapters address the management of sexual issues in two unique patient populations that are often neglected in other textbooks -- children and adolescents and older adults. The book includes several unique features to further enhance learner retention Tables, charts, figures, and illustrations to enhance the reading material Evaluations, questionnaires and other patient materials Take-away points on key clinical issues at the end of each chapter Case examples from the authors' own practices References for further reading Restoration of sexual function can improve the quality of life for many individuals with and without psychiatric disorders, making recognition and treatment of sexual problems of utmost importance to any general psychiatric practice. As the only text of its kind, *Clinical Manual of Sexual Disorders* provides a concise, clinically-oriented biopsychosocial guide to the management and treatment of sexual dysfunction that is appropriate for all psychiatric, clinical, and educational settings.

Factors Affecting Sexual Function and Sexual Satisfaction Among Females with Or Without Rectal Cancer Or Gynecological Cancer

Chia-Chun Li 2011 This descriptive, comparative, correlational study explored the relationships among demographic characteristics, health histories, disease characteristics, body image, anxiety and depression, sexual relationship power, female sexual function, and sexual satisfaction; examined sexual self-schema as a moderator or mediator on female sexual function and sexual satisfaction; and

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compared the differences in female sexual function and sexual satisfaction between women with gynecological or rectal cancer and women without any cancer. Fifty-five females with gynecological or rectal cancer in the study group and 72 females without any cancer in the comparison group completed seven structured questionnaires. For females in the study group, a significant negative relationship existed between time since surgery and anxiety and depression, between the number of cancer treatments and female sexual function, and between performance status and anxiety and depression. In addition, a significant positive relationship existed between performance status and sexual relationship power and between the number of cancer treatments and sexual satisfaction. Further, body image was significantly related to anxiety and depression, sexual relationship power, sexual self-schema, and sexual satisfaction. The anxiety and depression factor was significantly linked with sexual relationship power, female sexual function, and sexual satisfaction. There was a significant negative relationship between sexual satisfaction and sexual relationship power and between sexual satisfaction and female sexual function. Also, females in the study group reported significantly worse sexual function and sexual satisfaction than females in the comparison group. A hierarchical multiple regression model accounted for 40% of the variance in female sexual function, and gynecological/rectal cancer, body image, and the interaction between sexual relationship power and sexual self-schema were three significant predictors. After controlling for gynecological/rectal cancer, body image, sexual relationship power, sexual self-schema, and the interaction term between sexual relationship power and sexual self-schema, female sexual function accounted for 17% of the variance in sexual satisfaction. In unsolicited comments, females in the study group described the changes in their sexual lives after surgery and treatments, emphasizing that sexual information should be provided promptly

and effectively by health care providers. The study findings led to implications and recommendations for the conceptual framework, nursing practice, research, and education.

Sexual Function and Depression Stuart A. Montgomery 1998

Sensational Sex in 7 Easy Steps Ridwan Shabsigh, M.D.

2007-03-06 A leading clinician and researcher in the growing field of sexual medicine explains the connection between a man's sexual function and overall health—and delivers a 7-step action plan for him to enjoy sexual intimacy over his entire life As director of the New York Center for Human Sexuality at New York Presbyterian Hospital, Dr. Ridwan Shabsigh treats thousands of patients with sexual dysfunctions. His more than 16 years of practice and trailblazing research at Columbia University have confirmed that health is intimately connected to sexual function and that the only way to treat declines in sexual desire, performance, and satisfaction is within the context of men's and couples' health. Now Dr. Shabsigh brings his expert recommendations to the public in this book. Refusing to accept that sexual dysfunction is the inevitable consequence of aging, he lays out a 7-step program to help all men improve their sexual relations—and their health. The book contains: • a self-test that assesses the reader's health, sexual satisfaction, and risk for sexual dysfunction • information on how medical conditions such as obesity, diabetes, cardiovascular disease, and depression affect a man's sex life—and how sexual dysfunction is the first warning sign of serious illness • recommendations for improving lifestyle choices that cause sexual problems and comprehensive approaches to treating any sexual dysfunction The result is a book that helps every man achieve a lifetime of better sex and optimum health.

Sex and Love in Intimate Relationships Robert Firestone 2006

"In clear language and conceptualization and through the liberal use of case material from therapy sessions, the authors show how individuals can be helped to overcome these challenges and

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become physically and emotionally closer to their partners."--
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ECDEU assessment manual for psychopharmacology William
Guy 1976

Antidepressant Therapy at the Dawn of the Third Millennium

Mike Briley 1999-01-19 Depressive conditions and disorders have become far more widely recognised among non-psychiatric physicians, and the subject of much research among psychiatrists. This book, written by psychiatrists at the forefront of this research, is a presentation of the most up-to-date ideas in antidepressant therapy. Covering the mechanisms of antidepressant agents, as well as clinical and therapeutic considerations, the contributors present recent experimental evidence in support of their discussions. The result is a collection of chapters which will be of great interest to all those involved in the expanding field of antidepressant therapy and in the treatment of depressive disorders.

Sexual Impotence in the Male Leonard Paul Wershub
2011-08-01

**The Cortisol/DHEA Ratio and Sexual Function in Women
With and Without a History of Depression** Carolyn Marie

Dundon 2014 The comorbidity between female sexual dysfunction (FSD) and major depressive disorder (MDD) is well documented; however, the mechanism(s) underlying the relationship between these disorders has not been defined. The literature has associated the adrenal hormones cortisol and dehydroepiandrosterone (DHEA) with FSD and MDD, suggesting a biological mechanism that may elucidate the comorbidity between these disorders. Based on evidence pointing to a high cortisol/DHEA ratio (C/D Ratio) in MDD and low DHEA in FSD, this study investigated if the potential association between a high C/D Ratio and FSD would be greater for women with a history of MDD when compared to women without a history of MDD. Two groups of women (MDD history group; control group), each with a

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range of sexual function, collected saliva samples, completed questionnaires, and participated in a clinical interview and a psychophysiological assessment. Results did not support the hypothesis that the relationship between the C/D Ratio and sexual function would be greater for women with a history of MDD. Relevant to the effects of hormones on sexual function, a higher C/D Ratio was associated with lower frequency of sexual activity and lower sexual assertiveness. Results also showed DHEA positively associated with overall frequency of sexual activity, while cortisol was associated with lower subjective assessment of sexual desire/arousal prior to erotic stimuli. Lastly, secondary analyses revealed a positive association between DHEA and frequency of sexual activity, which was mediated by women's sexual desire. These results suggest that the effects of the C/D Ratio on FSD are not associated with a history of MDD. Results also point to contrasting roles for C/D Ratio and DHEA in FSD. In particular, a high C/D Ratio may have inhibitory effects on frequency of sexual activity and sexual assertiveness, while high DHEA may have facilitatory effects on sexual activity frequency through heightened sexual desire. Lastly, high cortisol may predispose women to have a negative assessment of sexual stimuli. These findings contribute to a further understanding of the roles of the C/D Ratio, DHEA, and cortisol in female sexuality and offer support for future studies investigating the role of these hormones in FSD.

Couple Therapy for Depression David Hewison 2014-06-19
Depression is second after heart disease as the most damaging health condition in the world. The NHS has devoted huge resources to training thousands of psychological therapists to work in 'Improving Access to Psychological Therapies' services specifically to treat depression in adults and couple therapy has been identified as one of the effective ways of treating it. Couple Therapy for Depression is an integrative 20-session couple therapy designed to treat depression in couples where there is

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also relationship distress. Following the recommendations of the UK's National Institute for Clinical Excellence for a behaviourally-based couple therapy treatment, it draws on RCT studies of efficacy as well as 'best practice' in behavioural, cognitive, emotionally-focused, systemic, and psychodynamic couple therapies. Sticking closely to the competencies identified for the treatment of depression and relationship distress in couples, it outlines the ways in which couple therapists can reduce damaging interactions between couples, build emotional openness and closeness, improve communication and behaviour, change unhelpful cognitions and perceptions, and help the couple cope with the ordinary and not-so ordinary stresses that arise in the course of everyday relating. Written by couple therapists who understand deeply the unique challenges of doing therapy with couples, it is based on the training programme for Couple Therapy for Depression commissioned by the NHS for use in its Improving Access to Psychological Therapies services. It begins by describing the causes and consequences of depression, and then focuses on its impact on the adult couple. Highlighting the particular techniques needed in safe and effective work with distressed couples, it goes through the different ways in which the couple's feelings, thoughts, and behaviours need to be understood and worked with in order to reduce relationship distress. It outlines the treatment of 4 different couples to illustrate the therapy in action and will be helpful for any therapist wanting to enhance their work with couples.

Erectile Dysfunction, An Issue of Urologic Clinics - E-Book Culley Carson 2011-07-01 Dr. Culley Carson provides a state-of-the-art review of clinical issues surrounding erectile dysfunction. Top experts in the field, like Dr. Laurence Levine and Dr. Alan Seftel, contribute reviews on peyronie's disease and epidemiology and risk factors, respectively. A practical approach is given, with articles on doppler blood flow analysis, comparison of established agents with newer phosphodiesterase medications, penile

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rehabilitation after prostate cancer, and treatment of erectile dysfunction and depression.

Sexual Dysfunction Olivier Berend 2017-06-14 Sexual dysfunctions have a high prevalence in males and females, and an increase in research into its backgrounds, causes and treatment is clearly visible. Characterization of sexual dysfunctions is complex and often needs extensive clinical, psychological and psychiatric expertise to arrive at reliable diagnoses. The present volume illustrates various aspects involved in sexual (dys)functioning but also the complexity of the field. Premature ejaculation, erectile dysfunction, female interest/arousal disorder, hypogonadism, sexual side effects of antidepressants and circumcision are subject of the various contributions. The topics treated nicely illustrate the problems associated with sexual function and dysfunction, including lifestyle, biological, mental, sociocultural and religious aspects. The topics in this volume clearly demonstrate the importance of research on sexual functions and dysfunctions.

Fertility, Family Planning, and Women's Health Joyce C. Abma 1998-08 Presents data on a wide range of topics based on personal interviews with a national sample of women 15-44 years of age in the U.S. It is organized around the central theme of pregnancy & its determinants & consequences. Contents: children ever born & total births expected; wanted & unwanted births; sexual intercourse; marriage & cohabitation; contraceptive use; fecundity, infertility, & sterilization operations; breastfeeding, maternity leave, & child care; adoption, stepchildren, & foster children; health insurance coverage; family planning & other medical services; cigarette smoking; HIV testing; pelvic inflammatory disease; & sex educ.

Depression and Sexual Function Bms Patrice Baldwin 1997-02-01 Women's Mental Health, An Issue of Psychiatric Clinics - E-Book

Susan G. Kornstein 2010-05-05 This issue reviews psychiatric concerns that are specific to women. Comprehensive and up-to-

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the-minute articles discuss topics such as PMS/PMDD, Perinatal Disorders, Menopause, Infertility, Female Sexual Dysfunction, Substance Abuse in Women, Gender Differences in ADHD, Fibromyalgia, Migraines in Women, Breast Cancer, Obesity in Women, Complementary and Alternative Medicine for Psychiatric Disorders in Women, Trauma and Violence Issues for Women in the Military, and Caring for the Elderly Female Psychiatric Patient.

Sexual Dysfunctions in Mentally Ill Patients Emmanuele A. Jannini 2018-08-28 This book addresses the fundamental importance of the proper assessment and treatment of sexual disorders in patients with mental disorders with regard to their treatment outcomes and adherence to therapies. In fact, patients with mental disorders often suffer from sexual dysfunctions and in many cases, pharmacological treatment causes sexual-dysfunction side-effects. However, anxiety disorders, personality disorders, eating disorders and psychotic disorders are often also characterized by sexual symptoms that have a profound impact on sexual function. The psychopathology of sexual behavior investigates deficits in the mind-body relationship that are expressed through sexual symptoms such as erectile dysfunction, premature ejaculation, vaginismus, orgasmic disorders, or lack of sexual desire. These symptoms can be considered both prodromal and as a consequence of psychological or psychiatric suffering. Written by a multidisciplinary team of experts, this book offers a valuable guide for psychiatrists, andrologists, gynecologists and psychologists.

Prevalence and Characteristics of Sexual Dysfunction Among Moroccan Patients Consulting for a First Depressive Episode Fatiha Manoudi 2017 Depression as such causes emotional and physical disturbances that affect biological functions such as sleep, appetite, decreased libido and lack of interest in sexual function. Indeed, there is a significant incidence of sexual dysfunction in depressed patients. In addition,

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depression and sexual dysfunction have a significant impact on the quality of life of couples, which can be improved by managing these two conditions, between which there seems to be a two-way causal link. Sexual dysfunction has long been neglected in the clinic of depression. In Morocco, depression affects more than a quarter of the population. However, to date, no study has focused on the assessment of sexual function in relation to depression among Moroccans. Objectives: This work aimed to evaluate the prevalence and characteristics of sexual dysfunction in Moroccan patients consulting for a first depressive episode. Methods: This is a descriptive cross-sectional study. Were included in this study, all subjects consulting for a first major depressive episode according to DSM-5 criteria from June 1st to November 30th, 2017 at the psychiatric university department at Ibn Nafis hospital in Marrakech. The severity of depression was assessed using the Hamilton scale. The ASEX (Arizona Sexual Experience) scale was used to define sexual dysfunction. Statistical analysis was performed using SPSS 22 software. Results: We recruited 58 patients, 34 of whom were female. They were 37 years old in average. The majority were between 27 and 42 years old (59%), married (81%), with an average level of education (34.5%). The duration of the episode was 57 days in average. The major depressive episode was severe in 62% of patients. According to the ASEX, 77.6% of the depressed patients in sexual activity had a clinically significant sexual dysfunction. The majority of our patients (60.3%) consulting for depression attach their sexual dysfunction to their depressed mood, either by reporting the onset of sexual dysfunction at the same time as depression (53.4%), or worsening after the depression onset (6.9%). The frequency of sexual intercourse with the pre-depressive state was decreased in the majority of our sample. Sexual desire was the most impaired phase of the sexual response (58.6%) followed by excitation (53.4%) and then orgasm (51.7%). Of the 47 married patients, more than two thirds (32 patients) were dissatisfied with

their life as a couple as well as with different aspects of their relationship life. The majority of patients reporting marital dissatisfaction attributed the cause to the quality of their sexual intercourse rather than to their frequency or other relational aspects. Sexual dysfunction was significantly correlated with the severity of depression ($P = 0.031$), whereas it was not correlated with duration of depressive episode ($P = 0.412$) or age or patient sex ($P = 0.114$, $P = 0.202$ respectively). Conclusions: The prevalence of sexual dysfunction is high in depressed patients. It significantly impacts the couple's quality of life. Although our main limitation was the small sample size which prevented us from doing a multi-varied analysis, the robust nature of this study lies in documenting the initial prevalence and types of sexual dysfunctions in both sexes in the first major depressive episode unrelated to the dysfunctions induced by antidepressant drugs. The early identification of sexual disorders and the consideration of couple dynamics would be two important elements in the management of the depressed patient.

Management of Sexual Dysfunction in Men and Women

Larry I. Lipshultz 2016-07-05 This book provides a comprehensive, state-of-the-art review of the intersection of male and female reproductive and sexual health. The text comprehensively discusses the evaluation and management of physical, genetic, and psychological causes of male and female sexual dysfunction. Discussion of treatment focuses on current medical and surgical psychosexual therapies in both the male and female. The book highlights erectile, ejaculatory, and orgasmic disorders in the male; desire, arousal and orgasmic disorders in the female; and an integrated approach to the couple. Lifestyle modifications through diet and exercise and optimization of anthropomorphic characteristics are also discussed, including a holistic approach to these disorders that goes beyond a focus on the genital system alone. Sexual Dysfunction in Men and Women: An Interdisciplinary Approach serves as a resource for physicians

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and researchers interested in sexual medicine seeking a comprehensive overview of the practice and novel research in the field.

Handbook of Sex Therapy Joseph LoPiccolo 2012-12-06 When is it timely to publish a synthesis of previously published and original materials from a specific discipline? I believe it to be timely when one has a sufficient amount of high-quality material covering the critical areas of that topic, when the previously published material is scattered over a wide range of journals and books, and when there is no single book that synthesizes the discipline. The treatment of sexual dysfunction emerged to the front lines of health delivery only during the past decade with the pioneering work of William Masters and Virginia Johnson. In spite of the rash of sex clinics and sex therapists that followed, precious little solid research has been conducted on the various strategies of therapy, the means of assessing complex interpersonal sexual relationships, and the manner by which clinical change is objectively assessed. No one reader can keep pace with the multitude of journals that publish key material by sophisticated investigators. And no one investigator can cover these salient areas alone with his or her original work in a single volume. The critical papers have now been written. Ten were written specifically for this volume and thirty-three have previously appeared. This volume laces them together into a coherent pattern. Thus, the time for a synthesis in sexual dysfunction.

Psychopharmacology of Antidepressants Stephen M Stahl 1997-07-14 An innovative, easily-accessible introduction to the subject for both clinicians and trainees. Illustrated throughout in colour, this handbook offers an invaluable visual lesson detailing data and information on all classes of antidepressants currently available.

Male Sexual Function John J. Mulcahy 2007-11-16 The first edition of *Male Sexual Function: A Guide to Clinical Management* was published in 2001. Since that time, two new oral medications

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for erectile dysfunction (ED), Vardenafil (Levitra) and Tadalafil (Cialis), have been introduced. Links between ED and lower urinary tract symptoms have been postulated, advances in the basic science of erectile physiology have occurred, and the appreciation of ED as a form of endothelial dysfunction and a harbinger of other more potentially lethal forms of vascular disease has become more widespread. In some instances, third-party payers have reduced or eliminated coverage for ED treatments in an attempt to cut costs. They have classified sexual activity as “recreational,” “lifestyle,” or not medically necessary, but have failed to appreciate the negative consequences of ED, such as depression with all of its ramifications. *Male Sexual Function: A Guide to Clinical Management, Second Edition* is a comprehensive overview of the field of male sexual function and includes a chapter on female sexual dysfunction, an emerging field with a very high incidence in the population and an ever-growing following.

Women's Mental Health Joel Rennó Jr. 2020-02-14 There is an increasing focus on medical studies related to differences between men and women, and women’s mental health stands out as one of the most important fields where sex-based differences are being investigated. Overall, studies show an existence of important sex-specific differences in several aspects of psychiatric disorders such as etiology, epidemiology, clinical presentation and therapeutics. In this book, recognized experts present the current state of knowledge on this topic, providing a reliable, accurate and comprehensive clinical guide to women's mental health. The book will steer clear of an in-depth discussion of genetics and sex-based differences to focus quickly and narrowly on how best to diagnose and treat psychiatric disorders in women, thereby offering a targeted and practical guide for clinicians. It is intended to serve a broad audience -- including psychiatrists, psychologists, family physicians, obstetricians, gynecologists, nurses, social workers and other medical and

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mental health providers with an interest in women's mental health. *Women's Mental Health: A Clinical and Evidence-Based Guide* will be fully evidence-based and will present chapters authored by distinguished leaders with extensive experience and clinical wisdom in this area. It offers psychiatrists, psychologists, family physicians, obstetricians, gynecologists, nurses, social workers and other medical and mental health providers a valuable source of information to enhance their clinical practice.

The Emotional and Sexual Lives of Older People H. B. Gibson
2013-12-14

Handbook of Liaison Psychiatry Geoffrey Lloyd 2007-05-24
Liaison psychiatry, the recognition and management of psychiatric problems in the general medical setting, is an essential component of many doctors' work. Depression, anxiety and somatization disorders occur in about 50% of cases presented to primary care physicians. The *Handbook of Liaison Psychiatry* was first published in 2007 and is a comprehensive reference book for this fast-growing subspecialty. A team of experts in the field cover the full range of issues, from establishing a service and outlining the commonest problems encountered in general hospitals and primary care, to assessment and treatment guidelines, working with specific units within the hospital setting, disaster planning and legal-ethical considerations. It will be essential reading for doctors and other professionals concerned with the psychological health of patients in acute general hospitals and in primary care.

Links Between Sexual Dysfunction And Anxiety And Depression In Women With Idiopathic Epilepsy Wiem Bouattour 2017
Background and Aims: Sexual dysfunction (SD) in women with epilepsy is a multifactorial problem with psychological, biological, and social ramifications. Although several variables associated with the disease have been identified, some studies have raised the question of a possible influence of psychological factors, such as anxiety and depression, in defining

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or maintaining sexual difficulties in epilepsy. This study aims to evaluate the relationship between SD and anxiety and depression among a sample of women with idiopathic epilepsy. Methods: A cross-sectional study including 36 women with idiopathic epilepsy attending the institute of neurology of Tunis (Tunisia). Women were non-menopausal, sexually active and living with partner for more than 6 months. To assess the patients' 2019 sexual function, we used the female sexual function index (FSFI). A total score below 26.55 defines SD. Depression and anxiety symptoms were assessed by the Hospital Anxiety and Depression Scale. Results: The average age was 35 years. The frequency of certain depression was 22.2%, and 28% of patients had a certain anxiety state. The frequency of SD was 72.2%. The prevalence of SD was significantly higher in patients with certain anxiety ($p=0,021$) or depression ($0,047$). The different dimensions of sexual functioning (desire, arousal, lubrication, orgasm, satisfaction, pain) were negatively correlated with the intensity of anxiety and depression. The more women's sexual functioning was preserved, the less anxious and depressed they were. Conclusions: We conclude that psychological factors play an important role in the alteration of sexual behavior in epileptics and that suitable attention must be given to the control of these variables.

Healthy Aging, Mental Health, and Sexuality Alex Siu-Wing Chan 2023-10-23 Sexuality is the manner in which we undergo and exhibit sexuality. It includes emotions, wants, behaviors, and identities, as well as a variety of forms of physical contact or stimulation. Intimacy is a sense of togetherness and connection in a relationship, which may or may not include physical contact. Aging creates possibilities for older individuals to reinterpret what sexuality and intimacy entail for them as a result of life changes. Certain older individuals want both a sexual and an intimate partnership, while others are fine with either, and some may opt to reject both sorts of partnership. Normal aging also

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causes physiological changes that might interfere with the capacity for and enjoyment of sexual activity. Our bodies, such as our size, skin, and muscular condition, shift as we age. Certain older individuals are unhappy with their deteriorating bodies. They may be concerned that their lover no longer finds them appealing. Intimacy and a satisfying sex life may be hindered by physical issues brought on by health disorders as well as by stress and anxiety. Men and women have different sexual problems. Erectile Dysfunction, or ED, occurs when a man has difficulty achieving or maintaining an erection. In certain cases, ED is caused by prostate cancer therapies, such as prostatectomy (a procedure in which the prostate is surgically removed in its entirety or in part). The condition is also caused by other health issues, such as excessive blood sugar, heart disease, or pelvic trauma. Notwithstanding the transformations brought on by natural aging, sexuality remains a vital aspect of our lifestyles as we age. Sexual health and function are essential elements of healthy aging. Sexual activity is connected with superior psychological health, self-esteem, marriage quality, as well as personal well-being, whereas its absence is linked to a worse standard of living. Considering the significance of sexual function and sexual well-being in evaluating healthy aging, as well as the inadequate knowledge of urological health among elderly people, this research topic highlights some of the key urological health aspects relevant to the journeys and mental or medical consequences of healthy aging, psychological wellbeing, and sexuality. Among the broad questions of interest are the following: - The experiences of older adults who identify as having a urological disorder or a mental disorder - Sexual health and sexual function/dysfunction in older adults - Correlation between psychological disorder and urological health among older adults - Culture/sociological discussion between psychological distress and healthy aging among older adults - Addressing sexual function and sexual well-being and healthy aging - Case studies of

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effective practice - Specific sexual orientation issues among older adults with urological disorders - Incorporating a patient care address for older adults with urological illnesses into the community We are thus seeking innovative research papers, review articles, hypothesis and theory pieces, viewpoint articles, short research report articles, commentary articles, opinion articles, and book reviews. We expect that by combining the ideas of scholars from diverse disciplines or contexts, we will be able to explore the relationship between the significance of sexual function and sexual well-being in defining healthy aging and bridge the knowledge gap in urological health among older adults.

Antidepressant-associated Sexual Dysfunction in Women at

Midlife Ensieh Fooladi 2014 Selective serotonin re-uptake inhibitors (SSRIs) and serotonin noradrenaline re-uptake inhibitors (SNRIs) are commonly prescribed antidepressants in women. These treatments are associated with a high rate of female sexual dysfunction (FSD). There is a concern that emergence of sexual dysfunction in women treated with SSRI/SNRIs contributes to treatment discontinuation and relapse of depression. Evidence-based data to guide the treatment for SSRI/SNRI-associated FSD is sparse, leaving clinicians uncertain as to how to manage this condition effectively and patients susceptible to unproven pharmacological approaches. The overall aim of this thesis was to investigate transdermal testosterone as a treatment option for antidepressant-emergent FSD. Accordingly, the background literature in this area was reviewed and then three original studies were conducted. I found that the current management strategies for SSRI/SNRI-associated FSD are limited, with a lack of evidence for the efficacy of transdermal testosterone in this clinical population. Therefore, I examined the efficacy of transdermal testosterone therapy for antidepressant-emergent loss of libido in women at midlife in a randomised, double-blind, placebo-controlled trial. 44 women, aged 35 to 55

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years, with antidepressant-emergent loss of libido were randomly allocated to treatment with a testosterone patch delivering 300 mcg of testosterone/day or an identical placebo patch for 12 weeks. The primary outcome was the change in sexual function over 12 weeks assessed by the Sabbatsberg Sexual Self-rating Scale (SSS). The 4-week frequency of satisfactory sexual events (SSEs), sexual distress, general wellbeing, depression and mood states were also measured. Testosterone therapy resulted in a significant increase in the number of SSEs compared with placebo therapy. The effect of testosterone therapy on distress associated with low desire approached statistical significance. There was no treatment effect seen for general wellbeing, mood or depression. The lack of improvement in the SSS total score reflects lack of sensitivity of this instrument for the measurement of change in sexual function. This study provides the first evidence that testosterone therapy may be a treatment option for women with SSRI/SNRI-emergent loss of libido. As the testosterone patch used in the RCT is no longer commercially available, I investigated the pharmacokinetic profile of an available 1% transdermal testosterone cream (TTC). Healthy naturally postmenopausal women were randomly allocated to the order of treatment with 5 mg or 10 mg of the TTC to the upper arm for each of two study periods in a cross-over design. The pharmacokinetic analysis showed the 5-mg dose restores total testosterone levels to above, and free testosterone levels to within the normal range for premenopausal women. This formulation would appear a suitable option for the treatment of women when testosterone therapy is indicated. My third study was undertaken to elucidate women's expectations of medical treatment for sexual dysfunction and their self-appraisal of treatment outcomes utilising a qualitative approach. Women referred to an endocrinologist for their sexual difficulties were interviewed before and after their medical consultation. The themes that emerged from this study were that women had 1) personal

psychological distress associated with FSD, (2) concerned about the negative effect of sexual dysfunction on the relationship with their sexual partner, (3) a belief in a relationship between sexual dysfunction and "hormone deficiency", and (4) an expectation of treatment, which included positive physical and sexual changes. Several conclusions can be drawn from this thesis. Women presenting for treatment of sexual dysfunction are distressed about their sexual problem, concerned about the negative impact of their sexual difficulties on their relationship and are hopeful that they will be offered a treatment for their problem which could bring about physical and sexual changes. Transdermal testosterone improves sexual function in women with SSRI/SNRI-emergent libido disorder and a 5mg dose of a 1% TTC provides a therapeutic option for women seeking treatment.

Understanding Sexual Medicine I.L. Felstein 2012-12-06

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