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Symposium on Sexual Dysfunction

1. This symposium is concerned with problems of *sexual dysfunction* i.e. of arousal and orgasm. A further symposium is planned on sexual deviance.

2. Contributors were chosen with clinical experience in the field and representing aspects of current clinical practice: psychodynamic, behavioural and eclectic. Contributors were invited to comment on any or all of the aspects below.

3. *Prevalence* of sexual dysfunction is difficult to define and measure. In the community, estimates vary from 10 per cent to 50 per cent of marriages. Examination of hospital attenders in non-psychiatric, non-psychosexual clinics (e.g. diabetics; sexually transmitted diseases), suggests a prevalence of around 20 per cent of psychosexual problems.

4. All contributors, especially the psychodynamically orientated, suggest that sex therapy should be embedded firmly in a context of *relationship,* discussion, counselling, and, where relevant, psychotherapy.

5. *Results:* Approximately two-thirds of patients with sexual dysfunctional problems are helped significantly. Premature ejaculation and vaginismus show especially good results, but patients with general sexual unresponsiveness, in both sexes, and erectile impotence do well.

6. *Problem areas:* Patients with low sex drive, transcultural problems; sexual problems of liaison psychiatry and problems conceived in purely physical terms ('alexithymia').

7. *Areas of controversy:* Physical examination—is this always necessary? Joint therapists versus single therapist—research evaluation as well as economic and practical factors favour the latter. Sex aids: are these acceptable? Are they useful?

8. *Research:* Evaluation of sex therapy and of individual components; patient (or couple) characteristics predictive of success; analysis of long-term results; adaptation of methods of treatment across cultures; hormonal basis of sexual performance; liaison—including physical disability—problems.

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