HEALTH BASICS

Sexual conditions

An umbrella term for concerns and diagnoses involving sexual desire, arousal, orgasm, ejaculation, erections, or pain.

WHAT IT IS
A broad group of concerns involving sexual function, pain, or response

WHERE IT COMES UP
Conversations about desire, arousal, orgasm, erections, ejaculation, or pain

WHY IT MATTERS
Can affect wellbeing, relationships, and sometimes underlying health

WHAT IT IS NOT
Not a single disease or diagnosis

WHO TO ASK
Primary care or sexual health clinician

HOW IT IS CHECKED
History and examination, with targeted tests when needed

Overview

"Sexual conditions" is a broad term, not one disease. It may refer to difficulties with sexual desire, physical arousal, erections, ejaculation, orgasm, penetration, or pain during sexual activity.

Some of these difficulties have specific medical names. Others are temporary changes or normal differences that do not need treatment. A sexual concern is more likely to need medical attention when it is persistent, causes distress, affects a relationship, or may be linked to another health problem.

Sexual function can change throughout life. Stress, illness, pregnancy, childbirth, menopause, aging, medications, relationship circumstances, and past experiences may all play a part. The importance of sex also differs from person to person.

Sexual orientation, gender identity, preferred sexual activities, and having little or no interest in sex are not disorders by themselves. A difference between partners' levels of desire is also not automatically a medical condition.

Sexually transmitted infections, or STIs, are a separate group of infections. They may affect sexual health, but they are not what the term "sexual conditions" usually means.

How it works

Sexual response involves the brain, nerves, hormones, blood vessels, pelvic muscles, and genital tissues. Thoughts, emotions, physical comfort, privacy, consent, and a sense of safety can also affect it.

Desire is an interest in sexual activity. It may appear before arousal, develop after sexual activity begins, or not occur at all. There is no single "normal" level.

Arousal includes mental and physical responses. Physical changes may include increased blood flow to the genitals, an erection, vaginal lubrication, and changes in sensation. These responses do not always match a person's interest or intentions. Physical arousal does not mean that someone has consented.

Orgasm is a peak of sexual sensation, often with rhythmic muscle contractions. Ejaculation is the release of semen through the penis. They often happen together, but they are separate processes.

Pain is not a required part of sexual activity. It can come from dryness, skin irritation, infection, pelvic floor muscle tightening, injury, or conditions affecting the genitals or pelvis.

Medicines and substances may change sexual response. Examples include some antidepressants like sertraline or fluoxetine , blood pressure medicines, hormone treatments, alcohol, and recreational drugs. Do not stop a prescribed medicine suddenly because of a sexual side effect. A clinician or pharmacist can review possible alternatives.

Why it matters for your health

Sexual concerns can affect comfort, confidence, mood, intimacy, and relationships. They can also make examinations, contraception, fertility care, or attempts to become pregnant more difficult.

Sometimes a change in sexual function is associated with another health issue. Erectile dysfunction, for example, can be related to blood vessel disease, diabetes, nerve problems, medication effects, or low hormone levels. Pain with penetration can be linked to vaginal dryness, pelvic floor problems, infection, endometriosis, or vulval skin conditions.

This does not mean that every sexual change points to disease. Short-term changes are common during stress, tiredness, recovery from illness, pregnancy, after childbirth, and major relationship changes.

A clinician may ask about sexual health as part of routine care. You can choose what to discuss, and any examination should be explained and performed with your consent. You may ask to

pause or stop an examination at any time.

What can go wrong

Named sexual conditions and related problems include:

Other medical problems can cause sexual pain or changes without being sexual dysfunctions. These include STIs, urinary infections, vulval skin disorders, endometriosis, pelvic organ prolapse, prostatitis, testicular conditions, and effects of cancer treatment.

Arrange a routine appointment if a concern keeps returning, causes distress, affects a relationship, follows a medication change, or comes with genital sores, discharge, bleeding, a new penile curve, or ongoing pelvic pain. STI testing is appropriate after a possible exposure, even when there are no symptoms.

Seek urgent medical advice after a genital injury, for heavy bleeding, or for severe pain that is not settling.

Go to an emergency department for an erection lasting four hours or longer. Sudden severe testicular pain also needs emergency assessment because testicular torsion-a twisted spermatic cord-can interrupt blood flow. After sexual assault, emergency or specialist sexual assault services can provide injury care, infection prevention, emergency contraception where relevant, and evidence collection if wanted.

- Erectile dysfunction: ongoing difficulty getting or keeping an erection firm enough for desired sexual activity
- Premature ejaculation: ejaculation that repeatedly happens sooner than wanted and causes distress
- Delayed ejaculation: marked delay or inability to ejaculate despite adequate stimulation
- Orgasmic disorders: ongoing difficulty reaching orgasm, reduced orgasm intensity, or absence of orgasm that causes distress
- Sexual interest or arousal disorders: persistent low interest or reduced arousal that is troubling to the person
- Genito-pelvic pain or penetration disorder: pain, fear, or pelvic muscle tightening associated with attempted penetration
- Peyronie's disease: scar tissue in the penis that can cause a new curve, pain, or difficulty with intercourse

- Priapism: a prolonged erection that continues without sexual stimulation or does not go away afterward

What you can do

There is no single test for all sexual concerns. Before an appointment, it may help to record when the problem began, whether it happens every time, and whether it occurs alone, with a partner, or in particular situations. Note any pain, bleeding, erection changes, menstrual or menopause changes, and recent medication changes.

You could ask:

Depending on the concern, assessment may include a discussion of symptoms and health history, blood pressure measurement, a genital or pelvic examination, or blood tests for conditions such as diabetes or hormone problems. Urine tests or swabs may check for infection. Imaging is only needed in selected situations.

Treatment is matched to the named problem and your goals. It may involve education, lubricants or vaginal moisturisers, medication review, pelvic floor physiotherapy, psychological or relationship support, prescription treatment, or a procedure. You do not have to pursue treatment if a difference is not troubling you and no health problem needs attention.

Avoid unregulated products sold as "natural" sexual enhancers. Some have been found to contain undeclared medicines and may interact with other treatments.

- Could one of my medicines or health conditions be contributing?
- Do I need an examination, STI test, blood test, or other investigation?
- Would pelvic floor physiotherapy, counselling, or specialist sexual therapy help?
- What treatment choices fit my goals and medical history?

Common questions

Is a low level of sexual desire always a condition?

No. Desire differs widely and may change over time. It usually becomes a medical concern when the change is persistent, unwanted, or distressing.

Are sexual conditions the same as STIs?

No. STIs are infections passed mainly through sexual contact. Sexual conditions usually concern function, response, comfort, or pain, although an infection can sometimes contribute

to these problems.

Will I need a physical examination?

Not always. A detailed conversation may be enough to decide the next step. If an examination could help, the clinician should explain why and ask for your consent.

Can relationship problems cause physical sexual difficulties?

They can contribute, but physical and emotional factors often overlap. A physical response does not prove that a concern is "all psychological," and relationship difficulty is not always the cause.

Can medication cause sexual changes?

Yes. Some medicines can affect desire, lubrication, erections, orgasm, or ejaculation. Ask a clinician or pharmacist for a medication review rather than stopping treatment on your own.

Is treatment only for people in relationships?

No. Assessment and treatment can focus on your comfort, body function, fertility goals, solo sexual activity, or future relationships.

Sources

- World Health Organization. ICD-11 for Mortality and Morbidity Statistics: Conditions related to sexual health
- American College of Obstetricians and Gynecologists. Your Sexual Health
- National Institute of Diabetes and Digestive and Kidney Diseases. Erectile Dysfunction (ED)
- Centers for Disease Control and Prevention. About Sexually Transmitted Infections
- American Urological Association and Sexual Medicine Society of North America. Diagnosis and Management of Priapism Guideline
- U.S. Food and Drug Administration. Sexual Enhancement and Energy Product Notifications