SYMPTOM

Low sex drive

Low sex drive means having less interest in sexual activity than usual or wanted.

WHAT IT FEELS LIKE
I feel less interested in sex than usual

WHERE IT IS FELT
Brain and whole-body sexual response

MOST COMMON CAUSES
Stress, relationship concerns, medication effects

WHEN IT IS URGENT
Self-harm thoughts or sudden severe headache with vision changes

USUALLY LASTS
Days to months, depending on stress, health, or medicines

SEE A DOCTOR IF
It persists, causes distress, or affects your relationship

Overview

Low sex drive, also called loss of libido, means having less desire for sexual activity. You may notice fewer sexual thoughts, less interest in starting sex, or little response when a partner shows interest.

Sex drive differs greatly between people and can change over time. There is no single "normal" level. Some people rarely experience sexual desire and are comfortable with that, including people who identify as asexual. Low desire is usually considered a health concern only when it is a change, causes distress, or affects your well-being or relationships.

Desire can also be spontaneous or responsive. Responsive desire develops after affectionate or sexual activity begins, rather than appearing beforehand.

What it may feel or look like

You may have fewer sexual thoughts or fantasies than before. You might avoid sexual activity, stop initiating it, or feel unmoved by situations that once interested you.

Low desire may occur with other sexual concerns, such as:

You may still feel affection and closeness toward a partner. Differences in desire between partners are common and do not necessarily mean that something is wrong with the relationship.

- Difficulty becoming aroused or reaching orgasm
- Pain during sex, vaginal dryness, or erection problems
- Tiredness, low mood, anxiety, or poor sleep
- Worry about body image, performance, pregnancy, or infection

Common causes

Common causes include stress, tiredness, disrupted sleep, parenting demands, work pressures, and reduced privacy. Relationship conflict, poor communication, feeling emotionally disconnected, or feeling pressured to have sex can also reduce desire.

Depression and anxiety may affect sexual interest. Previous unwanted sexual experiences can influence desire, especially when intimacy brings fear, distress, or difficult memories.

Some medicines can lower sex drive. Examples include certain antidepressants like sertraline or fluoxetine , antipsychotics like olanzapine or risperidone , blood pressure medicines, and hormonal treatments. Alcohol and other substances may also contribute. Do not stop a prescribed medicine without medical advice.

Hormonal changes during pregnancy, after childbirth, while breastfeeding, around menopause, or after changes to hormonal treatment can affect desire. Pain, vaginal dryness, erectile difficulties, and concerns about sexual performance may then make sex less appealing.

Less common causes include an underactive thyroid, high levels of the hormone prolactin, low testosterone, diabetes, chronic pain, neurological illness, and disorders affecting the pituitary gland. The pituitary is a small gland beneath the brain that helps control several hormones.

When to seek medical care

Book a routine appointment if low sex drive lasts for several weeks or months, causes distress, affects a relationship, or follows a change in medication. You should also arrange an appointment if you have pain during sex, vaginal dryness, erection changes, missed or irregular periods, nipple discharge when not breastfeeding, or symptoms of depression.

Seek urgent help if low desire occurs with thoughts of harming yourself or suicide. Contact emergency services or a local crisis service if you may act on these thoughts.

A sudden, severe headache with vision loss, double vision, confusion, fainting, or repeated vomiting needs emergency assessment, regardless of changes in sex drive. These symptoms can occasionally signal a serious problem affecting the brain or pituitary gland.

If sexual activity involves pressure, threats, or fear, seek support from a trusted healthcare professional or local domestic or sexual violence service.

How the cause is found

A healthcare professional may ask when the change began, whether it happens in every situation, and how much it troubles you. They may ask about mood, sleep, stress, relationships, pregnancy, menopause, pain, arousal, erections, periods, medicines, alcohol, and other health conditions.

You can ask to discuss sensitive questions privately. An examination is not always needed. If one is suggested, the reason should be explained and your consent obtained.

There is no single blood test that measures desire. Tests are chosen according to your symptoms. They may include a pregnancy test or checks for thyroid problems, prolactin, blood sugar, or sex hormone levels. Testosterone testing is most useful when symptoms and medical history also suggest a hormone deficiency.

Treatment and self-care

Treatment depends on what is contributing to the change and whether you want treatment. A naturally low level of desire does not need to be changed if it does not bother you.

Helpful steps may include protecting time for sleep and rest, reducing stress, and talking openly with a partner without setting demands for sex. Affectionate touch and planned private time can support closeness without requiring intercourse or orgasm.

Lubricants can reduce friction during sex. Vaginal moisturisers may help ongoing dryness. Persistent pain should be assessed rather than worked through.

A healthcare professional can review medicines that may affect desire. Changing the medicine, dose, or timing may sometimes help, but this should be done safely.

Counselling, couples therapy, or sex therapy may be useful when stress, communication, trauma, or performance worries are involved. Treatment for depression or anxiety may also help, although some antidepressants can affect sexual function.

Prescription hormonal and non-hormonal treatments are appropriate only for certain people

after assessment. For example, testosterone may be considered for confirmed testosterone deficiency in men. Specialist-supervised testosterone is sometimes used for distressing low desire after menopause, depending on local approvals and careful monitoring.

What to expect

Low sex drive may improve when stress settles, sleep improves, pain is treated, or a contributing medicine is changed. Hormonal or long-term health causes may need ongoing care.

Improvement is not always immediate. It may involve greater comfort, more responsive desire, or less distress rather than a return to a previous level. Follow-up is useful if treatment does not help or new symptoms develop.

Common questions

Is low sex drive normal with age?

Sex drive can change with age, but ageing alone does not explain every change. Health conditions, medicines, menopause, erection difficulties, sleep, and relationship factors may all contribute.

Does low sex drive mean my hormones are low?

Not necessarily. Hormones are one possible factor, but stress, mood, pain, medicines, and relationship concerns are often more relevant. Testing is guided by your other symptoms.

Can birth control affect desire?

Some people notice a change after starting or changing hormonal contraception, while others do not. If the timing seems connected, discuss alternatives with a healthcare professional rather than stopping contraception without another plan.

Is a mismatch in desire a medical problem?

Not by itself. Partners often want sex at different times or frequencies. Calm discussion, shared boundaries, and therapy when needed may help. Consent is required every time, regardless of the relationship.

Sources

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