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Introduction to female sexual disorders
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Introduction to Female Sexual Disorders

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The aim of this section is to offer to health care providers a constructive, easy to use, practical approach to address Female Sexual Disorders (FSD), in a timely and effective manner.

Sexual issues are increasingly raised in the clinical setting. They may be discussed in a number of contexts, including obtaining background information about sexual function and sexual health, addressing possible consequences of illness, injury, procedures and/or medications or responding to a patient presenting with a sexual problem or question [1].

Public and health care agencies' awareness on the importance of sexuality as a core part of the quality of life of every human being increases the need for appropriate knowledge and training in this rapidly growing field. The ultimate goal is to fulfill patients' expectations of a comprehensive understanding and treatment of their individual or couple' sexual concerns [2].

To help the reader**,** who is busy updating the domains of his/her specialty**,** a focused attention has been devoted to the critical questions that will help clinicians to optimize sexual history taking so that key biological, psychosexual and contextual factors will be rapidly elicited and recorded.

The stress given to the importance of an accurate *physical* examination in any FSD complaint is needed in the clinical diagnosis of FSD [2,3]. For decades the prominent focus on psychosexual and relational issues has deprived women of the right to have a thorough medical evaluation of their sexual concerns. The appropriate evaluation of potential endocrinological [4-7], vascular [8,9], dismetabolic [10], neurological [11], neuroimmunological [12] or iatrogenic factors [13-16], in addition to the neglected role of pelvic floor dysfunctions in contributing to and maintaining FSD [3,14,15], is essential to avoid both a systematic medical omission and a still persistent gender bias.

The past neglect of the biological basis of FSD is demonstrated by the lack of objective research and clinical delay in the medical treatment of women's sexual complaints, with the huge gender gap in comparison to men.

For both genders, the challenge sexual medicine is facing today is the same: to blend together a "medicine without soul" which pays little attention to the emotions, concerns and affective dynamics associated with medical illnesses, and a "psychology without body," which still underappreciates the neurobiological basis of any feeling, memory, emotion or thought.

The over-focus on the medical perspective in men and on the psychosexual/relational perspective in women is to be resolved in a balanced and integrated view aimed at a comprehensive approach for both genders. This is the ultimate goal of this book, and of this FSD section in particular.

Contemporary sexual medicine is focusing on this goal, with a re-freshed attention to couple dynamics as well [1,7,17]. Every chapter on FSD is therefore aimed at maintaining this integrated perspective. This is why male factors and couple dynamics involved in FSD will be analyzed and

discussed when indicated, to help the health care provider in building a structured diagnostic approach to each disorder [1,3,4-7, 13-17] .

Special effort has been given to maintain a limited length in each FSD chapter, to help the busy clinician, to distil the most relevant information in the shortest time.

A chapter on the iatrogenic and post-traumatic factors involved in FSD has been included to open a window on another critical and growing territory in the medical evaluation of women's sexual concerns [3,13-16].

Finally, as menopause is a key turning point in women's – and couple's- sexuality, a detailed chapter aimed at summarizing the current knowledge on the controversial arena of hormonal treatment has been included [17-20], as virtually every clinican may be asked to comment on risks, side-effects or contraindications of hormonal treatment when prescribed to improve a sexual disorder.

The wish is that this section will significantly contribute to increase both the clinician's confidence in asking and listening to FSDs concerns and his/her "clinical impact factor," i.e his/her ability to appropriately diagnose and effectively treat FSD, or refer to a sex therapist, in an increasing number of women – and couple's - who seek for help in a difficult moment of their sexual life [2].

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