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## Anorgasmia

Orgasmic dysfunction is a condition in which a person has difficulty achieving orgasm. This problem occurs even when they are sexually aroused and have received adequate sexual stimulation. This condition is known as female orgasmic dysfunction when it occurs in women. Men can have orgasmic dysfunction, but it is much less common. <sup>[1]</sup>

Anorgasmia is defined by the International Consultation on Sexual Medicine as the perceived absence of orgasm, regardless of the presence of ejaculation. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines delayed orgasm as a significant delay in ejaculation or a significant infrequency or absence of ejaculation on almost all or all occasions (75–100%) of partnered sexual activity without the individual desiring delay, lasting at least 6 months and causing significant distress to the individual. The sexual dysfunction is not explained by another non-sexual disorder, medication or significant relation/life distress/stressors. <sup>[2]</sup>

### Types

#### 1. Primary anorgasmia

Primary anorgasmia is a condition in which a person has never had an orgasm. This is much more common in women, but it can happen to men who lack the glans clitorialis (bulbocavernosus) reflex. Women with this condition can occasionally achieve a low level of sexual excitement. Because of vascular engorgement, you may experience frustration, restlessness, and pelvic pain or a heavy pelvic sensation. There may be times when there is no obvious reason why orgasm is not possible. In such cases, women report that they are unable to orgasm even if they have a caring, skilled partner, adequate time and privacy, and an absence of medical issues which would affect sexual satisfaction.

#### 2. Secondary anorgasmia

Secondary anorgasmia is the inability to have orgasms (as opposed to primary anorgasmia, which indicates a person who has never had an orgasm) or the inability to reach orgasms of previous intensity. Alcoholism, depression, grief, pelvic surgery (such as total hysterectomy) or injuries, certain medications, death-grip, illness, oestrogen deficiency associated with menopause, or rape may be the cause. <sup>[3]</sup>

#### 3. Situational anorgasmia

People who are orgasmic in one context may not be in another. A person may experience orgasm from one type of stimulation but not another, experience orgasm with one partner but not another, or experience orgasm only under certain conditions or with a specific type or amount of foreplay. These common variations are part of normal sexual expression and should not be regarded as problematic.

## **Male Anorgasmia**

Male anorgasmia refers to a man's persistent inability to have an orgasm, even after sexual stimulation. Although anorgasmia, also known as Coughlan's syndrome, affects both sexes, it is more prevalent in women. In men, the prevalence of delayed or absent orgasm is estimated to be around 8%. It is less common in young men and worsens with age. <sup>[4]</sup>

The male orgasm is a complex process. It is the third of four distinct phases comprising ejaculation: arousal, plateau, orgasm, and resolution/refraction, although not all men ejaculate during an orgasm.

Male orgasm results from sexual activity (physical sensation) and arousal (cognitive awareness). It involves multiple hormones, organs, and nerve pathways.

Testosterone, a hormone produced in the testicles, plays a central role in this process by enhancing sexual desire (libido) that leads to arousal, erection, and ultimately, orgasm. Also involved are contractions of the muscles of the penis, anus, and perineum which ultimately propel semen from the body.

The reward centre of the brain is flooded with neurochemicals during orgasm, inducing the intense emotional response associated with orgasm. A man may be unable to have a normal orgasm if any of these aspects are affected by physical or emotional issues.

Male anorgasmia, like any other type of sexual dysfunction, can have a significant impact on a man's physical, psychological, and emotional well-being, as well as the well-being of his partner. The most important step is to seek a diagnosis rather than allowing shame or discomfort to overshadow or obscure your determination to deal with anorgasmia. <sup>[4]</sup>

There are many physiological explanations for male anorgasmia, the most common of which include:

- Low testosterone (often age-related)
- Uncontrolled high blood pressure
- Prostate surgery or radiation
- Alcohol and substance abuse
- Cauda equina syndrome
- Neurologic disorders like diabetic neuropathy

## **Female Anorgasmia**

According to studies, nearly two-thirds of women are concerned about their sexual relationships. In a study conducted in the United States, 43 percent of 1749 women interviewed reported experiencing in the previous year events such as a lack of interest in sex, inability to achieve orgasm, and difficulty lubricating, compared to 31 percent of men. Age, education, job, folklore (taboos), religious beliefs, drugs, psychological disorders, and gynaecological surgery are all factors that influence orgasmic function.

Orgasms were evaluated using the pertinent questions from the Female Sexual Function Index (FSFI) questionnaire. Anorgasmia was detected using three orgasm-related questions from the full version of the FSFI Questionnaire. For each question they added the individual scores of items comprising the domain of orgasm and multiplied the sum by 0.4. If a participant scored less than 4 for 3 questions, she was classified as anorgasmic.

For scoring, 5-item Likert scales were used. All information was gathered through interviews. All of the interviews were conducted by one of the researchers (MSc in Midwifery). Some international studies have approved the FSFI's psychometric validation. SPSS version 11 was used to analyse the data. For variables such as age, age of marriage, duration of marriage, spouse's age, and frequency of intercourse per month, the independent t-test was used. The Chi-square test was used to assess variables such as job, sex education during puberty, personal attitudes toward sexual relationships, and psychological factors. <sup>[5]</sup>

The prevalence of anorgasmia was 26.3%. There was a significant difference in age of participants between the anorgasmia and the normal orgasm groups ( $p=0.004$ ). Participants with anorgasmia were older than the normal orgasm group (30.9 and 29.5 respectively). The age at marriage was lower in the anorgasmia group ( $p=0.03$ ) and the duration of marriage was significantly higher than the normal orgasm group ( $p=0.001$ ).

## References

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