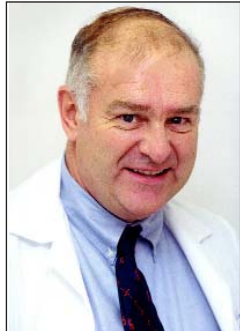


House Calls:

Impotence and Decreased Sex Drive

by Dr. Michael Lacombe



The columns on hypertension have prompted a few questions regarding its complications and the side effects of treatment, specifically the problem of impotence.

In discussing sexual dysfunction, it is important to remember some very important distinctions. Most sexual dysfunction occurs because of psychological rather than physical reasons. Physicians refer to this as psychogenic (psychological) versus organic (physical) cause.

The second distinction addresses the type of sexual dysfunction. One may have a normal desire for sex (libido) and yet find an inhibition of sexual excitement or an inability to perform (loss of potency). Alternatively, sexual dysfunction may occur due to loss of desire altogether. In this instance, ability to perform or degree of sexual excitement cannot be an issue.

With sexual problems, a good place to start is in a doctor's office discussing your problems with a physician you trust. Regrettably, such discussions seldom happen. Physicians almost never take a sexual history from their patients. It either does not occur to them to do so or they are uncomfortable asking the proper questions.

Patients also find conversations about sex uncomfortable and disclosure of sexual problems embarrassing. But sexual problems are extremely common; almost everyone experiences a sexual problem sometime during his or her life. When confronting sexual problems, probably the best advice of all is to keep in mind Shakespeare's: "Nothing is right or wrong, but thinking make it so."

Many years ago, as a military physician in Germany, I encountered a bizarre case of sexual dysfunction. A pharmacist came to me for a sperm count. He and his wife were unable to have children and he believed a proper analysis of their problem should include a check on his fertility. His sperm count was normal.

In my brief conversation with the patient about his medical history, I learned that this young, healthy, well-educated male had normal sexual desire, no difficulty in achieving erections and frequent, normal orgasms. A physical examination proved there was nothing wrong with him.

Next, it was his wife's turn for investigation. She too seemed quite normal with respect to libido and ability to reach sexual excitement and orgasm. Her physical examination was quite normal as well. What to do?

In cases of infertility, it is said that one-third of the time it is the male's problem, one-third of the time the woman's, and one-third of the time, the couple's together. Was this a case of some rare incompatibility between sperm and vaginal secretions? How might I test for that? Should I launch this couple on an exhaustive infertility workup, to include expensive, intricate anatomical testing?

I called them both into the office. They were a handsome couple and, I remember, held hands during the visit. Offhandedly — and a bit embarrassed, to be sure — I asked them as casually as I could how they performed sexual intercourse. He was quite comfortable in his reply and — to my disbelief — I learned that this couple had, in short, an unconsummated marriage. The husband had never achieved vaginal penetration and not, it seemed, because of an imperforate, rigid hymen, pain or bizarre psychological aversion.

The reason seemed to be a simple lack of information. How could a graduate of pharmacy school remain so misinformed about sexual matters? They were an extremely religious couple; neither had any sexual experiences before marriage, nor had they felt it necessary to acquire any objective sexual education. They simply did what came naturally for them, which did not include vaginal intercourse. With the proper information in hand, pregnancy soon followed.

This type of sexual problem is extremely rare and, for me, was almost unbelievable. The lessons are clear: sex education is extremely important. Moreover, frank, open discussion of sexual problems is never harmful, and is often beneficial.

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