EDITORIAL

# Sexual dysfunction in psychiatric settings: is there a place for psychotherapy?

*Disfunção sexual em psiquiatria: há lugar para a psicoterapia?*

Aline Sardinha[1]
https://orcid.org/0000-0001-5934-771X

Sexual dysfunctions (SD) are often associated to psychiatric disorders, either as part of the psychopathology, or as adverse effect of psychotropic medication. When sexual complains are secondary to the clinical condition, it is expected to remit with treatment. Substance-induced sexual dysfunctions, on the other hand, tend to persist, even after pharmacotherapy is over, with deleterious impact in sexual function. Therefore, it is plausible to affirm that a significant number of patients in psychiatric settings, and even a relevant percentage of the general population, will be exposed to the deleterious effects of psychotropic medication in sexual function[1]. These problems deeply affect patients' and partners' sexual satisfaction, threatening relationship stability and partnership-related quality of life aspects. It also negatively impacts pharmacotherapy adherence, thus affecting therapeutic outcomes[2].

Current medical literature provides a two-step approach for sexual problems in this population: (a) improve sexual function and satisfaction assessment and (b) hone methods aiming to reduce SD incidence and its negative consequences. In this sense, there is clear recommendation for directly and routinely asking patients about sexuality from baseline, throughout the duration of pharmacological treatment. This active approach would also be helpful in collecting data often neglected nowadays, that could potentially lead to better comprehension of factors associated to sexual complains and, consequently, inform more effective interventions[3]. Even though there are some available therapeutic options to manage sexual adverse effects of psychotropic medication, evidence of efficacy is still controversial and clinical outcomes are often insufficient to impact sexual satisfaction[4,5]. Besides that, there is consistent data highlighting the lack of attention to sexual problems given by practitioners as well as barriers reported by patients in addressing sexuality with health professionals[6]. Mediating factors between SD, tolerance to sexual adverse effects of medication and treatment adherence warrant further investigation.

Being aware that SD is multifactorial, and that gold standard treatment approaches are often multidisciplinary, is probably a key element to better address the problem in psychiatric settings. Literature emphasize the relevant role of psychotherapy in managing SDs, notably cognitive-behavioral interventions[7-9]. Empirical data demonstrate yet that maladaptive sexual beliefs might act as a vulnerability factor to SD development[10], and that non-erotic automatic thoughts in sexual situations are a distinctive phenomenon in sexually dysfunctional patients´ experience of sex[11]. It is therefore noteworthy to address and restructure sexual cognitions when treating SD. Curiously, however, sexual psychotherapy has not been yet studied or systematically considered as a therapeutic option in managing SD in psychiatric patients, been

1 Universidade Federal do Rio de Janeiro (UFRJ), Instituto de Psiquiatria, Programa de Pós-Graduação em Psiquiatria e Saúde Mental (PROPSAM), Núcleo de Disfunções Sexuais (NUDS), Rio de Janeiro, RJ, Brasil.

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Address for correspondence: Aline Sardinha
Rua Venceslau Bras, 71
21941-901 – Rio de Janeiro, RJ, Brazil
E-mail: alinesardinhapsi@gmail.com

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rarely mentioned and poorly evaluated in terms of feasibility and efficacy.

There is also a potential preventive role of early detection and intervention in cognitive sexual vulnerability still to be explored. Imagine if practitioners could count, since baseline, on a decision algorithm to inform whether that single patient would present an increased risk for developing sexual complains and if that would be a disturbing factor to pharmacotherapy adherence. It is also likely that other aspects of sexuality – such as gender, sexual roles and sexual cognitions –, play an important part in the development and maintenance of substance induced SD, as well as in its burden in treatment and patient's quality of life[12]. Psychotherapy sexual interventions in prevention and/or treatment of SD in psychiatric settings is, therefore, a promising research area, resting to be further explored.

Cognitive-behavioral therapy is recognized by its efforts in developing and providing evidence-based psychotherapeutic interventions to various kinds of psychological and interpersonal problems, being this ideological standpoint a trigger to continuous actualization of its theory and practice. Cognitive sexual therapy (CST) is a cognitive-behavioral integrative psychotherapy aimed specifically to address and treat SDs, articulating evidence-based clinical interventions to scientific understandings of human sexuality[13]. In a CST perspective, distorted sexual cognitions, allied to individuals´ misinterpretations of sexual demands, directly affect emotional, physiological and behavioral regulation in sexual situations. In this sense, restructuring central and intermediate cognitive processes is essential to foster the acquisition of sexual skills and to promote the development of a more adapted sexual repertoire. Thus, cognitions are understood as mediating factors to be modified, aiming sexual skills implementation and emotional regulation during sexual encounters.

Being able to flexibilize sexual scripts and behaviors leads to better adaptation to physiological, environmental and relational changes that negatively impact sexuality over the life cycle, contributing to booster sexual satisfaction even in the presence of sexual function disturbances. The focus of CST interventions is this population would be to aid patients and partners towards the development of more flexible and adaptable sexual cognitions and behavioral patterns. That could permit regain sexual function and satisfaction along and after treatment with psychotropic medication, lessen the negative impact of sexual adverse effects in quality of life and therefore, increase adherence and therapeutic effects of pharmacotherapy. Although the theoretical rationale supporting this proposal is evidence-based, feasibility, efficacy, treatment modalities and procedural aspects of the intervention remain to be empirically tested.

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