

On Surgery, Diabetes And Persistent Arousal

Sex Life Vanishes After Triple Bypass

Dear Dr. Scantling,

I am a divorced 78-year-old male. I have shared (unmarried) life for 20 years with a 73-year-old female whom I love dearly. Everything is wonderful with the exception of our sex life which was also wonderful until several years ago when she had triple bypass surgery.

Now, she says she has no interest in sex. We kiss and hug regularly, but she will not allow any "touching" or even extensive kissing. Fortunately, I think, my libido is greatly diminished. However, I still desire more than the kissing and hugging which is rather more like friends than lovers.

Am I faced with a choice between accepting the situation or breaking up? I'm sure she would not agree to counseling since she is very headstrong. Do you have any advice?

Betwixt and Between

Dear Betwixt,

You say that your sex life was "wonderful" before your partner's triple bypass surgery and now she has "no interest in sex, touching, or even extensive kissing."

Before pulling the plug on your valued 20-year relationship, you have some work to do – intimacy work. Take some private time and discuss what happened to your passionate relationship. Do this in a non-blaming way. How did the surgery change things for each of you. Is she afraid that being sexual could stir up further coronary problems? If so, I suggest you discuss this with your physician so that she can be reassured.

Discuss what has changed for her emotionally and physically since her surgery? How does she feel about herself as a woman? What are her concerns, fears and anxieties? You've rushed to the point where you're either giving in or giving up. Both seem premature. You also assume she won't agree to counseling before even asking. I understand that you'd like more sexual interest from her. The question is... what are you willing to give?

Diabetes and ED

Dear Dr. Scantling,

I am a 60-year-old male married with a spouse who is 45 years old. I am a diabetic and take insulin, cholesterol-lowering medications and Viagra. Although I am successful in getting an erection with the Viagra, it has no staying power

for I think I have this huge fear of failing and put way too much emphasis on my penis. My wife says to not worry about my penis and just relax and enjoy. I know that my erection is really important to her and she really takes it personally when I lose it.

This has been an ongoing problem with me for quite some time. My mind drifts in and out in bed to other areas such as finances, work, etc.

I love my wife to death but have no confidence in the bedroom. I wonder if an anti-depressant will

help me focus more or would it be another barrier to maintaining an erection?

How common is sexual dysfunction in diabetic men? I plan on going to a psychiatrist and wonder if that is the way to go.

Preoccupied



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Dear Preoccupied:

About 40 percent of men report some diabetes-related erectile dysfunction due to a combination of nerve and/or blood vessel damage. Your physician can help you determine how

much of your problem is physical and/or psychological. If anti-depressants are decided to be appropriate, there are a variety of newer medications that have minimal sexual side-effects.

The good news is that you "love your wife to death" and can obtain an erection with the help of Viagra. From what you say, it certainly sounds like you need to regain your confidence and your focus while making love. Financial worries, personal concerns rumbling around in your head, or thoughts about keeping your erection are definite sexual downers. There are some relatively straightforward cognitive-behavioral strategies that can be learned to quiet your mind and redirect your attention to more pleasurable sensations. I suggest you consult with a professional who is skilled in these approaches to improve your confidence and your enjoyment.

Since you use insulin, be aware that sometimes sex can lower blood sugar levels (as would any exercise). Test your blood sugar before having sex or consider having a snack just before or right after making love.

Persistent Sexual Arousal Syndrome

Dear Dr. Scantling,

While being treated for depression with SSRI (selective serotonin reuptake inhibitor) type meds, I developed Persistent Sexual Arousal Syndrome which subsided after discontinuing meds. Now, however, the syndrome has returned without taking any meds at all. I am going out of my mind. This is as far from pleasurable as one can imagine. I don't know how much longer I can tolerate it... I have tried many prescriptions with no acceptable result. Help!

Holding On

Dear Holding,

You are unfortunately part of a small group of women with a rare but highly distressing condition in which a woman experiences insistent and unwanted sexual arousal that is unaccompanied by conscious feelings of sexual desire.

Persistent Sexual Arousal Syndrome (PSAS) is the opposite of the usual complaint – difficulty becoming aroused. Women with PSAS are not nymphomaniacs and do not experience desire, per se. Instead, they feel unrelenting vaginal congestion and pulsation of arousal unrelieved by orgasm that can be extremely distressing and uncomfortable.

PSAS stems from an assortment of conditions, so make certain to have a thorough physical examination including a complete medical history if you haven't already done so. Certain medications may provoke this state of hyper-arousal, which is similar to male priapism (prolonged painful erection). Seizures also seem to be likely triggers, as do abnormal connections of arteries to veins. In some women with PSAS, duplex ultrasounds reveal higher than normal levels of clitoral blood flow. The syndrome may also be caused by a spasm of the piriformis muscle that originates at the sacrum. Because this muscle contracts to pull the legs apart, it may be stimulated during intercourse. If this is the case, I've had patients who have responded well to the application of ice and piriformis stretching.

Some women have excessive levels of testosterone. For them, medications that reduce androgens may offer some relief. Others find comfort in the local application of lidocaine.

The proper treatment depends on correctly identifying the cause of your specific condition.

But most important, don't give up! Some women have felt so tormented by PSAS that they have become suicidal. Remember that you are not alone. Dr. Sandra Leiblum, at the University of Medicine and Dentistry of New Jersey, is currently conducting research on this important subject. For more information, the link is: https://safe.umdnj.edu/cgi-bin/cgiwrap/umd_apps/psas/psas.cgi.

You may also contact Dr. Leiblum directly at leiblum@umdnj.edu to inquire about her support group.

Good luck to you. Stay strong, and please keep me posted!

Look for Dr. Scantling's next column Oct. 22 in the Sunday Life section, her column's new permanent home.

To Ask A Question ...

Our intimate relationships and sexual health are intensely personal concerns that many people find difficult to discuss. Please think of this as a safe place to have those concerns addressed.

Write to me in confidence at: AskDrScantling@aol.com.

Feel free to ask me whatever is on your mind regarding sexual wellness, health, intimacy and relationship – mind, body or spirit. . Some readers' letters will be chosen for publication and reply in the column. They will be edited to eliminate names and other personal identifying information.

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