

Lack of sexual desire and/or arousal

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What are sexual desire and sexual arousal?

Sexual desire (also known as 'sex drive' or 'libido') is controlled by the brain. It is the biological, driving force that makes us think about sex and behave sexually.

Sexual arousal (being 'turned on') involves a number of changes in the body. These include increased blood flow to the vagina, increased vaginal lubrication, swelling of the external genitals or 'vulva' (including the opening of the vagina, the fleshy lips surrounding this and the clitoris), and expanding of the top of the vagina inside the body. The heart rate, breathing and blood pressure also increase.

How do these differ between men and women?

The sexual response cycle has been described as a 3-stage process in men and women: desire, arousal and orgasm. However, this may not be so straightforward in women for a number of reasons. Many women do not move through these stages in a step-wise manner (for example, some women may become sexually aroused and achieve orgasm as a result of a partner's sexual interest, but did not feel sexual desire beforehand). And some women may not experience all the stages (for example, they may experience desire and arousal but not orgasm.)

While many women feel desire when starting a new sexual relationship or after a long separation from a partner, those in long-term relationships may not think about sex very often or feel spontaneous desire for sexual activity.



The goal of sexual activity in women may not necessarily be physical satisfaction (orgasm), but rather emotional satisfaction (a feeling of intimacy and connection with a partner). Having sex to maintain a relationship, to prevent the partner from being unfaithful, may be another motivation.

Psychological factors (in the mind) may play a major part in female sexual functioning. Examples include relationship issues, self-image, and previous negative sexual experiences.

What is a lack of sexual desire and/or arousal?

A lack of sexual desire (also known as a lack of 'sex drive' or 'libido'), is a lack of interest in sexual thoughts and sexual activity. A lack of sexual arousal (not feeling 'turned on') is a lack of response to sexual stimulation, which is felt in the mind and/or the body. In the body this may include a lack of vaginal wetness and/or a lack of swelling, tingling or throbbing in the genital area. A lack of sexual desire and a lack of sexual arousal often occur together, and treatment of one often improves the other. For this reason, these conditions are now usually considered together.

Symptoms of a lack of sexual desire and/or arousal may include:

- Reduced or no interest in sexual activity
- Reduced or no sexual or erotic thoughts or fantasies
- Not wanting to start sexual activity or respond to a partner's attempts to start it
- No triggering of sexual desire with sexual or erotic stimulus (read, heard or seen)
- Reduced or no feelings of sexual excitement or pleasure during sexual activity
- Reduced or no feeling in the genitals or other areas during sexual activity

Many women may experience a temporary reduction in sexual desire and/or arousal at some point in their lives. This is particularly common during or after pregnancy, or at times of stress, and does not usually cause too much of a problem. However, if these symptoms continue long-term, are present all or most of the time, and/or cause you distress, then you should see your doctor for advice.

What are the causes?

A lack of sexual desire and/or a lack of sexual arousal may be caused by physical problems (in the body), psychological problems (in the mind) or a mixture of both.

A lack of sexual desire and/or a lack of sexual arousal may be associated with a number of physical problems. These include diabetes, hormone deficiencies (low oestrogen or testosterone), urinary incontinence, arthritis, nerve problems (e.g. spinal cord injury, multiple sclerosis) and the effects of some prescription medicines (including some that affect mood and behavior, e.g. antidepressants, some used



to treat conditions of the heart or blood vessels, e.g. antihypertensives, and some that affect the hormones, e.g. Tamoxifen and combined oral contraceptives).

A lack of sexual desire may also be associated with high blood pressure, Parkinson's disease, dementia and schizophrenia. While a lack of sexual arousal may also be associated with disease of the arteries (atherosclerosis), thyroid problems, surgical procedures and radiotherapy to the genital area, pelvis or lower abdomen/tummy, as well as frequent urinary tract or vaginal infections and vaginal skin conditions.

Psychological issues that may cause or contribute to a lack of sexual desire and/or a lack of sexual arousal include depression, anxiety, relationship problems, sexual dysfunction in the partner, unrewarding sexual experiences, low self-esteem, negative body image and a history of sexual abuse, violence or humiliation.

How are they diagnosed?

Your doctor will probably ask you about your desire/arousal problem, your lifestyle and any other medical and/or psychological issues. They might need to examine you to see you have any obvious physical cause/s for the problem. This may include examination of your external genitals or 'vulva'. They may also examine the inside of your vagina with gloved fingers and/or a speculum (a plastic instrument which is inserted into the vagina and gently widened to allow better visual examination).

Your doctor may want to do a 'swab' or urine test to check for infection. A 'swab' is where a kind of cotton bud on a long stick is rolled over the skin on the inside or the outside of the vagina to collect discharge or skin cells and then sent away to the laboratory to see what bacteria are present. They may also want to do blood tests to check your hormones/general health.

If your doctor is not confident in diagnosing or treating you, or they think you require more tests, they may refer you to a gynaecologist or other specialist at your local hospital.

How are they treated?

If a lack of sexual desire and/or a lack of sexual arousal is caused by a medical problem, this should be treated appropriately.

You can find more information on diabetes in our factsheet '[Sex and diabetes in women](#)'

If reduced levels of the hormones oestrogen and/or testosterone are responsible, you may benefit from hormone replacement therapy (HRT). If vaginal dryness is a problem for you, this may be helped with a vaginal lubricant or moisturiser. You can



find more information on HRT, vaginal dryness, and vaginal lubricants and moisturisers in our factsheet '[Vaginal dryness and the menopause](#)'.

If the effects of a prescription medication are causing the problem, your doctor may be able to reduce the dose or switch the medication.

You can find more information on urinary tract infections, vaginal infections and vaginal skin conditions in our factsheet '[Pain during/after sex](#)'.

Flibanserin (addyi™) is a new drug for treating low sexual desire. It has to be taken every day and should not be combined with alcohol. It was approved for use in the United States in 2015 but has not been approved for use in the UK yet. Women should always see their doctor before using this medication to ensure there are no health or medical concerns contributing to the symptoms

If psychological problems are causing or contributing to your problem, they may be best treated with sex therapy (see the following section on this). Depression, however, may need medical treatment. It is important that you see your doctor so they can investigate the cause of your problem and check if you have any health problems that require medical treatment.

How might you help yourself?

Once you have seen your doctor to find out what is causing your problem and have received treatment for this if required, you may be able to help yourself increase your sexual desire and/or arousal.

If you are willing to engage in sexual activity, it may allow you to become aroused, which in turn may make you feel desire. You are more likely to want to be sexually active again if your last experience was positive, physically and/or emotionally.

If you find sex unrewarding, this may be because you and/or your partner lacks skill or because your partner doesn't know what you like. One of the best things you can do is tell your partner what you 'turns you on', and where and how you like to be touched.

If you need help learning what 'turns you on', there are many sexual or erotic materials easily available online, including books, DVDs, vibrators, clitoral stimulators, erotic games and lingerie. If you lack sexual desire and/or arousal, you may have no interest in self-masturbation (pleasuring yourself). However, this may help you become more knowledgeable about your body, learning where and how you like to be touched.



If vaginal dryness is an issue for you, increasing the amount of foreplay and delaying penetration until you are really 'turned on' may help increase vaginal lubrication and make things more comfortable and enjoyable.

If your partner often ejaculates or 'comes' before you do, and sex usually stops at this point, you could ask them to continue to stimulate you with their hand or mouth. They will probably enjoy being able to please you.

Some women find it difficult to concentrate during sex. If this applies to you, fantasizing about something sexual may excite you and reduce any negative feelings. If you are close to orgasm, alternately tightening and relaxing your pelvic floor muscles may help you get there.

What is sex therapy?

Sex therapy is talking therapy where an individual or couple work with an experienced therapist to assess and treat their sexual and/or relationship problems. Together they will identify factors that trigger the problems and design a specific treatment programme to resolve or reduce their impact.

Sex therapy is considered highly effective in addressing the main causes and contributing factors of sexual difficulties. And it helps people to develop healthier attitudes towards sex, improve sexual intimacy, become more confident sexually, and improve communication within the relationship.

Sex therapy can also be used in combination with other forms of treatment.

Your GP or another health professional on the NHS may be able to refer you for sex therapy (depending on area), or you can contact a therapist directly and pay privately. It is important to make sure that they are qualified and are registered with an appropriate professional body. You can find more information on sex therapy in our factsheets '[Sex therapy](#)' and '[How to find, choose and benefit from counselling support](#)'

Where can you get more information?

The Sexual Advice Association is here to help. We cannot give individual medical advice, but we can answer your questions on any sexual problems and put you in touch with local specialist practitioners. We also have a number of factsheets and booklets on sexual problems and related issues for men and women that can be downloaded from our website or requested. Please feel free to email us or phone our Helpline (our contact details are at the bottom of this page).

You can also visit the NHS Choices website at www.nhs.uk for information and advice on many different health and lifestyle topics.

What is the Take Home Message?

A lack of sexual desire and a lack of sexual arousal often occur together, and treatment of one often improves the other

Further reading

Download or request our factsheets '[Problems with orgasm](#)' and/or '[Explaining sexual problems to your GP](#)'

Donate

By donating to the Sexual Advice Association, you will know that you are helping improve the lives of people living with sexual problems. If you are interested in donating, please click [here](#) or contact us for more information (details at the bottom of this page).

Thinking About Sex Day: February 14th

Launched by the Sexual Advice Association, Thinking About Sex Day (TASD) is designed to encourage everyone to think about the physical and psychological issues surrounding sexual activity.



Sexual Advice Association

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