

Problems with orgasm

March 2016

What are orgasms?

An orgasm (also called 'coming' or 'climaxing') has been described as an intense and pleasurable release of sexual tension that had built up in the earlier stages of sexual activity.

When a woman has an orgasm, her heart rate, breathing and blood pressure increase. The muscles in her feet may spasm, her genital/pelvic muscles may contract and a rash/flush may appear on her body. A small number of women ejaculate when they orgasm, where a clear fluid spurts from the glands close to the urethra (tube through which you pass water). Orgasms are often followed by a feeling of relaxation.

However, it is important to remember that orgasms are very personal things, how they feel and how they happen varies greatly between women. They may not be an earth-moving experience for everyone and they may not happen every time a woman has sex.

In women, orgasms may occur through different sensory mechanisms, but the two most important are stimulation of the external genitals or 'vulva' (particularly the clitoris) and stimulation of the internal pelvic area and vaginal walls. So foreplay is important.

What are problems with orgasm?

Problems with orgasm include never having an orgasm, infrequent orgasms, delayed orgasms and a reduction in the strength of orgasmic sensations. Orgasms may also be painful. While some women don't need to have an orgasm to enjoy



sex, this may be a real issue for others and their partners. Women who feel very aroused but do not orgasm may feel 'nervous' or edgy' or experience an aching or discomfort in their pelvis. A problem with orgasm may have always been there or it may have developed later in life.

How common are they?

Problems with orgasm are very common and may affect more than 20% of women.

How are they caused?

Orgasm problems have been associated with a number of physical and psychological factors. Physical factors relate to the body, while psychological factors relate to the mind. Women who could orgasm in the past but now cannot, may have a medical and/or psychological problem. While those who have never had an orgasm may have a medical and/or psychological problem, or they may simply have never learnt what type and duration of stimulation they need to achieve one.

Physical factors include:

- Diseases of the heart or blood vessels (cardiovascular disease (CVD))
- Nerve problems (e.g. multiple sclerosis, Parkinson's disease, spinal cord injury, those caused by diabetes)
- Problems in the pelvis (e.g. fibroids, pelvic inflammatory disease, weak pelvic floor muscles)
- Problems affecting the external genitals or 'vulva' (e.g. provoked vulvodynia)
- Hormonal problems (e.g. low oestrogen, testosterone or thyroxine)
- Side effect of prescription or recreational drugs (e.g. some types of antidepressant, antipsychotics, anticonvulsants, beta-blockers, cocaine, marijuana, amphetamines and heroin)
- Drug or alcohol abuse

Psychological factors include:

- Age
- Education
- Cultural background or religion
- Negative attitude towards sex
- Sexual abuse/violence
- Fear of pain during sex
- Relationship problems
- Depression
- Low self-esteem
- Negative body image
- Poor communication

Sexual Advice Association

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Physical causes are more likely if an orgasm problem develops suddenly, while psychological causes are more common in long-term or life-long orgasm problems.

Painful orgasms may be caused by certain medical conditions or changes in body structure or function. These include painful uterine contractions occurring in the last 6 weeks of pregnancy or as a result of an ill-fitting intrauterine device (IUD), and increased tone of the pelvic floor muscles (seen in conditions which affect the nerves e.g. stroke, spinal cord injury and multiple sclerosis.)

Orgasm problems can affect women of any age. Older and younger women may have different advantages when it comes to achieving orgasm - while older women may have more sexual experience and knowledge of their own body, younger women have more sexual desire (also known as 'sex drive' or 'libido').

Some studies suggest that women with a higher level of education are more likely to have orgasms. This may be because they are more knowledgeable about their bodies and how they work, and have greater access to information about sex and general health.

Depression may affect sexual desire and sexual arousal (feeling 'turned on'), which may in turn affect orgasm (see our factsheet '[Lack of sexual desire/arousal](#)'). Anxiety may create a vicious circle where a woman does not focus on the act of sex because she's distracted by concerns about reaching orgasm, which in turn makes her less likely to orgasm, and results in her becoming even more anxious and even less likely to orgasm.

Some women may be able to orgasm through self-masturbation (pleasuring themselves) but not with their partner. This may be due to a partner's poor sexual technique, the partner ejaculating ('coming') too quickly, a lack of trust, or a lack of communication about where and how the woman likes to be touched.

How are they diagnosed?

Your doctor is likely to ask you about your orgasm problem, your lifestyle and any other medical and/or psychological issues. They will almost certainly need to examine you, to see you have any obvious physical cause/s for the problem. This is likely to include examination of your external genitals or 'vulva', which includes the opening of the vagina, the fleshy lips surrounding this and the clitoris. They may also need to 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). Blood tests may be required to check for hormone or other problems.



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?

At present in the UK, no medication is approved specifically for treating orgasm problems in women. If an orgasm problem 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 you have weak pelvic floor muscles, increasing their strength may improve your ability to orgasm. You may be able to do this yourself with special exercises (see our factsheet '[Kegel exercises](#)'). If not, you may need the help of a physiotherapist. If your doctor thinks physiotherapy may help you, they can refer you for this on the NHS. Alternatively, you may be able to self-refer and arrange to see an NHS physiotherapist without going through your doctor (depending on area). You can also pay to see a physiotherapist privately (check that they have experience of treating your problem, they are fully qualified, and they are registered with both a recognised professional body, such as the [Chartered Society of Physiotherapy \(CSP\)](#), and the [Health and Care Professions Council \(HCPC\)](#)).

Vulvodynia is covered in more detail in our factsheet '[Pain during/after sex](#)'.

If reductions in the hormones oestrogen and/or testosterone are responsible for your orgasm problem, you may benefit from hormone replacement therapy (HRT). You can find more information on HRT in our factsheet '[Vaginal dryness and the menopause](#)'. Thyroid problems resulting in low levels of thyroxine can be treated with medication.

Treating substance abuse should help improve the symptoms if this is causing the problem.

If an orgasm problem is caused by the side effects of a prescription medication, your doctor may be able to reduce the dose or switch the medication.

If psychological problems are causing or contributing to your orgasm 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 improve your ability to have an orgasm yourself.

Women who find it difficult to orgasm may have no interest in self-masturbation. However, this may help them become more knowledgeable about their bodies, learning where and how they like to be touched. If you want to try helping yourself increase your sexual desire/arousal, or experiment to find out what helps you orgasm, you may find sexual or erotic materials helpful. These are easily available online and include books, DVDs, vibrators, clitoral stimulators, erotic games and lingerie. Talking to your partner about what 'turns you on' and what kind of stimulation you need to orgasm may also help.

Training on masturbation has been shown to help orgasm problems, particularly in women who have had them a long time. But if you are able to achieve an orgasm on your own but not with a partner, measures to improve communication, increase trust and reduce anxiety may be more useful (see the following section on 'Sex therapy').

For some couples, sexual activity ends once the man has ejaculated. If you haven't had an orgasm and still feel very aroused after your partner has come, 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?

**Problems with orgasm may be due to other health problems
- see your doctor for advice**

Further reading

Download or request our factsheet '[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.



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