Case Report

iMedPub Journals
http://www.imedpub.com/

Clinical Psychiatry
ISSN 2471-9854

2017
Vol.3 No.3:16

DOI: 10.21767/2471-9854.100047

ADHD as a Possible Cause for Sexual Dysfunction in Adult Females

Murat Pakyurek

Department of Psychiatry and Behavioral Sciences, University of California, Davis, USA

Corresponding author: Murat Pakyurek, Health Sciences Clinical Professor, Department of Psychiatry and Behavioral Sciences, University of California, Davis Medical Center, USA, Tel: +1-916-734-3574; E-mail: mpakyurek@ucdavis.edu

Received date: October 18, 2017; **Accepted date:** November 07, 2017; **Published date:** November 14, 2017.

Citation: Pakyurek M (2017) ADHD as a Possible Cause for Sexual Dysfunction in Adult Females. Clin Psychiatry Vol.3 No.3:16.

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a very common psychiatric condition in general population. Our understanding of its neurodevelopmental basis and mechanisms has improved greatly over the past two decades yet there are still many unknowns regarding the specifics of such mechanisms. In this case series we report three adult women who met the criteria for ADHD and similar sexual dysfunction. Their sexual dysfunction improved greatly once they were treated for their Attention Deficit Hyperactivity Disorder.

Keywords: ADHD; Neuropsychiatric disorder; Psychiatric condition; Sexual dysfunction

Introduction

ADHD is a neuropsychiatric disorder with core features of inattention, hyperactivity, and impulsivity. It is the most common psychiatric condition in children in the US and it is now increasingly recognized and diagnosed in adults. It is known to cause psychological, academic, relational, social, employment-related, and other difficulties in individuals with the condition [1,2]. There is also well supported data on earlier experimentation with illicit drugs and nicotine in comparison to general population [3]. Other complications may include increased medical cost, increased rate of divorce, and increased number of motor vehicle accidents [4].

ADHD generally responds well to treatment and treatment is generally conceptualized as multimodal which consists of behavioral support, academic/work place modifications, and medications. Most commonly used medications are stimulants with two major classes, methylphenidate and amphetamines. There are other non-stimulant medication options as well such as atomoxetine, bupropion, tricyclic antidepressants, and alpha 2 agonist group including clonidine and guanfacine.

There is research showing subjects with conduct, disruptive and impulse control disorders exhibiting high risk for earlier sexual activity compared to controls [5]. There are also case reports suggesting psychostimulants may reverse or help with sexual dysfunction secondary to selective serotonin re-uptake inhibitors [6]. A literature research using PubMed did not show any research specifically regarding a possible link between ADHD in adult females and sexual dysfunction. However, there are studies addressing the relationship between ADHD and earlier and high risk sexual behaviors in individuals [7,8].

We are going to discuss three adult females with ADHD who had sexual dysfunction, possibly secondary to their ADHD. All three cases have reported improvement of their sexual difficulties once the ADHD symptoms were successfully treated with medications.

Case Report

Mrs. A is a 47 year old Caucasian, college graduate, married woman who struggled with concentration issues all her life but managed to “muscle through” in school. She denied ever having any mood disorders or other co-morbid conditions. She received a formal assessment during elementary school years and given a diagnosis of ADHD, with inattention and hyperactivity issues. At the time however, her family did not think favorably about the recommended medication treatment with methylphenidate. Over the years, she struggled in various areas but eventually managed to graduate college and started her own business. She married a supportive man and describes their relationship as “very happy.” Mrs. A has reported an ongoing problem with focusing and enjoying intimacy with her husband. In fact even when in intimate moments she initiated, she found herself distracted and losing focus on the “process.” This created difficulties with reaching orgasm or feeling satisfied for both the patient and for her husband.

Ms. B is a 26 YO Hispanic-Caucasian woman employed in medical field, with two year college degree. Her struggles at school began in Kindergarten. Her ADHD has created academic and peer relationship issues over time. She managed to finish high school and then, a local community college with “lots of effort.” She is currently raising her 6 YO child with her fiancée and working part time. After listening to a radio show on ADHD, she decided it was time for her to get help and finally address her organizational and attention issues. Her symptoms at the time of initial assessment were poor attention, low frustration tolerance, never being able to finish multiple tasks she starts at home and at work, and overall poor organizational skills. The

interview revealed that Ms. B has been having issues with intimacy with her fiancée with whom she is to marry in less than a year. She has stated that her distractibility during foreplay and intercourse, not being able to "maintain motivation" more than a minute or so, low frustration tolerance, and finally, giving up "too easily" led to problems with orgasm despite the initial sexual excitement and adequate sexual stimulation.

Mrs. C is a 39 YO AA female who is a college graduate, mother of two teenage children, and a part time school employee in administrative capacity. Her academic problems have become more obvious in 7th grade when she could no longer "compensate" for her lack of attention and easy distractibility. She has presented with poor frustration tolerance, limited organizational skills, problems with maintaining focus, and making quick and at times poor decisions such as blurting comments in meetings that "aren't always helpful." Despite her elementary and middle school teachers' expressed concerns and a diagnosis established by her pediatrician, she had never received any treatment mostly due to her father's resistance. In her youth, she briefly experimented with marijuana but otherwise there were no other clinical comorbidities. She has a supportive set of parents and a very loving husband who makes sure to spend plenty of time with his family. Mrs. C has stated that in addition to her problems with attention and organization, she also has been experiencing difficulties in intimacy with her husband. She, despite the excitement and being highly motivated, has been having problems maintaining "here and now" during their intimate moments and with achieving orgasm on a consistent basis. She is concerned that the issue may ultimately create relationship problems with her husband.

None of the three patients had significant additional medical issues or sexual/emotional/physical trauma. They are in loving and fairly supportive relationships. They did not have any significant co- morbid psychiatric conditions other than some mild anxiety with Mrs. C. They all had reasonable ego strength and managed to overcome academic and/or peer interaction challenges. Their current level of functioning is impressive. They are all insightful about their psychological issues. They revealed their sexual difficulties spontaneously and as part of their concerns.

After their initial psychiatric assessment, all three patients were started on stimulant medications. They were also provided with bibliography on ADHD and various therapeutic strategies including visual strategies for daily routine and work place solutions. Mrs. A and Ms. B were started on long acting OROS methylphenidate, initially 18 mg with final dose of 54 mg daily. They both tolerated the medication well with no significant side effects. Mrs. C, based on a positive family response history, was started on long acting amphetamine, with an initial dose of 15 mg and final dose of 30 mg daily. All three patients reported significant improvement with their ADHD and sexual difficulties within several weeks. The improvement included their attention span, organizational skills, work/task completion, and relationships. In addition, all 3 women reported the improvement of their intimacy issues and more specifically, being able to achieve climax in their sex lives. This improvement had a parallel course with the improvement of their attention/concentration, and organizational difficulties. The percentage improvement with their sexual lives has been at or above 80% for all 3 cases, based on self-reports. The improvement was maintained during the following visits.

Discussion

Based on the cases above, ADHD may be associated with sexual dysfunction in adult females. Sexual dysfunction, and more specifically difficulty reaching orgasm despite the initial sexual excitement and otherwise, a healthy intimacy, appears to be most closely associated with inattention and to a degree, with low frustration tolerance aspects of ADHD, based on the reports from these 3 women. ADHD treatment with psychostimulants (2 patients with long acting methylphenidate and 1 patient with long acting mixed amphetamine salt) appears to address or help improve the issue, based on the 2 week, 1 month, and 3 month follow up visit information. The improvement with sexual function may be secondary to other gains with the treatment including improved relationships but considering the relatively quick response, it is likely to be a more direct effect of ADHD treatment instead. According to these 3 women, the improvement with sexual problem appears to be closely linked to or at least parallel to the level of improvement of ADHD core symptoms.

In terms of limitations, there is a possibility, considering the very small sample size, this is a just a coincidental observation with no real relationship between ADHD and certain sexual difficulties. Likewise, the improvement may simply be related to stimulant effect with no real relationship to core ADHD issues.

Conclusion

ADHD is a common and chronic neuropsychiatric condition. In recent years, there has been an effort to better recognize the condition not only in children and adolescents but also in adults. It is well known that ADHD has a significant impact on individual lives from work productivity to income and relationships [9,10].

It may be worth to further research the possible association between sexual difficulties in general and difficulty reaching orgasm in particular, as part of ADHD in our patients. This may have been an overlooked or simply under-reported issue due to multiple cultural, stigmata, shame related, and other factors.

If there is a correlation between ADHD and sexual dysfunction/difficulty achieving orgasm, recognizing and addressing the problem may help patients in a great deal. In addition to medication treatment, various additional strategies such as mindfulness based therapies may also be beneficial. Further studies may look into the treatments in a more systematic and controlled way.

Considering the risks of unnecessary use of psychostimulant medications, a proper and thorough evaluation of our patients for ADHD will be of paramount importance. This may also help avoid excessive and inappropriate use of such medications.

This article is available from: 10.21767/2471-9854.100046

References

1. Biederman J, Faraone SV, Spencer TJ, Mick E, Monuteaux MC, et al. (2006) Functional impairments in adults with self-reports of diagnosed ADHD: A controlled study of 1001 adults in the community. J Clin Psychiatry 67: 524-540.
2. Murphy K, Barkley RA (1996) Attention deficit hyperactivity disorder adults: comorbidities and adaptive impairments. Compr Psychiatry 37: 393-401.
3. Wilens TE (2007) The nature of the relationship between attention-deficit/hyperactivity disorder and substance use. J Clin Psychiatry 11: 4-8.
4. Barkley RA (2002) Major life activity and health outcomes associated with attention-deficit/hyperactivity disorder. J Clin Psychiatry 12: 10-15.
5. Galéra C, Messiah A, Melchior M, Chastang JF, Encrenaz G, et al. (2010) Disruptive behaviors and early sexual intercourse: The GAZEL Youth Study. Psychiatry Res177: 361-363.
6. Bartlik BD, Kaplan P, Kaplan HS (1995) Psychostimulants apparently reverse sexual dysfunction secondary to selective serotonin re-uptake inhibitors. J Sex Marital Ther 21: 264-271.
7. Price MN, Hyde JS (2009) When two isn't better than one: predictors of early sexual activity in adolescence using a cumulative risk model. J Youth Adolesc 38: 1059-1071.
8. Hosain GM, Berenson AB, Tennen H, Bauer LO, Wu ZH (2012) Attention deficit hyperactivity symptoms and risky sexual behavior in young adult women. J Womens Health (Larchmt) 21: 463-468.
9. Harpin VA (2005) The effect of ADHD on the life of an individual, their family, and community from preschool to adult life. Arch Dis Child 1: i2-7.
10. Agarwal R, Goldenberg M, Perry R, IsHak WW (2012) The quality of life of adults with attention deficit hyperactivity disorder: a systematic review. Innov Clin Neurosci 9: 10-21.