

When the Patient Asks

MARGARET ALLEN, PA-C

Q: Why can't I have an orgasm?

Think of it as a privilege: Your female patient trusts you and feels confident enough to confide a distressing secret she has never shared with anyone else. She has never had an orgasm and thinks there is something wrong with her. You need to be able to help her.

INCIDENCE

Published data indicate that 15% of healthy women have never had an orgasm, while as many as 46% of women experience difficulty in reaching orgasm.¹ Other research found that 50% of married couples experience sexual “dysfunction.”¹

TIMES HAVE CHANGED—BUT NOT FOR EVERYONE

Sexual attitudes have improved, but many women still experience frustration and sadness. Limited information, poor partner technique, strife, and shyness are common causes of primary anorgasmia. Those who lack verbal skills are unable to discuss their needs with partners. Some women may be reluctantly having sex at the end of a long day, with little time or privacy. Medications and pelvic pathology are occasionally problematic.²

WHERE TO START?

Your discussion will model how the patient talks with her partner. Answer specific questions in a calm, straightforward way. Tailor your approach to your patient's age, culture, education, and level of comfort.

You might start with a psychosocial approach: *What concerns you most about not having orgasms?* Her partner may not enjoy making love without simultaneous orgasm. She may fear abandonment or partner rage.

You might be pragmatic: *Do you know where your clitoris is? Do you get*



aroused? Do you have discomfort? You will need to ascertain if the woman achieves orgasm at times other than during vaginal intercourse. You will need to evaluate for depression and anxiety and explore issues of abuse or religious misinformation.

TREATMENT, FOLLOW-UP, AND REFERRAL

Frank discussion and a brief review of anatomy are important. Because women often wait until the end of the appointment (when they feel comfortable with their provider) to mention this problem, you may wish to invite the patient to return for a physical examination. At that visit you can point out her anatomy if she has not discovered it on her own and teach her Kegel exercises.

If there is time, you can discuss the issue further at this visit. Explain the importance of foreplay. Emphasize that most women need direct clitoral stimulation to achieve orgasm.³ Normalize safe activities, eg, different positions, and make specific suggestions, such as use of lubricants and removing the TV from the bedroom. Discuss use of adjuncts and options for referral and counseling.

Debunk myths about masturbation. Woody Allen famously observed that self-stimulation is “sex with someone you love.” With no one else to consider, no performance anxiety, and easier timing, your patient may welcome permission to discover orgasm on her own.

Many women who ask about how to have an orgasm are poorly educated and unable to read at the level of most sex manuals or articles. Some may not know what an orgasm is. Tell them that orgasm has been described as intense physical pleasure, like an overwhelming tickle or a strong wave flooding the whole body. There is a massive release of muscle tension,⁴ and some say it is like nearly passing out. Sometimes the only recourse to education is a movie, in which case you should direct the patient to a responsible and careful organization that produces videos especially for women.

Follow-up is very important. For intractable or concerning physical problems, refer the patient to a gynecologist or urologist.⁵ **JAAPA**

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Patient Information

Q: Why can't I have an orgasm?

› SHOULD I HAVE AN ORGASM WHEN I HAVE SEX?

Many people are content not to have an orgasm; others find it disappointing not to climax. Sometimes a woman's partner may feel inadequate if she doesn't "come," so some women fake having an orgasm. In general, though, if the sexual experience is pleasant, having an orgasm may not be important.

› WHERE DOES THE ORGASM COME FROM?

An orgasm usually comes from your clitoris, an extremely sensitive area with thousands of nerve endings that feels like a small firm button just above the urethra (where the urine comes out). Only the tip is visible; the rest of the clitoris lies under the labia. The pelvic floor muscles are also involved in orgasm. These muscles include the bulbospongiosus muscle, the perineal muscles, and the pubococcygeus muscle. They extend from above the clitoris down past and around the entrance to the vagina. Using these muscles during sex can be pleasurable and also help with having an orgasm. Figure 1 shows the location of the clitoris and the pelvic floor muscles. You can strengthen the pelvic floor muscles by doing Kegel exercises: Try to hold the muscles that stop the flow of urine for 3 seconds and then relax. You can do this several times a day. No one can see you!

The traditional man-on-top position usually does not lead to orgasm for the woman unless the clitoris is stimulated at the same time. Women have other sensitive areas, including the skin, breasts, and nipples, and all can become aroused. The brain is also involved, as a woman's emotional feelings when making love are important to her enjoyment.

You might want to experiment with different positions, try oral sex, or stimulate your clitoris yourself while having sex.

› IS MASTURBATION SAFE?

Knowing your own body and learning what kind of touch you like is helpful. Many women enjoy having an orgasm by themselves. There is no time pressure, and you don't need to please someone else. There is no physical harm in having sex with yourself. You will need a quiet place where you won't be interrupted.

› SHOULD I WATCH PORNOGRAPHIC MOVIES WITH MY PARTNER?

Most pornography is designed to excite men, and many women find it boring. It is also usually not realistic. You might find it sexually stimulating, but if you do not enjoy it, you should explain to your partner that it is not helpful.

› I'M AFRAID SOMETHING IS WRONG WITH ME

Women who have never had an orgasm usually do not have anything physically wrong with them. Your health care provider is trained to help you when you have questions. A careful, gentle physical exam should reassure you.

Some women are not able to fully enjoy sex because they have had a bad sexual experience in the past. Do not ignore this. A good counselor should be able to help you work through these problems.

› WHAT ELSE PREVENTS ME FROM HAVING AN ORGASM?

Sometimes people are so anxious to have an orgasm that nothing happens! Trying to climax at the same time as your partner can put too much pres-

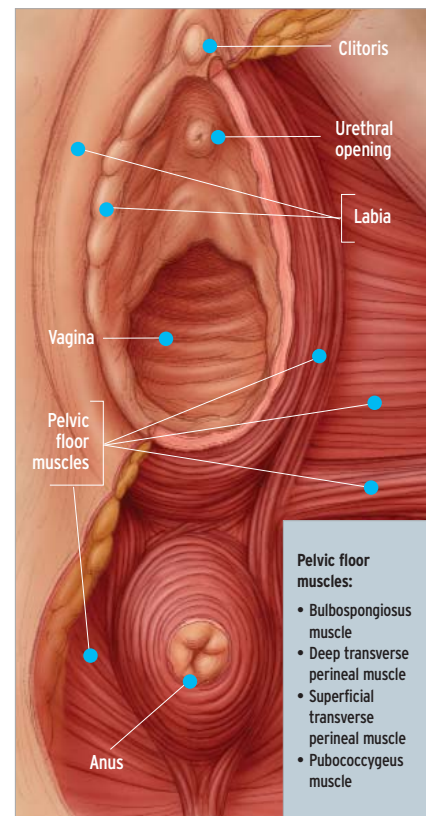


FIGURE 1. The female genitalia

sure on you. Alcohol, drugs, being angry or distracted, or rushing into sex can detract from the pleasurable sensations that lead to orgasm. Worry that someone will hear you or come into the room will not help either—you might need a lock on the door.

› THE BOTTOM LINE

The best way to find out more about having an orgasm is probably to talk with your partner. Your health care provider can help you find a way to do this.

Sex is not just about having an orgasm. For many people, making love or just being close is a wonderful caring way to spend time together. **JAAPA**

