Orgasm disorders in men

Anorgasmia

- ICD–10: ***Dysfunctional orgasm F52.3 (https://mkn10.uzis.cz/prohlizec/F52.3)***

The term means *inability to experience orgasm*. In completely expressed cases, the patient is unable to achieve orgasm either through sexual intercourse, or non-coital stimulation, or masturbation. Even these men ejaculate more or less regularly. However, this only happens during the night hours. Most true anorgasmias in men are **primary** in nature. Secondary anorgasmia occurs very rarely. The sovereign **treatment** of anorgasmia is exercise therapy, possibly with the use of a vibrator or other masturbation device. **Differentially diagnostically**, true anorgasmia must be distinguished from coital anorgasmia (when a man is able to orgasm only non-coitally or by masturbation).

Orgasmus retardatus

- ICD–10: ***"Dysfunctional orgasm" F52.3***

In this sexual dysfunction, the man shows an "abnormally long orgasmic latency". Orgasm requires long and intense stimulation. Such men are characterized by an unusually long duration of intercourse. Sometimes they reach orgasm only after tens of minutes or more than an hour of copulation. Under physiological circumstances, abnormal ejaculatory latency can also occur in healthy men during successive sexual intercourses. We evaluate such a condition as dysfunction if it occurs after adequate sexual abstinence and if it causes negative experiences in the patient. Sometimes men in involution complain of a delayed orgasm when their physical condition makes it difficult for them to complete intercourse.

True delayed orgasm is an **idiopathic** dysfunction and is constitutional in nature. However, secondary disorders of this type also occur. The reasons can be different. For example, a decrease in sexual arousal in secondary hypogonadism, genital innervation disorder in peripheral neuropathy or systemic neurological disease. Retarded orgasm can also be caused by the administration of psychotropic drugs (neuroleptics, antidepressants).

Therapy of delayed orgasm is difficult when it comes to primary constitutional dysfunction. The supreme means of achieving orgasm here is intense non-coital stimulation, possibly enhanced by the use of an intensively working vibrator.

Anejaculation during orgasm ("dry orgasm")

Dry orgasm is a sexual dysfunction that has become more common in the last decade. Conditions after injuries and surgical interventions, as well as more frequent administration of hypotensives and psychotropic drugs contribute to the increased incidence.

A dry orgasm has two possible underlying causes. The first is **retrograde ejaculation**. During expulsion, the ejaculate is not expelled from the urethra, but goes into the urinary bladder. This occurs most often in vegetative neuropathies (diabetes and other causes).

The second possible cause of a dry orgasm is **true anejaculation**. In this disorder, an orgasm does occur, but the semen is not expelled into the urethra. It is a blockade of the sympathetic innervation of the first phase of the ejaculation process (emission). The cause may be pharmacological blockade of innervation due to sympatholytic drugs. The most common cause is the administration of hypotensive drugs (e.g. guanethidine) and psychotropic drugs (neuroleptics, some antidepressants). Blockage of ejaculation can also be caused by peripheral vegetative neuropathy in diabetes and other underlying diseases, or spinal cord injury (trauma, retroperitoneal surgery, or systemic neurological disease). Loss of ejaculation also occurs after radical prostatectomies, where the cause is the anatomical destruction of the main source of seminal fluid, i.e. the seminal vesicles and the prostate, as well as the loss of communication between the vas deferens and the urethra. Anejaculation during orgasm is by no means a cause for major concern. Sex life goes on in the usual way. Only in certain etiological moments can the erection be disturbed.

Links

Related Articles

- Sexual dysfunction
- Sexual dysfunction in men
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References

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