

In Sickness and In Health: The Partner Perspective in Dyspareunia and Late-Onset OCD

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Introduction

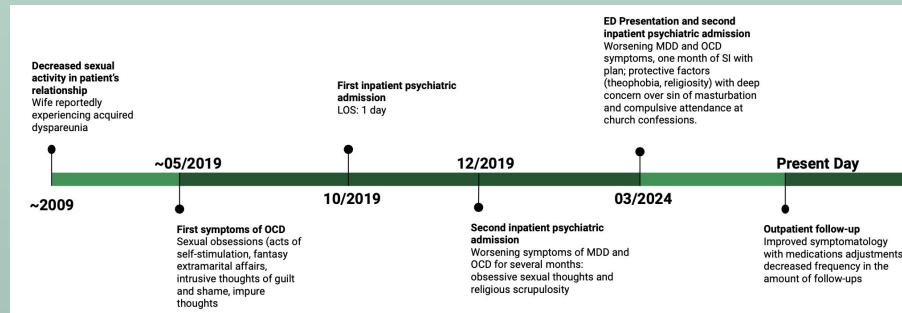
- Dyspareunia is a form of sexual dysfunction consisting of painful intercourse.
- Multifactorial etiologies contributing to the development of the broader, current DSM diagnosis of genito-pelvic pain/penetration disorder (GPPPD) include hormonal and inflammatory changes, gynecologic neoplasms, and other medical, psychological and relational factors (Dias-Amaral, 2018).
- Dyspareunia has a pervasive impact not only on the biopsychosocial functioning of the affected individual but also a dyadic impact on the couple.
- In addition to suspected under-diagnosis of sexual dysfunction disorders in affected individuals, the dynamic between sexual and mental health is often grossly undervalued in clinical practice and may go considerably undetected or neglected in the intimate partner.

Case Presentation

- A geriatric male with a 5-year psychiatric history of OCD and subsequent MDD presented with worsening symptomatology and one month of suicidal ideation and was voluntarily admitted to psychiatric unit
- Shortly after voluntary psychiatric admission, the patient expressed hesitancy to adjust psychotropic medications and felt inpatient hospitalization would not be therapeutic to him and instead expressed interest in coping skills and cognitive restructuring.
- He subsequently requested discharge and follow-up with his outpatient provider with whom he had a strong therapeutic relationship.
- Since presentation, patient has continued to follow up outpatient regarding symptoms, often accompanied by his wife. Due to continued symptomatology, a medication change from Lamictal to Abilify 2 mg daily was made. This led to notable improvement, such that patient has cancelled his last two follow-up appointments.

Discussion

- This case adds to the existing scarcity of late-onset OCD cases (Uvais, 2023).
- Moreover, we highlight the intersection of sexual health and mental health, namely how sexual dysfunction impacts the affected individual's sexual partner and aim to discuss considerations for integrative psychiatric management of sexual dysfunction, inclusive of the sexual partner and sensitive to religion.
- The chronicity of sexual dysfunction demonstrates the need for more effective interventions.
- Previous studies demonstrate the benefit of a multidisciplinary approach on the sexual partner's knowledge, communication, and psychological well-being and, subsequently, the couple (Sadownik, 2017). This approach requires collaboration amongst gynecologists, psychiatrists, therapists and beyond.
- Addressing the impact on the intimate partner may broaden the scope of therapeutic benefit on existing management but may also intervenes the bidirectional sequelae seen in couples with dyspareunia.
- The acumen of the consulting psychiatrist in obtaining a sexual history, diagnosis of sexual dysfunction disorders and de-stigmatization of both mental and sexual wellbeing is crucial.
- Providers across disciplines can consider utilizing verified scales to assess for new onset, changes in, or cessation of sexual dysfunction as supplemental tools to detailed history taking (Grover, 2020).
- Sexual wellbeing is imperative, even in geriatric populations.



References

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