

antidepressants, anxiolytics and hormones, among others), as well as psycho-educational support.

Although the features of female and male sexual dysfunctions are already well known, the available therapeutic resources are limited for women. New research shall contribute to change this reality, so that the female sexual dysfunction treatment keeps up with the advances in the treatment of male sexual dysfunctions.

The current foundation of female treatment is nonpharmacologic, including primary care physicians directed, psychotherapy directed modalities and physical therapy.

Most promising pharmacological treatments include hormonal and centrally acting agents.

Keywords: concepts, treatments, sexual dysfunction

Conflict of Interest and Disclosure Statement: None.

EVOLUTION OF THE CONCEPTS AND TREATMENTS OF FEMALE SEXUAL DYSFUNCTIONS

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Female sexual dysfunction is defined as the presence of some alteration (accompanied with distress) in one or more phases of the sexual response; or pain associated with intercourse that manifests itself persistently or recurrently. The etiology is multifactorial (biological, psychological, interpersonal, social, cultural and contextual factors). In women, more than in men, this disorder may oscillate during a lifetime and in accordance with their reproductive years.

The diagnosis reveals the priority of a detailed clinical observation, emphasizing that this procedure should take into account the length of the clinical evolution, the circumstances of the partner, and features of sexual stimulation (regarding focus, duration and intensity). Moreover, the distinction between primary or secondary and generalized or occasional dysfunction, as well as the age of the patient/couple and her sexual experience are essential parameters.

About the therapeutic aspects, the ideal is a multidisciplinary team, capable of offering psychotherapeutic and medicine-oriented treatment (erotogenic drugs, hormone stimulate drugs, antidepressants, anxiolytics and hormones, among others), as well as psycho-educational support. Each patient should be evaluated in order to make a correct therapeutic prescription.

Although the features of female sexual dysfunctions are already well known, the available therapeutic resources are limited. New research shall contribute to change this reality, so that the female treatment keeps up with the advances in the treatment of male sexual dysfunctions.

The foundation of treatment of female sexual dysfunctions is nonpharmacologic, including primary care physicians directed, psychotherapy directed modalities and physical therapy.

Most promising pharmacological treatments include hormonal and centrally acting agents.

Other medications may have role for different types of female sexual dysfunction.

Keywords: concepts, treatments, female sexual dysfunctions

Conflict of Interest and Disclosure Statement: None.

EVOLUTION OF THE CONCEPTS AND TREATMENTS OF MALE SEXUAL DYSFUNCTIONS

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In men, aging comes with a progressive, but variable, decrease in the production of testosterone which may cause symptoms, such as detriments in concentration and memory, depressive mood, insomnia, irritability, excessive sweating, muscle and bone complaints, increase in abdominal adiposity, and specially decrease in sexual desire and, erectile dysfunction.

The excessive decline in testosterone levels after 40 years of age comes with a gradual loss of sexual desire and arousal. However, the severity in the loss of sexual desire may result not only from aging, but also from the comorbidities, multiple treatments, depression and alcohol abuse. The quality of the marital relationship is an important predictor of sexual satisfaction among the elderly. The treatment includes hormonal agents (testosterone). Earlier interventions are necessary in the sense of preventing diseases and providing better treatment to these individuals.

As well as in other countries, in Brazil the aging of the male population is also accompanied by losses in the sexual function and symptoms relating to the

genito-urinary tract, as well as obesity and other symptoms that suggest metabolic syndrome and its consequences.

Epidemiologic studies and questionnaires seem actually useful to guide such interventions and the day-to-day of clinicians seeing reserved and rather introverted male patients, in particular those in more advanced age ranges to whom, in addition to health, quality of life becomes one of the most complex and desired therapeutic goals.

Keywords: concepts, treatments, male sexual dysfunctions

Conflict of Interest and Disclosure Statement: None.

SY-12

SOME TRENDS IN CONTEMPORARY SEXOLOGY WORK IN PORTUGAL (SPSC & SPA SYMPOSIUM)



Building bridges between the clinical and research work has been a priority assumed by both, the Portuguese Society for Clinical Sexology (SPSC) and the Portuguese Society of Andrology (SPA). The current symposium aims to illustrate the communication between both, science and practice in Sexology. We will start with the example of a sexology clinic at the university of Lisbon whose main goal is to deliver highly qualified sexual psychotherapy for sexual problems and difficulties while supporting research in the field. We will also bring to discussion some myths around sex and sports, and how scientific studies can contribute to clarify if sex before the game has a tiring effect on the athlete or if it can weaken the athlete's muscles. Finally, we will discuss how non-judgmental, moment-to-moment awareness, in and out of sexual scenarios, can contribute to sexual health. The symposium is designed to bring together academic experts and clinicians, to discuss how science and practice in Sexology can be mutually beneficial.

Keywords: clinical and research work, hormones, mindfulness

Conflict of Interest and Disclosure Statement: None.

THE SEXOLOGY CLINIC AT THE FACULTY OF PSYCHOLOGY OF THE UNIVERSITY OF LISBON



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The Faculty of Psychology in Lisbon has a Sexology Clinical service working half a day per week that is available to the whole community. Its main goal is to deliver highly qualified sexual psychotherapeutic service to people who present sexual problems and difficulties as well as to support research in the field. All people working in our service are qualified in Clinical Psychology. The current study aims to present data from its first 6 years of functioning concerning the socio-demographic characteristics of the patients as well as the main measures used for assessment and research purposes and the main outputs of the research developed.

Data was collected after the patients filled in an informed consent form.

We received a total of 204 requests. Of this 83 were men, 108 women and 12 were couples. About half of the requests were referred to another specialist (Psychiatrist, Urologist, Gynaecologist, Family therapist).

The questionnaires used included measures of personality, psychopathology, satisfaction with life, cognitive distraction, body image, sexual beliefs, sexual functioning, sexual satisfaction, sexual pleasure, relationship satisfaction, sexual self-disclosure. There are more than 10 research outputs linked to the service, including collaboration in research who has received competitive funding.

Our experience demonstrates that sex therapy is necessarily a multidisciplinary work and that a service at a university is an important contribution to build a strong bridge between clinical and research work.

Keywords: sexology clinic, research, multidisciplinary work

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Conflict of Interest and Disclosure Statement: None.

SEX BEFORE THE GAME...



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