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## ESSENTIALS IN MALE SEXUAL HISTORY TAKING

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### Overview

- Congenital disorders
  - Malformations – Disorder of Sexual Development
- Acquired conditions in childhood
  - Trauma, severe medical disorders
  - Childhood trauma
- Pubertal development
- Sexual history
- Sexual experiences
- Relationship history
- Medical history

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### Congenital conditions

- DSD – disorder of sexual development
- Early repeated traumatising of genital region
  - Hypospadias common disorder
- Micropenis
- Conditions affecting fertility
- Pubertal disorders – praecox, delayed puberty

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## Problems related to puberty

Pubertas praecox – sexual maturation prior to social development

Pubertas tarda – 2% of men puberty after age of 16

Loss of social context and development – psychological problems when peers start to develop and mature as sexual individuals  
Lack of muscle and height development – change of role and play capacity – outside sports activities

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## Adulthood and late adolescens

Define the problem:

Erectile dysfunction – inability to achieve and maintain erection sufficient for sexual activity

Premature ejaculation – Intravaginal latency < 1 min  
Lack of control  
Psychosocial distress

Ejaculatio tarda – inability to achieve orgasm (ejaculation)

Retrograde ejaculation

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## ”Sexological” aspects

- Patient’s own description
- Sexual behavior & patterns  
previous positive and negative sexual experiences
- Sexual satisfaction; does the problem cause distress?
- Start and development of problem(s)  
Always? Acquired? Acute or gradual
- Global or situational
- Experience from treatment and “own measures”

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## ”Sexological” aspects

- Partner? reactions, partners problems
- Disease(s), impairment(s), medication(s):
  - limitations/resources
  - coping
  - cultural & social aspects
- Insights, expectations, motivation

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## Partner aspects

- Evaluate the partners perceived problem
- Who is *really* the “patient”?
- Is there a consensus of the problem?

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## Take home message

An adequate case history  
must include:

- Impairment/Psych. resources
- Sexual functions/dysfunctions (per se)
- Personal sexual dysfunctional distress
- Satisfaction (coping)  
Sexual and other aspects of life

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## Medical history and Current Medical Status

Risk factors:

Lipids

Glucose

Cardio vascular disease

Hypertension

Hypogonadism

Pelvic surgery, radiation

Neurological disease

Abuse

Smoking, alcohol, legal and illicit drug use

Urogenital disorders

LUTS, Pain ( CPPS)

Penile disorders

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## In Summary

Taking the Sexual history Includes clarification of

Impairment/Psych. resources

Sexual functions/dysfunctions – clear definition

Personal sexual dysfunctional distress

Partners perception of hte problem and partners sexual dysfunction

Satisfaction (coping)

Medical Risk Factor assessment

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