

Journal list for BESTCO 2021

1. Al-Abbadey, M., Lioffi, C., Curran, N., Schoth, D. E., & Graham, C. A. (2016). Treatment of female sexual pain disorders: A systematic review. *Journal of Sex & Marital Therapy*, 42(2), 99-142. <http://dx.doi.org/10.1080/0092623X.2015.1053023>
2. Allen, M. S., & Walter, E. E. (2019). Erectile dysfunction: An umbrella review of meta-analyses of risk-factors, treatment, and prevalence outcomes. *Journal of Sexual Medicine*, 16(4), 531-541. <http://dx.doi.org/10.1016/j.jsxm.2019.01.314>
3. Allen, M. S., & Walter, E. E. (2018). Health-related lifestyle factors and sexual dysfunction: A meta-analysis of population-based research. *Journal of Sexual Medicine*, 15(4), 458-475. <http://dx.doi.org/10.1016/j.jsxm.2018.02.008>
4. Araujo, A. B., Allen, K. R., Ni, X., & Rosen, R. C. (2012). Minimal clinically important differences in the vaginal insertion and successful intercourse items of the sexual encounter profile. *Journal of Sexual Medicine*, 9(1), 169-179. <http://dx.doi.org/10.1111/j.1743-6109.2011.02506.x>
5. Atallah, S., Johnson-Agbakwu, C., Rosenbaum, T., Abdo, C., Byers, E. S., Graham, C., Nobre, P., Wylie, K., & Brotto, L. (2016). Ethical and sociocultural aspects of sexual function and dysfunction in both sexes. *Journal of Sexual Medicine*, 13(4), 591-606. <http://dx.doi.org/10.1016/j.jsxm.2016.01.021>
6. Barbonetti, A., D'Andrea, S., Cavallo, F., Martorella, A., Francavilla, S., & Francavilla, F. (2019). Erectile dysfunction and premature ejaculation in homosexual and heterosexual men: A systematic review and meta-analysis of comparative studies. *Journal of Sexual Medicine*, 16(5), 624-632. <http://dx.doi.org/10.1016/j.jsxm.2019.02.014>
7. Bogaert, A. F. (2015). Asexuality: What it is and why it matters. *Journal of Sex Research*, 52(4), 362-379. <http://dx.doi.org/10.1080/00224499.2015.1015713>
8. Brotto, L. A., & Yule, M. (2017). Asexuality: Sexual orientation, paraphilia, sexual dysfunction, or none of the above? *Archives of Sexual Behavior*, 46(3), 619-627. <http://dx.doi.org/10.1007/s10508-016-0802-7>
9. Corona, G., Rastrelli, G., Limoncin, E., Sforza, A., Jannini, E. A., & Maggi, M. (2015). Interplay between premature ejaculation and erectile dysfunction: A systematic review and meta-analysis. *Journal of Sexual Medicine*, 12(12), 2291-2300. <http://dx.doi.org/10.1111/jsm.13041>
10. de Oliveira, L., Carvalho, J., & Nobre, P. (2021). A systematic review on sexual boredom. *Journal of Sexual Medicine*, 18(3), 565-581. <http://dx.doi.org/10.1016/j.jsxm.2020.12.019>
11. Goodman, J. A. (2021). Parent support for same-sex relationships: Considerations for clinical work and intervention research. *Couple and Family Psychology: Research and Practice*, <http://dx.doi.org/10.1037/cfp0000190>
12. Jaderek, I., & Lew-Starowicz, M. (2019). A systematic review on mindfulness meditation-based interventions for sexual dysfunctions. *Journal of Sexual Medicine*, 16(10), 1581-1596. <http://dx.doi.org/10.1016/j.jsxm.2019.07.019>
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14. Ketil, S. (2021). Society as cause and cure: The norms of transgender social medicine. *Culture, Medicine and Psychiatry*, 45(3), 456-478. <http://dx.doi.org/10.1007/s11013-021-09727-4>

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22. Mijas, M., Grabski, B., Blukacz, M., & Davies, D. (2021). Sexual health studies in gay and lesbian people: A critical review of the literature. *Journal of Sexual Medicine, 18*(6), 1012-1023. <http://dx.doi.org/10.1016/j.jsxm.2021.02.013>
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Annotated

1. Al-Abbadey, M., Lioffi, C., Curran, N., Schoth, D. E., & Graham, C. A. (2016). Treatment of female sexual pain disorders: A systematic review. *Journal of Sex & Marital Therapy*, 42(2), 99-142.
<http://dx.doi.org/10.1080/0092623X.2015.1053023>

Sexual pain disorders affect women's sexual and reproductive health and are poorly understood. Although many treatments have been evaluated, there is no one "gold standard" treatment. The aim of this systematic review was to investigate what treatments for female sexual pain have been evaluated in clinical studies and their effectiveness. The search strategy resulted in 65 papers included in this review. The articles were divided into the following categories: medical treatments; surgical treatments; physical therapies; psychological therapies; comparative treatment studies; and miscellaneous and combined treatments. Topical and systemic medical treatments have generally been found to lead to improvements in, but not complete relief of, pain, and side effects are quite common. Surgical procedures have demonstrated very high success rates, although there has been variability in complete relief of pain after surgery, which suggests less invasive treatments should be considered first. Physical therapies and psychological therapies have been shown to be promising treatments, supporting a biopsychosocial approach to sexual pain disorders. Although most of the interventions described have been reported as effective, many women still experience pain. A multidisciplinary team with active patient involvement may be needed to optimize treatment outcome. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

2. Allen, M. S., & Walter, E. E. (2019). Erectile dysfunction: An umbrella review of meta-analyses of risk-factors, treatment, and prevalence outcomes. *Journal of Sexual Medicine*, 16(4), 531-541.
<http://dx.doi.org/10.1016/j.jsxm.2019.01.314>

Introduction: Erectile dysfunction (ED) is a major health care problem that has implications for quality of life. Aim: This umbrella review sought to synthesize all meta-analytic research on risk factors, treatment, and prevalence of ED. Methods: 8 electronic databases were searched for relevant meta-analyses in June 2018. The evidence was graded with 2 measures that use quantitative criteria to establish the quality of report writing and confidence in the effect size reported. Main Outcome Measures: Lifestyle factors, genetic markers, medical conditions, treatments. Results: In total, 98 meta-analyses were identified that included 421 meta-analytic effects, 4,188 primary-effects, and 3,971,122 participants. Pooled estimates showed that an unhealthy lifestyle, genetic markers, and medical conditions were associated with an increased risk of ED. Testosterone therapy and phosphodiesterase type 5 inhibitors showed the greatest treatment efficacy, with mild adverse events observed across treatments. Psychological and behavior change interventions produced effect sizes that were comparable to medication but had greater imprecision in effect sizes. There was little evidence that combined treatments were more efficacious than single treatments. Meta-analyses of prevalence estimates showed consistent age trends but were limited to particular regions or clinical samples, meaning that global estimates of ED are difficult to determine. Clinical Implications: The umbrella review synthesized findings for many treatment options that might aid evidence-based clinical decision-making. Based on prevalence estimates, we recommend that primary care physicians take a proactive approach and enquire about erectile problems in all men over age 40 displaying any health-related issue (eg, overweight, cigarette smoking). Strengths & Limitations: Strengths include the calculation and comparison of summary estimates across multiple meta-analyses. Limitations include heterogeneity in research quality across research themes limiting effect size comparisons. Conclusion:

The review provides summary estimates for 37 risk factors and 28 treatments. Meta-analyses of risk factors often did not control for important confounders, and meta-analyses of randomized trials were not exclusive to double-blinded trials, active placebo controls, or tests of long-term effects. We recommend further meta-analyses that eliminate lower quality studies and further primary research on behavioral and combined treatments. Allen MS, Walter EE. Erectile Dysfunction: An Umbrella Review of Meta-Analyses of Risk-Factors, Treatment, and Prevalence Outcomes. *J Sex Med* 2019;16:531–541. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

3. Allen, M. S., & Walter, E. E. (2018). Health-related lifestyle factors and sexual dysfunction: A meta-analysis of population-based research. *Journal of Sexual Medicine*, 15(4), 458-475. <http://dx.doi.org/10.1016/j.jsxm.2018.02.008>

Background: Sexual dysfunction is a common problem among men and women and is associated with negative individual functioning, relationship difficulties, and lower quality of life. Aim: To determine the magnitude of associations between 6 health-related lifestyle factors (cigarette smoking, alcohol intake, physical activity, diet, caffeine, and cannabis use) and 3 common sexual dysfunctions (erectile dysfunction, premature ejaculation, and female sexual dysfunction). Methods: A comprehensive literature search of 10 electronic databases identified 89 studies that met the inclusion criteria (452 effect sizes; N = 348,865). Pooled mean effects (for univariate, age-adjusted, and multivariable-adjusted estimates) were computed using inverse-variance weighted random-effects meta-analysis and moderation by study and population characteristics were tested using random-effects meta-regression. Results: Mean effect sizes from 92 separate meta-analyses provided evidence that health-related lifestyle factors are important for sexual dysfunction. Cigarette smoking (past and current), alcohol intake, and physical activity had dose-dependent associations with erectile dysfunction. Risk of erectile dysfunction increased with greater cigarette smoking and decreased with greater physical activity. Alcohol had a curvilinear association such that moderate intake was associated with a lower risk of erectile dysfunction. Participation in physical activity was associated with a lower risk of female sexual dysfunction. There was some evidence that a healthy diet was related to a lower risk of erectile dysfunction and female sexual dysfunction, and caffeine intake was unrelated to erectile dysfunction. Publication bias appeared minimal and findings were similar for clinical and non-clinical samples. Clinical Translation: Modification of lifestyle factors would appear to be a useful low-risk approach to decreasing the risk of erectile dysfunction and female sexual dysfunction. Strengths and Limitations: Strengths include the testing of age-adjusted and multivariable-adjusted models and tests of potential moderators using meta-regression. Limitations include low statistical power in models testing diet, caffeine, and cannabis use as risk factors. Conclusion: Results provide compelling evidence that cigarette smoking, alcohol, and physical activity are important for sexual dysfunction. Insufficient research was available to draw conclusions regarding risk factors for premature ejaculation or for cannabis use as a risk factor. These findings should be of interest to clinicians treating men and women with complaints relating to symptoms of sexual dysfunction. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

4. Araujo, A. B., Allen, K. R., Ni, X., & Rosen, R. C. (2012). Minimal clinically important differences in the vaginal insertion and successful intercourse items of the sexual encounter profile. *Journal of Sexual Medicine*, 9(1), 169-179. <http://dx.doi.org/10.1111/j.1743-6109.2011.02506.x>

Introduction: Despite adoption of the successful vaginal insertion (Q2) and intercourse (Q3) items of

the sexual encounter profile (SEP) as end points in clinical trials, there are no objective data on what constitute minimal clinically important differences (MCIDs) in these items. Aim: The objective was to estimate the MCID for SEP Q2 and Q3. Methods: Using data from 17 randomized, controlled trials of the phosphodiesterase type 5 inhibitor tadalafil, we estimated MCIDs for the SEP using anchor-based approaches. The 17 studies included 3,345 patients treated for 12 weeks. The anchor for the MCID is the minimal improvement measure calculated using change from baseline to 12 weeks on the following question: "Over the past 4 weeks, when you attempted sexual intercourse how often was it satisfactory for you?" MCIDs were developed using analysis of variance- and receiver operating characteristic (ROC)-based methods in a subset of studies (N = 11) by comparing patients with and without minimal improvement (N = 863). MCIDs were validated in the remaining six studies (N = 377). Main Outcome Measures: The main outcome measures of this study are SEP Q2 and Q3. Results: Using the ROC-based approach, the MCID for SEP Q2 was 21.4%, with estimated sensitivity of 0.55 and specificity of 0.73; the MCID for SEP Q3 was 23.0%, with estimated sensitivity of 0.72 and specificity of 0.78. MCIDs for SEP Q2/Q3 varied significantly (P < 0.001) according to baseline erectile dysfunction (ED) severity. MCIDs distinguished between patients in the validation sample classified as no change or minimally improved in each ED etiology, ED duration, and age group, but less well across geographic regions. Conclusions: The contextualization of treatment-related changes into clinically relevant terms is essential to understanding treatment efficacy, interpreting results across studies, and for effective patient management. Overall, there was a better balance between sensitivity and specificity of the MCIDs using the ROC-based approach for the SEP intercourse success item than for the vaginal insertion item. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

5. Atallah, S., Johnson-Agbakwu, C., Rosenbaum, T., Abdo, C., Byers, E. S., Graham, C., Nobre, P., Wylie, K., & Brotto, L. (2016). Ethical and sociocultural aspects of sexual function and dysfunction in both sexes. *Journal of Sexual Medicine, 13*(4), 591-606. <http://dx.doi.org/10.1016/j.jsxm.2016.01.021>
Aims: This study aimed to highlight the salient sociocultural factors contributing to sexual health and dysfunction and to offer recommendations for culturally sensitive clinical management and research as well for an ethically sound sexual health care, counseling and medical decision-making. Background: There are limited data on the impact of sociocultural factors on male and female sexual function as well as on ethical principles to follow when clinical care falls outside of traditional realms of medically indicated interventions. Methods: This study reviewed the current literature on sociocultural and ethical considerations with regard to male and female sexual dysfunction as well as cultural and cosmetic female and male genital modification procedures. Results: It is recommended that clinicians evaluate their patients and their partners in the context of culture and assess distressing sexual symptoms regardless of whether they are a recognized dysfunction. Both clinicians and researchers should develop culturally sensitive assessment skills and instruments. There are a number of practices with complex ethical issues (eg, female genital cutting, female and male cosmetic genital surgery). Future International Committee of Sexual Medicine meetings should seek to develop guidelines and associated recommendations for a separate, broader chapter on ethics. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)
6. Barbonetti, A., D'Andrea, S., Cavallo, F., Martorella, A., Francavilla, S., & Francavilla, F. (2019). Erectile dysfunction and premature ejaculation in homosexual and heterosexual men: A systematic review and meta-analysis of comparative studies. *Journal of Sexual Medicine, 16*(5), 624-632. <http://dx.doi.org/10.1016/j.jsxm.2019.02.014>

Introduction: Comparative studies on differences in sexual function outcomes between homosexual and heterosexual men are sparse and inconclusive. Aim: To systematically evaluate whether, and to what extent, a statistically significant difference exists in the odds of erectile dysfunction (ED) and premature ejaculation (PE) between homosexual and heterosexual men. Methods: A thorough search of Medline, SCOPUS, CINAHL, and Web of Science databases was carried out to identify case-control studies comparing the prevalence of ED and PE in homosexual and heterosexual men. Methodological quality of the included studies was assessed using the Newcastle-Ottawa Scale. Odds ratios (ORs) of reporting ED and PE were combined using random effect models. The Cochrane Q and I² tests were carried out to analyze the between-studies heterogeneity. Funnel plots and trim-and-fill analysis were used to assess publication bias. Main Outcome Measures: The relationship between sexual orientation and odds of ED and PE was assessed by calculating pooled ORs with a 95% CI. Results: 4 studies included in the quantitative analysis collectively provided information on 1,807 homosexual and 4,055 heterosexual men. The pooled ORs indicated that homosexual orientation was associated with 1.5-fold higher odds of reporting ED (OR = 1.49, 95% CI = 1.03–2.16; P = .04) and 28.0% lower odds of reporting PE in comparison to the heterosexual orientation (OR = 0.72, 95% CI = 0.52–1.00; P = .05). However, a significant heterogeneity among the studies was observed. Funnel plots revealed a possible publication bias only for the ED analysis, where the trim-and-fill test detected a putative missing study. Nevertheless, even when the pooled estimate was adjusted for publication bias, there was a significantly higher risk of ED in the homosexual group (adjusted OR = 1.60, 95% CI = 1.10–2.30; P = .01). Clinical Implications: These findings can drive future studies on sexual needs and concerns of homosexual men, which might not exactly match those of heterosexual individuals. Strength & Limitations: This is the first meta-analysis exploring the differences in the prevalence of ED and PE between homosexual and heterosexual men. However, the results should be interpreted with caution, because their generalization could be hindered by the non-probabilistic nature of the samples, and a measurement bias could result from the use of different non-standardized indicators of sexual dysfunctions. Conclusion: Homosexual orientation is associated with higher odds of ED and lower odds of PE compared with heterosexual orientation. Further studies are warranted to elucidate the clinical significance of these findings and whether they reflect differences in patterns of sexual lifestyle. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

7. Bogaert, A. F. (2015). Asexuality: What it is and why it matters. *Journal of Sex Research*, 52(4), 362-379. <http://dx.doi.org/10.1080/00224499.2015.1015713>

In this review article, human asexuality, a relatively understudied phenomenon, is discussed. Specifically, definitions and conceptualizations of asexuality (e.g., is it a unique category of sexual orientation?), biological and historical contexts, identity issues, discrimination against asexual people relative to other minorities, origins, and variations, including gender differences, are reviewed. Whether asexuality should be construed as a disorder is also discussed. The study of asexuality allows for a better understanding of an underrecognized sexual minority but also affords a unique opportunity to examine and better understand human sexuality. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

8. Brotto, L. A., & Yule, M. (2017). Asexuality: Sexual orientation, paraphilia, sexual dysfunction, or none of the above? *Archives of Sexual Behavior*, 46(3), 619-627. <http://dx.doi.org/10.1007/s10508-016-0802-7>

Although lack of sexual attraction was first quantified by Kinsey, large-scale and systematic research on

the prevalence and correlates of asexuality has only emerged over the past decade. Several theories have been posited to account for the nature of asexuality. The goal of this review was to consider the evidence for whether asexuality is best classified as a psychiatric syndrome (or a symptom of one), a sexual dysfunction, or a paraphilia. Based on the available science, we believe there is not sufficient evidence to support the categorization of asexuality as a psychiatric condition (or symptom of one) or as a disorder of sexual desire. There is some evidence that a subset of self-identified asexuals have a paraphilia. We also considered evidence supporting the classification of asexuality as a unique sexual orientation. We conclude that asexuality is a heterogeneous entity that likely meets conditions for a sexual orientation, and that researchers should further explore evidence for such a categorization. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

9. Corona, G., Rastrelli, G., Limoncin, E., Sforza, A., Jannini, E. A., & Maggi, M. (2015). Interplay between premature ejaculation and erectile dysfunction: A systematic review and meta-analysis. *Journal of Sexual Medicine, 12*(12), 2291-2300. <http://dx.doi.org/10.1111/jsm.13041>

Introduction: The specific determinants and underlying factors linking erectile dysfunction (ED) and premature ejaculation (PE) have yet to be clearly identified. Aim: The aim of this study was to review and meta-analyze all available data regarding the link between ED and PE. Methods: An extensive Medline Embase and Cochrane search was performed including the following words: "premature ejaculation" and "erectile dysfunction". Main Outcome Measures: All observational trials comparing the risk of ED in relation to PE were included. Data extraction was performed independently by two of the authors (G.R, G.C.), and conflicts resolved by the third investigator (M.M.). Results: Out of 474 retrieved articles, 18 were included in the study for a total of 57,229 patients, of which 12,144 (21.2%) had PE. The presence of PE, however defined, was associated with a significant increase in ED risk (odds ratio: 3.682.61;5.18]; $P < 0.0001$). Meta-regression analysis showed that the risk of ED in PE subjects was higher in older individuals as well as in those with a lower level of education and in those who reported a stable relationship less frequently. In addition, subjects with PE and ED more often reported anxiety and depressive symptoms and a lower prevalence of organic associated morbidities, including diabetes mellitus, hypertension and dyslipidemia. All the latter associations were confirmed even after adjustment for age. Finally the risk of PE-related ED increased with the increased proportion of acquired ejaculatory problems (adj $r = 0.414$; $P < 0.0001$ after the adjustment for age). Conclusions: In conclusion, the present data showed that ED and PE are not distinctly separate entities, but should be considered from a dimensional point of view. Understanding this dimensional perspective might help sexual health care professionals in providing the most appropriate therapeutic approach to realistically increase patient related outcomes in sexual medicine. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

10. de Oliveira, L., Carvalho, J., & Nobre, P. (2021). A systematic review on sexual boredom. *Journal of Sexual Medicine, 18*(3), 565-581. <http://dx.doi.org/10.1016/j.jsxm.2020.12.019>
Background: Empirical data on sexual boredom are scarce and unsystematized, contrasting with the literature on general boredom. Aim: The aim of this review of literature is to verify how sexual boredom is defined in previous research and which relationships were found with sexual functioning, relationship dynamics, or gender. Methods: A systematic search was conducted in EBSCO, Scopus, Web of Science, and PubMed databases for papers published until August 2020. Search terms used were "sexual boredom" or "sexual tedium" or "sexual indifference" or "sexual monotony" or a combination of "boredom" and "sexual activity" or "intercourse". This systematic review followed PRISMA

guidelines. Outcomes: Articles were grouped in general boredom and sexuality research and in sexual boredom research. Results: This review consists of 43 articles, of which 31 are quantitative studies, 8 are qualitative studies, and 4 are mixed-method studies. Studies concerning general boredom and sexuality include research on diverse aspects of sexual behavior, namely solitary sexual behavior, extra-dyadic sex, compulsive sexual behavior, and risky sexual behavior. Sexual boredom research included papers regarding personality, sexual response, and varied aspects of sexual behavior. Clinical Implications: Findings suggest sexual boredom is related with sexual response, sexual satisfaction, and hypersexuality, which renders clinical relevance. Sexual boredom impacts well-being, and further research should focus on exploring potential mechanisms underpinning this sexual problem. Strengths and limitations: To the authors' knowledge, this is the only existing systematic review of sexual boredom and allowed identifying key features of sexual boredom and related aspects. However, because most studies are correlational, and several do not use comprehensive measures of sexual boredom, no causal relationships were identified. Conclusion: This review indicates the construct of sexual boredom includes individual, relationship, and societal aspects. However, no definition of sexual boredom includes these, and current knowledge does not allow formulating a model or a theory of sexual boredom. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

11. Goodman, J. A. (2021). Parent support for same-sex relationships: Considerations for clinical work and intervention research. *Couple and Family Psychology: Research and Practice*, <http://dx.doi.org/10.1037/cfp0000190>
Researchers have identified a range of ways in which parents can support and reject a child's same-sex relationship; likewise, researchers have highlighted the importance of family support for same-sex relationships. Although a small number of intervention studies have been designed for parents of sexual minorities, there is little to no intervention research focused on parent support for same-sex relationships. This article uses the theory of planned behavior as an organizing framework to highlight relevant literature about predictors of behavioral change and applications to sexual minority populations. These findings are then applied toward specific clinical intervention strategies and suggested areas for intervention research regarding parent support for same-sex relationships. This represents a needed approach toward addressing minority stress and enhancing resilience in ways that extend beyond asking members of a same-sex relationship to cope with relationship-based minority stress. Implications for clinical work and future research are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)
12. Jaderek, I., & Lew-Starowicz, M. (2019). A systematic review on mindfulness meditation-based interventions for sexual dysfunctions. *Journal of Sexual Medicine*, *16*(10), 1581-1596. <http://dx.doi.org/10.1016/j.jsxm.2019.07.019>
Introduction: Mindfulness-based therapies (MBT) are more and more frequently used in the treatment of sexual dysfunctions; therefore, it seems very important to assess evidence-based data on the clinical efficacy of these interventions. Aim: To provide a systematic review of published studies into the efficacy of MBT in the treatment of sexual dysfunctions. Methods: The material for the analysis was obtained by searching 3 internet databases: EBSCO, PubMed, and ResearchGate. Articles describing therapeutic interventions on the basis of mindfulness and their efficiency in reducing sexual dysfunction symptoms in men and women were sought. Main Outcome Measures: 15 original research articles were included to the review: 4 articles were devoted to the analysis of the efficiency of the mindfulness-based therapy in the reduction of sexual dysfunction related to pain in the genital-pelvic

area, 10 to desire or sexual arousal disorders or both in women, and 1 to erectile dysfunction in men. Results: Studies indicate that MBT led to improvement in subjectively evaluated arousal and desire, sexual satisfaction, and a reduction of fear linked with sexual activity, as well as improving the consistency between the subjectively perceived arousal and genital response in women. The research indicated that MBT did not make a significant change in a reduction of pain during sexual activities. Evidence-based data were found on the efficacy of MBT in the treatment of male erectile dysfunction in 1 study. Clinical Implications: MBT could be effectively used in the treatment of female sexual dysfunction, specifically to improve sexual arousal/desire and satisfaction and to reduce sexual dysfunction associated with anxiety and negative cognitive schemas. Strengths & Limitations: The few studies available are affected by several methodologic limitations, including small numbers of participants, patient selection, application of complex therapeutic interventions, and a lack of homework assessment, which makes definite conclusions difficult to draw. Conclusion: The effects of MBT in female sexual dysfunctions are promising. In future studies, the mindfulness-based monotherapies should be implemented to verify their potential in reducing symptoms of sexual dysfunction. More research is needed to explore the potential of MBT in the treatment of male sexual dysfunction. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

13. Kane, L., Dawson, S. J., Shaughnessy, K., Reissing, E. D., Ouimet, A. J., & Ashbaugh, A. R. (2019). A review of experimental research on anxiety and sexual arousal: Implications for the treatment of sexual dysfunction using cognitive behavioral therapy. *Journal of Experimental Psychopathology*, 10(2), 24. <http://dx.doi.org/10.1177/2043808719847371>

Clinical models of sexual response link anxiety to the etiology of sexual dysfunction. Furthermore, some cognitive behavioral therapies (CBTs) for sexual dysfunction have included strategies targeting anxiety reduction. This review examines the experimental literature on the effects of manipulating aspects of the anxiety response (e.g., anxious sensations, thoughts, attentional focus) on genital and self-reported sexual arousal. An additional aim was to use this literature to elucidate potential mechanisms that may be useful for CBT for sexual dysfunction. Our review suggested that anxiety sometimes facilitates, inhibits, or has no effect on sexual arousal. These findings suggest that caution is warranted incorporating anxiety-focused interventions in the treatment of sexual dysfunctions. Importantly, little experimental research has utilized precise manipulations of anxiety (e.g., manipulating fear of penetration) that are related to current CBT interventions. To better understand the relationship between anxiety and sexual dysfunction, future research should explore the question of why and how anxiety exerts a variable effect on sexual arousal rather than simply if anxiety exerts an effect on sexual arousal. Importantly, experimental research examining individual differences in beliefs about anxiety and sex may be helpful in answering this important question and help advance and improve CBT interventions for sexual dysfunctions. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

14. Ketil, S. (2021). Society as cause and cure: The norms of transgender social medicine. *Culture, Medicine and Psychiatry*, 45(3), 456-478. <http://dx.doi.org/10.1007/s11013-021-09727-4>

This article analyzes how trans health was negotiated on the margins of psychiatry from the late 1970s and early 1980s. In this period, a new model of medical transition was established for trans people in Norway. Psychiatrists and other medical doctors as well as psychologists and social workers with a special interest and training in social medicine created a new diagnostic and therapeutic regime in which the social aspects of transitioning took center stage. The article situates this regime in a long

Norwegian tradition of social medicine, including the important political role of social medicine in the creation of the postwar welfare state and its scope of addressing and changing the societal structures involved in disease. By using archival material, medical records and oral history interviews with former patients and health professionals, I demonstrate how social aspects not only underpinned diagnostic evaluations but were an integral component of the entire therapeutic regime. Sex reassignment became an integrative way of imagining and practicing psychiatry as social medicine. The article specifically unpacks the social element of these diagnostic and therapeutic approaches in trans medicine. Because the locus of intervention and treatment remained the individual, an approach with subversive potential ended up reproducing the norms that caused illness in the first place: “the social” became a conformist tool to help the patient integrate, adjust to and transform the pathology-producing forces of society.

15. Kingsberg, S. A., Althof, S., Simon, J. A., Bradford, A., Bitzer, J., Carvalho, J., Flynn, K. E., Nappi, R. E., Reese, J. B., Rezaee, R. L., Schover, L., & Shifren, J. L. (2017). Female sexual dysfunction—Medical and psychological treatments, committee 14. *Journal of Sexual Medicine*, *14*(12), 1463-1491. <http://dx.doi.org/10.1016/j.jsxm.2017.05.018>

Correction Notice: An Erratum for this article was reported in Vol 15(2) of *Journal of Sexual Medicine* (see record 2018-05313-023). In this article an author’s name was misspelled. The correct spelling is Jan L. Shifren, MD.] Introduction: Since the millennium we have witnessed significant strides in the science and treatment of female sexual dysfunction (FSD). This forward progress has included (i) the development of new theoretical models to describe healthy and dysfunctional sexual responses in women; (ii) alternative classification strategies of female sexual disorders; (iii) major advances in brain, hormonal, psychological, and interpersonal research focusing on etiologic factors and treatment approaches; (iv) strong and effective public advocacy for FSD; and (v) greater educational awareness of the impact of FSD on the woman and her partner. Aims: To review the literature and describe the best practices for assessing and treating women with hypoactive sexual desire disorder, female sexual arousal disorder, and female orgasmic disorders. Methods: The committee undertook a comprehensive review of the literature and discussion among themselves to determine the best assessment and treatment methods. Results: Using a biopsychosocial lens, the committee presents recommendations (with levels of evidence) for assessment and treatment of hypoactive sexual desire disorder, female sexual arousal disorder, and female orgasmic disorders. Conclusion: The numerous significant strides in FSD that have occurred since the previous International Consultation of Sexual Medicine publications are reviewed in this article. Although evidence supports an integrated biopsychosocial approach to assessment and treatment of these disorders, the biological and psychological factors are artificially separated for review purposes. We recognize that best outcomes are achieved when all relevant factors are identified and addressed by the clinician and patient working together in concert (the sum is greater than the whole of its parts). (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

16. Kousteni, I., & Anagnostopoulos, F. (2020). Same-sex couples’ psychological interventions: A systematic review. *Journal of Couple & Relationship Therapy*, *19*(2), 136-174. <http://dx.doi.org/10.1080/15332691.2019.1667937>

Despite the growing literature on LGBTQ + individuals’ mental health, there has been no publication of a systematic review focused exclusively on effective psychological interventions for same-sex couples (SSC). The aim of this review is to investigate whether there are any empirical quantitative studies

evaluating the outcome of couple psychological interventions specifically delivered to SSC. Multiple databases were screened by two independent reviewers for studies published between Jan 1996-Dec 2017. Hand-searching included journals, books and grey literature. The PRISMA guidelines were followed. Pre-defined eligibility criteria, methodological quality assessments and qualitative synthesis of the results were applied. After reviewing 1,451 citations, 9 eligible studies were identified with 583 SSC. They represent five unique psychoeducational or psychotherapeutic interventions, namely Relationship Education, Couples HIV Testing and Counseling, Gottman Method Couples Therapy, Behavior Couples Therapy, and "Connect with Pride." The overall risk of bias of included trials was moderate. Affirmative outcomes were related to high satisfaction with the interventions and improvements on multiple variables such as health-related behaviors, relationship enhancement, drug/alcohol abuse. The current review confirms that SSC are still underrepresented in couple outcome research. There is preliminary evidence of possible benefits regarding couple interventions for SSC. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

17. Levin, R. J., Both, S., Georgiadis, J., Kukkonen, T., Park, K., & Yang, C. C. (2016). The physiology of female sexual function and the pathophysiology of female sexual dysfunction (committee 13A). *Journal of Sexual Medicine*, 13(5), 733-759. <http://dx.doi.org/10.1016/j.jsxm.2016.02.172>

Introduction: The article consists of six sections written by separate authors that review female genital anatomy, the physiology of female sexual function, and the pathophysiology of female sexual dysfunction but excluding hormonal aspects. Aim: To review the physiology of female sexual function and the pathophysiology of female sexual dysfunction especially since 2010 and to make specific recommendations according to the Oxford Centre for evidence based medicine (2009) "levels of evidence" wherever relevant. Conclusion: Recommendations were made for particular studies to be undertaken especially in controversial aspects in all six sections of the reviewed topics. Despite numerous laboratory assessments of female sexual function, genital assessments alone appear insufficient to characterise fully the complete sexual response. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

18. Linschoten, M., Weiner, L., & Avery-Clark, C. (2016). Sensate focus: A critical literature review. *Sexual and Relationship Therapy*, 31(2), 230-247. <http://dx.doi.org/10.1080/14681994.2015.1127909>
- Masters and Johnson's Sensate Focus techniques have informed the sex therapy field for over four decades. However, two problems continue to plague the understanding and application of these techniques. First, clear and detailed information about the underlying concepts, original intent, and specific implementation associated with Sensate Focus has been limited primarily to private presentations within professional gatherings. Controversies and difficulties with interpretations among the general sexological community have resulted. Second, the application of Sensate Focus to diverse populations, and efficacy research on these interventions, has been limited. In addition to surveying the literature, this article addresses the primary confusions about the original concepts and technical applications of Sensate Focus. It also reviews the efficacy of this approach with populations other than the physically able-bodied, well-educated, heterosexual couples investigated by Masters and Johnson. Finally, this article concludes with an emphasis on the need for additional, detailed research and publication on the conceptual intention, practical application, and efficacy results of Sensate Focus across different population groups. This research would especially benefit sexually marginalized populations whose needs are not adequately addressed in current sexological literature and practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

19. Lloyd, J., Chalklin, V., & Bond, F. W. (2019). Psychological processes underlying the impact of gender-related discrimination on psychological distress in transgender and gender nonconforming people. *Journal of Counseling Psychology, 66*(5), 550-563. <http://dx.doi.org/10.1037/cou0000371>
In this study we combined understanding from the gender minority stress and resilience (GMSR) model (Testa, Habarth, Peta, Balsam, & Bockting, 2015) and acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999, 2012) to test a theoretically integrated and expansive account of the development of psychological distress in transgender and gender nonconforming (TGNC) people. Specifically, we constructed a parallel multiple mediation model in which we examined the role of psychological processes deriving from the GMSR model (i.e., internalized transphobia and identity nondisclosure) and ACT (i.e., psychological inflexibility) in the relationship between gender-related discrimination and psychological distress (i.e., depression, anxiety, and stress). We based this model upon data from a 2-wave longitudinal panel design in which 358 TGNC people living in England responded to a battery of measures on 2 occasions, 12 months apart (herein, Time 1 and Time 2). Initial tests of model fit and temporal invariance indicated that our proposed measurement model offered an excellent fit to the data and demonstrated equivalence of measurement across the two study timepoints. Autoregressive cross-lagged manifest path analysis indicated that while our hypothesized full structural model offered an excellent fit to the data, psychological inflexibility alone mediated the relationships between gender-related discrimination and depression, anxiety, and stress. Model comparison analysis confirmed the redundancy of internalized transphobia and identity nondisclosure as mediators and ruled out alternative patterns of causality. We discuss theoretical, empirical, and practical implications for the field of TGNC mental health. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)
20. Lo, Y., Chen, H., & Huang, S. (2020). Panic disorder correlates with the risk for sexual dysfunction. *Journal of Psychiatric Practice, 26*(3), 185-200. <http://dx.doi.org/10.1097/PRA.0000000000000460>
Background: Reports have suggested that sexual dysfunction is an underestimated complication of panic disorder, but little research has focused on sexual dysfunction associated specifically with panic disorder. The purpose of this systematic review was to investigate whether patients with panic disorder who are not currently receiving treatment had a higher risk of sexual dysfunction than healthy people, as well as to clarify the appropriate treatment for this patient group. Methods: Articles that reported panic disorder complicated with sexual dysfunction were identified by a systematic literature search of electronic databases, including PubMed, the Cochrane databases, EMBASE, and PsycINFO. Results: Six articles were included in the review. Patients with panic disorder showed a high prevalence of sexual aversion (35.7% to 64%) and sexual infrequency (36% to 44%). One cohort study indicated that untreated patients with panic disorders had a higher risk of erectile dysfunction than controls. Another article that focused specifically on female patients reported that the patients with panic disorder exhibited decreased frequency of sexual behavior and decreased sexual desire compared with the controls. However, 2 studies found conflicting results after adjustment for confounding factors. Conclusions: Although the results were mixed, it appears that patients with panic disorder tended to be more susceptible to sexual dysfunction than the general population. Further trials with larger sample sizes and rigorous research designs are needed to establish the relationship between sexual dysfunction and panic disorder. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

21. McCabe, M. P., & Althof, S. E. (2014). A systematic review of the psychosocial outcomes associated with erectile dysfunction: Does the impact of erectile dysfunction extend beyond a man's inability to have sex? *Journal of Sexual Medicine*, 11(2), 347-363. <http://dx.doi.org/10.1111/jsm.12374>
Abstract Aim The aim of this study was to report and analyze the published data from randomized controlled trials (RCTs) for (i) the psychosocial outcomes associated with erectile dysfunction (ED) before treatment with a phosphodiesterase type 5 (PDE5) inhibitor; and (ii) the change in psychosocial outcomes after the use of a PDE5 inhibitor in men with ED. Methods The method used was a prospectively designed systematic literature review of publications reported in MEDLINE via PubMed, EMBASE, the Cochrane Library, Science Citation Index Expanded, and PsychINFO from January 1, 1995 to May 14, 2012. Main Outcome Measures The main outcome measures were scores on psychosocial measures in men who were treated for ED with a PDE5 inhibitor before and after treatment. Results A total of 1,714 publications were retrieved; 1,674 publications were excluded because they did not meet the design requirements of the review, and 40 publications (32 RCTs) were retained. Before treatment, men who participated in clinical trials reported relatively good quality of life and overall relationships, but poor sexual relationships and sexual satisfaction, diminished confidence, low self-esteem, and symptoms of depression. After treatment, there were significant improvements from baseline in most of these measures, except for overall life satisfaction and overall relationship satisfaction. Conclusions ED and the treatment of ED are associated with substantially broader aspects of a man's life than just erectile functioning. This review demonstrates the importance of evaluating the psychosocial factors associated with ED and its treatment, and the importance of using standardized scales to conduct this evaluation. Further research is needed to better understand the mechanisms underlying the reciprocal relationships among physical and psychological functioning in men with ED. McCabe MP and Althof SE. A systematic review of the psychosocial outcomes associated with erectile dysfunction: Does the impact of erectile dysfunction extend beyond a man's inability to have sex? *J Sex Med* 2014;11:347–363. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)
22. Mijas, M., Grabski, B., Blukacz, M., & Davies, D. (2021). Sexual health studies in gay and lesbian people: A critical review of the literature. *Journal of Sexual Medicine*, 18(6), 1012-1023. <http://dx.doi.org/10.1016/j.jsxm.2021.02.013>
Background: The subject of gay and lesbian sexual health seems to be highly understudied, at least partially due to general limitations inherent in the studies of sexuality as well as heteronormative bias and difficulties in reaching out to these populations. Aim: To critically review the studies on gay and lesbian sexual health in order to identify the existing gaps and biases in the scope and general construction of the published research. Methods: The dataset comprised 556 peer-reviewed articles identified through Medline search. Key studies characteristics were extracted according to the codebook developed for this study and analyzed descriptively. Outcomes: The outcomes included: research methodology, study design, sampling, research topic and diversity inclusion in studied populations. Results: The majority of the studies were quantitative (70.5%), cross-sectional (83.6%) and used convenience sampling (83.2%). Most papers focused on HIV/STI risk behaviors, vulnerabilities and risk navigation (26.3%). The least often found topic captured the sexual function of gay and lesbian participants in older age (0.5%). Over 68% of papers relied on male samples and studies on female-only samples comprised less than 13%. Most studies did not recruit a specific age group (77.7%) and included information about ethnicity of study participants (62%). Information about education (58.7%)

or other indicators of socioeconomic status (52.8%) was less often reported. Clinical Translation: The methodological limitations of prevailing study designs, sampling procedures and the composition of samples, as well as extensive areas of omission confine the clinical utility of existing research. Strengths & Limitations: This study offers critical insights into the most significant challenges associated with studies on gay and lesbian sexual health. Medline-only database search, the inclusion of English-written papers exclusively and limited scope (gay and lesbian sexuality only) of the review constitute the most significant limitations. Conclusions: Gay and lesbian sexual health is an understudied field characterized by primary focus on HIV/STI and paucity of higher quality research including diverse subpopulations. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

23. Miranda, E. P., Taniguchi, H., Cao, D. L., Hald, G. M., Jannini, E. A., & Mulhall, J. P. (2019). Application of sex aids in men with sexual dysfunction: A review. *Journal of Sexual Medicine, 16*(6), 767-780. <http://dx.doi.org/10.1016/j.jsxm.2019.03.265>

Background: Although sex aids have been used in clinical practice for ages, the scientific literature assessing their application in men with sexual dysfunction is limited. Aim: To summarize medical literature regarding scientific uses of the most common sex aids in men with sexual dysfunction and assess their clinical applicability. Methods: An extensive literature review was performed with regard to the use of sex aids in sexual medicine. Our search included journal articles, books, and guidelines in different databases: Embase, PubMed, and Cochrane. The key words were “sex aids,” “sex toys,” “pornography,” “lubricants,” “constriction bands,” “dildos,” “vibrators,” “vacuum devices,” “external penile devices,” and “sex swings” were searched. Date of last search was December 4, 2018. Main Outcome Measures: We assessed the utility of sex aids in men with sexual dysfunction and formulated recommendations for clinicians. Results: Various sex aids are available for men with sexual dysfunction. We present a comprehensive review of the most common sex aids currently available: pornography, lubricants, constriction bands, dildos, vibrators, vacuum devices, external erectile support devices, and aids to positioning. We discuss their indications, outcomes, precautions, and complications. Clinical implications: This review is intended to provide sexual medicine practitioners and academics an overview of sex aids for men with sexual dysfunction for use in both clinical practice and research. Strengths & Limitations: This is a compilation of scientific data for a topic that has broad application in sexual medicine and yet has been poorly addressed in the scientific literature. Because of the lack of sufficient data and the heterogeneous nature of different sex aids, a systematic review could not be performed. Conclusion: Having a comprehensive understanding of the sexual dynamics of individuals and couples combined with the appropriate integration of sex aids may have a positive effect in the treatment of male sexual dysfunctions. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

24. New, C. M., Batchelor, L. C., Shimmel-Bristow, A., Schaeffer-Smith, M., Magsam, E., Bridges, S. K., Brown, E. L., & McKenzie, T. (2021). In their own words: Getting it right for kink clients. *Sexual and Relationship Therapy, http://dx.doi.org/10.1080/14681994.2021.1965112*

Abstract Individuals in the kink community often report difficulty with finding affirming mental health care. Similarly, providers often report having limited knowledge of how best to support sexual diversity. This study highlights difficulties faced by kink individuals seeking clinical care and how providers can be more affirming. The current study utilized Delphi methodology to elucidate what clients with kink identities need from clinicians and the therapeutic environment. The study consisted of perspectives from 12 leaders in the kink community from across the United States. The culmination

of their input is outlined and organized into five themes: Client Needs, Awareness and Understanding, Kink Client's Perceptions of Therapists, Therapist Education & Training, and Client's Perceptions of Therapy. These themes guide recommendations for practice that may be utilized in clinical training and guide clinical self-reflection. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

25. Newcomb, M. E. (2020). Romantic relationships and sexual minority health: A review and description of the dyadic health model. *Clinical Psychology Review, 82*, 14.

<http://dx.doi.org/10.1016/j.cpr.2020.101924>

A large body of literature has documented the health promotive effects of healthy committed relationships on the health and wellbeing of heterosexual people in different-sex relationships, including observational and longitudinal studies, couple-based intervention development and evaluation efforts, and articulation of theoretical frameworks. A much smaller but growing field of research has observed that same-sex relationships have similar effects on health outcomes but that these couples face unique stressors that may impact relationship functioning and health. Further, extant theoretical frameworks do not sufficiently address the multiple pathways by which psychosocial vulnerabilities and stressors impact same-sex relationship functioning, engagement in health-related risk behaviors, and the mental and physical health of sexual minorities in relationships. The purpose of this manuscript is to: a) review the existing literature on relationship functioning and health among sexual minorities, including both observational and intervention studies; and b) present an integrated model of relationship functioning and health for same-sex couples that can be used as a basis for further studies on sexual minority dyads, as well as the development of novel couple-based interventions to optimize the health promoting effects of relationships. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

26. O'Driscoll, C., & Flanagan, E. (2016). Sexual problems and post-traumatic stress disorder following sexual trauma: A meta-analytic review. *Psychology and Psychotherapy: Theory, Research and Practice, 89*(3), 351-367. <http://dx.doi.org/10.1111/papt.12077>

Objective: Difficulties with sex often develop following sexual trauma, yet are rarely targeted within treatment of post-traumatic stress disorder (PTSD). Where outcomes of sexual function are included, they are secondary to other measures. This review aimed to assess whether psychological treatment for PTSD (from sexual trauma) has an effect on sexual functioning. Methods: Systematic searches of MEDLINE, PsycINFO, EMBASE, and trial registers were performed. Five studies met inclusion criteria. Pre-post treatment effect sizes were also calculated. Results: Data from four good-quality RCTs were included in the meta-analyses. These examined females (n = 799) who had experienced adult sexual trauma or child sexual abuse. Studies compared psychological treatment to control conditions, but no effect on outcomes of sexual concerns, standardized mean difference (SMD) = 0.03 and dysfunctional sexual behaviour, SMD = 0.02, was found. Pre-post treatment effect sizes were small to medium (SMD = 0.36 and 0.47, respectively). Conclusions: While firm conclusions cannot be drawn, the available evidence suggests that psychological treatment for PTSD has no effect on sexual problems. Pre-post effects indicate some improvement over the course of treatment, which may be strengthened if treatment actively targeted sexual problems. The paucity of evidence in this area suggests that there is substantial need for further research in order to establish a set of evidence-based guidelines for practitioners implementing treatment in this area. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

27. Rosen, N. O., & Bergeron, S. (2019). Genito-pelvic pain through a dyadic lens: Moving toward an interpersonal emotion regulation model of women's sexual dysfunction. *Journal of Sex Research, 56*(4-5), 440-461. <http://dx.doi.org/10.1080/00224499.2018.1513987>
Researchers and clinicians alike widely acknowledge the inherently interpersonal nature of women's sexual dysfunctions given that both partners impact and are impacted by these difficulties. Yet theoretical models for understanding the role of interpersonal factors in women's sexual dysfunctions are severely lacking and have the potential to guide future research and inform more effective interventions. The most widely studied sexual dysfunction in women that has espoused a dyadic approach by including both members of affected couples is genito-pelvic pain/penetration disorder (GPPPD). In this article we use the example of GPPPD to introduce a novel interpersonal emotion regulation model of women's sexual dysfunction. We first review current knowledge regarding distal and proximal interpersonal factors in GPPPD. Then, we describe our theoretical model and consider relevant pain and sex-related research on emotion regulation processes—emotional awareness, expression, and experience—in the context of GPPPD, including sexual function, satisfaction, and distress. Next, we review how existing theories from the fields of chronic pain and sex and relationships research have informed our model and how our model further builds on them. Finally, we discuss the implications of our model and its applications, including to other sexual dysfunctions in women. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)
28. Santos-Iglesias, P., Mohamed, B., & Walker, L. M. (2018). A systematic review of sexual distress measures. *Journal of Sexual Medicine, 15*(5), 625-644. <http://dx.doi.org/10.1016/j.jsxm.2018.02.020>
Background: Sexual distress is an important component of sexual dysfunction and quality of life and many different measures have been developed for its assessment. Aim: To conduct a literature review of measures for assessing sexual distress and to list, compare, and highlight their characteristics and psychometric properties. Methods: A systematic review was conducted using Scopus and PubMed databases to identify studies that developed and validated measures of sexual distress. The main characteristics and psychometric properties of each measure were extracted and examined. Outcomes: Psychometrically validated measures of sexual distress and a summary of relative strengths and limitations. Results: We found 17 different measures for the assessment of sexual distress. 4 were standalone questionnaires and 13 were subscales included in questionnaires that assessed broader constructs. Although 5 measures were developed to assess sexual distress in the general population, most were developed and validated in very specific clinical groups. Most followed adequate steps in the development and validation process and have strong psychometric properties; however, several limitations were identified. Clinical Translation: This literature review offers researchers and clinicians a list of sexual distress measures and relevant characteristics that can be used to select the best assessment tool for their objectives. Strengths and Limitations: A thorough search procedure was used; however, there is still a chance that relevant articles might have been missed owing to our search methodology and inclusion criteria. Conclusion: This is a novel and state-of-the-art review of assessment tools for sexual distress that includes valuable information measure selection in the study of sexual distress and sexual dysfunction. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)
29. Schvartzman, R., Schvartzman, L., Ferreira, C. F., Vettorazzi, J., Bertotto, A., & Wender, M. C. O. (2019). Physical therapy intervention for women with dyspareunia: A randomized clinical trial. *Journal of Sex & Marital Therapy, 45*(5), 378-394. <http://dx.doi.org/10.1080/0092623X.2018.1549631>

Dyspareunia negatively affects women's quality of life, and is a frequent complaint during the peri- and postmenopausal period. A randomized trial evaluated sexual function, quality of life, pain, and pelvic floor muscle function of climacteric women aged between 40 and 60 years old who were sexually active and had complaints of dyspareunia for at least six months. They were assessed before and after their randomization in one of the following interventions: the first group (n = 21) received five one-hour sessions of thermotherapy for relaxation of pelvic floor muscles, myofascial release, and pelvic training (pelvic floor muscle training—PFMT group). The second group (n = 21) received five one-hour sessions during which heat was applied to the lower back with myofascial release of abdominal diaphragm, piriformis, and iliopsoas muscles, with no involvement of pelvic training (lower back—LB group). Forty-two climacteric women with dyspareunia (mean \pm SD, PFMT group: 51.9 \pm 5.3 years, LB group: 50.6 \pm 4.7 years, Student's t-test, p = 0.397) were studied. Pain scores (mean \pm SEM) in the PFMT group decreased from 7.77 \pm 0.38 to 2.25 \pm 0.30; and in the LB group from 7.62 \pm 0.29 to 5.58 \pm 0.49 (generalized estimating equation—GEE model, p \leq 0.001 for group, time, and interaction pairwise comparisons). Conclusion: The proposed pelvic floor muscle training protocol was effective to improve pain, quality of life, sexual function, and pelvic floor muscle function in climacteric women with dyspareunia. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

30. Sivaratnam, L., Selimin, D. S., Abd Ghani, S. R., Nawi, H. M., & Nawi, A. M. (2021). Behavior-related erectile dysfunction: A systematic review and meta-analysis. *Journal of Sexual Medicine, 18*(1), 121-143. <http://dx.doi.org/10.1016/j.jsxm.2020.09.009>

Background: Erectile dysfunction (ED) is a common problem among men across the world. It is usually multifactorial in origin. Behavioral factors can be related to the development of ED and related to many other chronic diseases. It impacts not only the sexual function but also the psychology and their overall quality of life. Aim: To determine the association of the behavior factors in relation to ED and to identify the risk and protective factors. Method: A systematic review search based on Preferred Reporting Items for Systematic Reviews and Meta-Analysis was conducted. The primary databases PubMed, PlosOne, Oxford Academic, SCOPUS, and Ovid were accessed using specific keyword searches. Quality of articles was assessed by using Newcastle-Ottawa Assessment Scale according to the study design. Outcome: Evaluation of the relationship between behavioral factors and ED. Results: 24 studies were identified from the 5 databases which met the predetermined criteria. Overall, the study population include adult male age between 18 and 80 years. The sample size of the studies ranges from 101 to the largest sample size of 51,329. Smoking, alcohol, and drugs usage are found to be risk factors for ED. Meanwhile, dietary intake, physical activity, and intimacy are the protective factors for ED. Clinical Implication: The findings from this review may aid clinicians to aim for early detection of ED by screening their risk factors and providing early treatment. This can also be used to promote awareness to the community on the sexual health and factors that can affect their sexual function. Strength & Limitation: This study looks at all types of behavioral factors that may affect ED; however, there was a substantial heterogeneity detected across the selected study factors. Furthermore, the lack of PROSPERO registration is also a limitation in this study. Conclusion: Overall, smoking, dietary intake, alcohol consumption, drugs, and physical activities are modifiable risk factors for ED in men. Therefore, it is crucial to promote healthy lifestyle and empower men to prevent ED and early detection of ED for early treatment. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

31. Smith, K. B., Sadownik, L. A., Dargie, E., Albert, A. Y. K., & Brotto, L. A. (2019). Multidisciplinary treatment for provoked vestibulodynia: Treatment trajectories, predictors, and moderators of sexual distress and pain. *The Clinical Journal of Pain, 35*(4), 335-344. <http://dx.doi.org/10.1097/AJP.0000000000000682>
Objectives: Multidisciplinary treatment programs for provoked vestibulodynia (PVD) are recommended, yet few have been evaluated. This study examined women's symptom trajectories over time, as well as baseline demographic, psychosocial and pain characteristics as predictors/ moderators of sexual pain and distress following treatment at a clinic using multidisciplinary concurrent methods. We also examined the impact of baseline variables on the probability of having low sexual distress scores following treatment. Materials and Methods: Women attending a multidisciplinary treatment program for PVD were invited to complete questionnaires before, following, and at 6 and 18 months after program completion. Questionnaires included the Female Sexual Function Index (FSFI), Female Sexual Distress Scale (FSDS), State-Trait Anxiety Inventory (STAI), Pain Catastrophizing Scale (PCS), Painful Intercourse Self-Efficacy Scale (PISES), and Pain Vigilance and Awareness Questionnaire (PVAQ). Linear mixed-effects models evaluated the FSDS and FSFI pain subscale as criterion variables, and the other baseline variables as predictors and moderators. Results: Significant improvements in sexual distress and pain were observed over time. No significant moderators were identified, but higher baseline levels of FSFI desire and arousal predicted greater improvements in sexual distress. Similarly, higher baseline levels of desire predicted greater improvements in pain. Among women distressed at baseline and with 6 month FSDS scores, 25% (n = 35) were no longer sexually distressed at 6 months; higher baseline levels of desire were associated with greater probability of having low sexual distress at 6 months. Discussion: Although global improvements were observed, women with poorer baseline sexual functioning were less likely to improve after multidisciplinary treatment. (PsyInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)
32. Soldati, L., Bianchi-Demicheli, F., Schockaert, P., Köhl, J., Bolmont, M., Hasler, R., & Perroud, N. (2020). Sexual function, sexual dysfunctions, and ADHD: A systematic literature review. *Journal of Sexual Medicine, 17*(9), 1653-1664. <http://dx.doi.org/10.1016/j.jsxm.2020.03.019>
Background: The scientific literature on sexuality among mentally ill patients clearly shows a higher prevalence of sexual disorders for many mental disorders, but little is known about sexuality in individuals suffering from ADHD. Clinicians will often assume that specific difficulties of ADHD are bound to affect sexual functioning. Aim: The aim of this study was to provide a review of the literature to gain better knowledge about sexuality in subjects with ADHD and to discuss screening and management of their potential sexual problems. Methods: A systematic review of the literature was performed in Pubmed, PsyInfo, and Embase databases. Main Outcome Measures: The main outcome measures were sexual function and sexual dysfunctions. Results: The studies indicated that subjects with ADHD report more sexual desire, more masturbation frequency, less sexual satisfaction, and more sexual dysfunctions than the general population. Clinical Implications: Clinicians working with subjects with ADHD should explore the quality of their sexual life. Strengths & Limitations: This is the first systematic review of the sexuality of individuals with ADHD. However, the results are limited by the small number of studies, by the small sample size of many studies, and the potential for bias. Conclusions: ADHD is a mental disorder affecting sexual health. Further studies are warranted to learn more about sexuality in subjects with ADHD. (PsyInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

33. Stefanou, C., & McCabe, M. P. (2012). Adult attachment and sexual functioning: A review of past research. *Journal of Sexual Medicine*, 9(10), 2499-2507. <http://dx.doi.org/10.1111/j.1743-6109.2012.02843.x>

Introduction: The association between adult attachment and sexual functioning is an important area of research. However, there has been no previous attempt to systematically review the available literature between these dimensions, and how their interrelationships may vary within different populations. Aim: To provide an in-depth critical investigation of the literature on the association between adult attachment and sexual functioning (satisfaction, dysfunction, and behaviors). Methods: A systematic literature review of research reported in PsychINFO, Scopus, PubMed, and Psychology and Behavioral Sciences Collection from January 1, 1990 to November 8, 2011. Results: The results demonstrated that higher levels of anxious and avoidant attachment were related to less satisfying sexual relationships, higher levels of sexual dysfunction, and different sexual intercourse frequencies and motivations for sex. Conclusions: There is a need for further research to target the sexual functioning of males and to incorporate representative samples (ethnicity, sexual orientation, and relationship status) into the analyses. Moreover, measurement of sexual behavior needs to encompass a range of sexual functioning variables. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

34. Stephenson, K. R., & Kerth, J. (2017). Effects of mindfulness-based therapies for female sexual dysfunction: A meta-analytic review. *Journal of Sex Research*, 54(7), 832-849. <http://dx.doi.org/10.1080/00224499.2017.1331199>

Mindfulness-based therapy (MBT) represents a potentially efficacious treatment for female sexual dysfunction (FSD). A number of recent trials assessing MBT for FSD have been published, but we are aware of no existing meta-analysis synthesizing these results. We conducted a literature review to identify all published trials of MBT for FSD. of retrieved studies were searched and key authors were contacted with requests for complete but unpublished trials. Eleven trials, including a total of 449 participants, were identified. Two of these studies were under review at the time of the current analyses. Four trials utilized wait-list controls. All aspects of sexual function and subjective sexual well-being exhibited significant improvement during MBT, with effect sizes generally moderate. Controlled effect sizes versus wait list were of similar magnitude in most cases; however, they did not reach statistical significance for multiple outcome measures. Results for some outcomes were consistent with possible publication bias. For some outcomes, larger effect sizes tended to be reported in studies requiring participants to be in a romantic relationship or studies providing individual (versus group) therapy. MBT may be an efficacious intervention for FSD. However, important limitations of the current literature and future directions for research are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

35. Ter Kuile, M. M., Melles, R. J., Tuijnman-Raasveld, C. C., de Groot, H. E., & van Lankveld, Jacques J. D. M. (2015). Therapist-aided exposure for women with lifelong vaginismus: Mediators of treatment outcome: A randomized waiting list control trial. *Journal of Sexual Medicine*, 12(8), 1807-1819. <http://dx.doi.org/10.1111/jsm.12935>

Introduction: Therapist-aided exposure seems an effective treatment for lifelong vaginismus, but mechanisms of action have not yet been established. Aim: The purpose of the present study was to investigate whether treatment outcome of a therapist-aided exposure treatment was mediated by changes in positive and negative penetration beliefs or feelings of sexual disgust. Methods: Participants

with lifelong vaginismus were allocated at random to a 3-month exposure (n = 35) or a waiting list control condition (n = 35). Main Outcome Measure: Full intercourse was assessed daily during 12 weeks. Secondary outcome measures (complaints about vaginismus and coital pain) were assessed at baseline and after 12 weeks. Possible mediators: penetration beliefs (catastrophic pain beliefs, genital incompatibility beliefs, perceived control beliefs) and feelings of sexual disgust were assessed at baseline and 6 weeks. Results: Treatment outcome (coital frequency, symptoms of vaginismus, and coital pain) at 12 weeks was mediated by changes in negative and positive penetration beliefs at 6 weeks, in particular by more pronounced reduction of catastrophic pain penetration beliefs. No evidence was found that changes in feelings of sexual disgust mediated treatment outcome. Conclusion: The results strongly suggest that therapist-aided exposure affects negative penetration beliefs and that these changes in negative penetration beliefs mediate treatment outcome in women with lifelong vaginismus. Implications for treatment are discussed. N = 4850 words. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

36. Thomas, H. N., & Thurston, R. C. (2016). A biopsychosocial approach to women's sexual function and dysfunction at midlife: A narrative review. *Maturitas*, 87, 49-60.

<http://dx.doi.org/10.1016/j.maturitas.2016.02.009>

A satisfying sex life is an important component of overall well-being, but sexual dysfunction is common, especially in midlife women. The aim of this review is (a) to define sexual function and dysfunction, (b) to present theoretical models of female sexual response, (c) to examine longitudinal studies of how sexual function changes during midlife, and (d) to review treatment options. Four types of female sexual dysfunction are currently recognized: Female Orgasmic Disorder, Female Sexual Interest/Arousal Disorder, Genito-Pelvic Pain/Penetration Disorder, and Substance/Medication-Induced Sexual Dysfunction. However, optimal sexual function transcends the simple absence of dysfunction. A biopsychosocial approach that simultaneously considers physical, psychological, sociocultural, and interpersonal factors is necessary to guide research and clinical care regarding women's sexual function. Most longitudinal studies reveal an association between advancing menopause status and worsening sexual function. Psychosocial variables, such as availability of a partner, relationship quality, and psychological functioning, also play an integral role. Future directions for research should include deepening our understanding of how sexual function changes with aging and developing safe and effective approaches to optimizing women's sexual function with aging. Overall, holistic, biopsychosocial approaches to women's sexual function are necessary to fully understand and treat this key component of midlife women's well-being. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

37. Vosper, J., Irons, C., Mackenzie-White, K., Saunders, F., Lewis, R., & Gibson, S. (2021). Introducing compassion focused psychosexual therapy. *Sexual and Relationship Therapy*, <http://dx.doi.org/10.1080/14681994.2021.1902495>

Abstract Psychosexual therapy has undergone numerous developments since the introduction of behavioural therapy for sexual difficulties by Masters and Johnson in the 1960s. We argue that theory and practice from Compassion Focused Therapy (CFT) offers a novel and relevant development to existing approaches to psychosexual theory and practice. CFT presents a theory driven, flexible, transdiagnostic and integrative way of understanding, formulating and treating general mental health problems. In this paper we propose that the underlying theory from CFT integrates well with existing approaches to psychosexual therapy, and offers some helpfulways of formulating sexual problems to

present a coherent rationale for treatment strategies. We also argue that some additional CFT treatment strategies already used in general mental health settings are appropriate and helpful for those experiencing sexual difficulties. This paper outlines how CFT can be theoretically integrated with existing psychosexual therapy. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)