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**THE SEXUAL TIPPING POINT: A MODEL TO CONCEPTUALIZE ETIOLOGY, DIAGNOSIS & COMBINATION TREATMENT OF FEMALE & MALE SEXUAL DYSFUNCTION**

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From the perspective of the new millennium, it is clear that both organic and psychosocial factors play a role in the etiology of sexual dysfunction (SD). However, the mind and body both inhibit and excite sexual response, which is well described by the Sexual Tipping Point™ model. The Sexual Tipping Point™ (STP) is the characteristic threshold for an expression of a sexual response for any individual, which may vary dynamically within and between any given sexual experience. There is variable expression of this response that may be inhibited or facilitated due to a mixture of both psychogenic and organic factors. The specific threshold for the sexual response is determined by multiple factors for any given moment or circumstance, with one factor or another dominating, while others recede in importance. Importantly, this model is a useful heuristic device to describe the variety of vectors impacting both normal and dysfunctional sexual response in both women and men.

Health care professionals (HCPs) can easily apply the STP model to conceptualize a Combination Treatment (CT) where sex coaching and sexual pharmaceuticals are integrated into diagnosis and a more satisfactory efficacious treatment; where physiology, psychology, and culture are addressed. At any moment in the intervention process, the HCP determines, the most elegant solution, which focuses the majority of effort on fixing the predominant factor while not ignoring the others. HCP using The Sexual Tipping Point™ model, can fully conceptualize SD by understanding the predisposing, precipitating and maintaining psychosocial aspects of their patient's diagnosis and management, as well as organic causes and risk factors. Sex coaching helps integrate sex therapy and other psychological techniques into our office practices, optimizing treatment for SD. Sex coaching is useful as a monotherapy, but used adjunctively with sexual pharmaceuticals, it becomes the "oral therapy" of choice for SD. This presentation provides information about the psychological forces of patient and partner resistance, which impact patient compliance and sex lives beyond organic illness and mere performance anxiety.

This presentation will review the STP as well as key areas of sex coaching to optimize SD treatment: 1) A focused sex history using a five-minute "sex status exam"; 2) The role of partner/couples issues in causing, maintaining and/or exacerbating SD; 3) Assessment and modification of patient expectations, pharmaceutical preference and sexual scripts. 4) Follow-up, "therapeutic probe," "weaning," relapse prevention, as well as "when to refer."