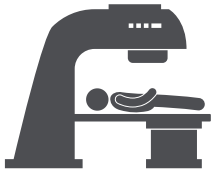
HOW CAN PGAD BE ASSESSED AND TREATED?

Questions like "Do you have any distressing genitopelvic sensations that you would like to talk to me about today?" are important to ask. 50% of persons with PGAD wait 6+ months or never speak with a clinician about their symptoms (Jackowich et al., 2017).

Imaging procedures and a thorough physical examination can be performed to rule out differential diagnoses.



Referrals can include specialists who practice in: gynecology, urology, chronic pain, neurology, psychology, and sexual medicine. A team based approach may be helpful in treating PGAD.

Pelvic Floor Physiotherapy has been effective for related conditions such as chronic vulvar pain and pelvic floor dysfunction. It may also be effective for PGAD.

Psychotherapy with a focus on alleviating distress and shame often experienced with PGAD can be helpful. Psychotherapy with a clinician trained in sexual health can help individuals learn ways to cope with PGAD symptoms and their psychosocial and sexual consequences.

Treatment of co-morbid conditions including other health concerns that contribute to genitopelvic pain (for example, irritable bowel syndrome, painful bladder syndrome, vulvodynia, pelvic floor dysfunction, restless leg syndrome, overactive bladder, and chronic pain). Individuals with PGAD report an average of 5 other comorbid conditions (Jackowich et al., 2018).

For More Information, Connect With Us!

Phone: +1-613-533-3276
Toll Free in Canada: +1-855-433-3276
E-mail: sex.lab@queensu.ca
Website: sexlab.ca/pgad

Visit our social media ...

sexlab.ca QSexLab sexlab.ca

... to see our #PGADFacts campaign!

Brochure prepared by Victoria Jackman BComH, Robyn Jackowich MSc, and Caroline Pukall PhD

PERSISTENT GENITAL AROUSAL DISORDER

A PRIMER FOR HEALTHCARE PROVIDERS

Queen's UNIVERSITY

WHAT IS PGAD?

PGAD stands for Persistent Genital Arousal Disorder. It is also referred to as Genitopelvic Dysesthesia.

Symptoms include:

- Persistent (hours, days, or constant) symptoms of genital sensations (e.g., genital sensitivity, tingling, throbbing, restlessness, swelling)
- Genital arousal that occurs without feelings of sexual desire
- Genital arousal that is not resolved with ordinary orgasmic experience
- Genital arousal that is intrusive, unwanted, and distressing

WHAT IS THE DIFFERENCE BETWEEN PGAD AND HYPERSEXUALITY?

Patients with PGAD often report being misdiagnosed with hypersexuality. PGAD presents as unwanted, persistent genital sensations in the absence of sexual desire. Hypersexuality presents as intense sexual fantasies, sexual urges, and behaviour. Individuals with hypersexuality do not have persistent genital sensations and the symptoms of individuals with PGAD occur without sexual desire (Kafka, 2009).

WHAT CAUSES OR CONTRIBUTES TO PGAD?

The causes of PGAD are not well understood. Symptoms can be associated with:

Spinal cord and nerve related issues (e.g., Tarlov cysts, pudendal nerve issues, compressed sacral nerve, small fibre neuropathy)

Neurotransmitter imbalance (e.g., due to medication, initiation/cessation of SSRIs)

Psychosocial factors (e.g., shame, distress)

This is not an exhaustive list and more research is needed on the causes and contributing factors in the development of PGAD. To learn more see "Persistent Genital Arousal Disorder: A Review of Its Conceptualizations, Potential Origins, Impact, and Treatment" (Jackowich et al., 2016).

WHO EXPERIENCES PGAD?

PGAD is estimated to affect 1% of individuals (Garvey et al., 2009). That would mean 370, 600 Canadians and 3.2 million Americans. Although research has focused primarily on PGAD in women, it can impact people of all genders and ages.

WHY IS PGAD IMPORTANT TO DIAGNOSE AND TREAT?

It can be highly distressing. Patients often report high levels of shame and suicidal ideation (Jackowich et al., 2020).

PGAD can be debilitating. It can interfere with daily activities like travelling by car, wearing tight clothes, sitting, biking, and working (Jackowich et al., 2018).

It can make participating in and enjoying sexual interactions very difficult (Leiblum et al., 2005).

Nearly 50% of persons with PGAD describe symptoms as painful (Jackowich et al., 2018).

1/3 people with PGAD have spontaneous orgasms.These orgasms are described as uncomfortable, distracting, and disturbing (Jackowich et al., 2018, Leiblum, 2006).