

Thyroid Disorders and Your Sexual Health

When someone first calls my office and requests treatment to help them with low sexual desire, or problems with sexual functioning, one of the first questions I ask them is, “Have you already seen your doctor to have blood work done to rule out a possible medical condition?” Most people are aware, at this point, that low levels of testosterone can affect male libido. I don’t know about you, but I can’t watch an hour of television without seeing a low testosterone commercial! For the most part, I think women are also aware that normal levels of estrogen and testosterone are necessary for their sexual desire (although, *for some reason* I do not see those commercials). If potential clients have answered “yes” to the blood work question, I follow it up with, “Did you also have your thyroid levels checked?” In general, people either don’t know if they did or don’t understand why I’m asking about it. Your thyroid is a gland in your neck, just above your collarbone. It is one of your endocrine glands, and it is responsible for the production of hormones.

Most people have no idea that a normally functioning thyroid is necessary for normal sexual functioning. In fact, it wasn’t until a study was done in 2005 and published in the *Journal of Clinical Endocrinology and Metabolism* that the medical field really became aware that thyroid disorders were linked to problems with sexual functioning. Unfortunately, the study didn’t include any female participants. The study looked at 48 adult men, 34 with hyperthyroidism and 14 with hypothyroidism. Hyperthyroidism is an overactive thyroid, which makes more hormones than your body needs. Hypothyroidism is an underactive thyroid, which is not making enough hormones for your body. Both can have detrimental effects on one’s sexual desire and sexual functioning.

The study results for those 48 men produced the following figures:

Hyperthyroidism (overactive thyroid)—50% reported Premature Ejaculation; 18% reported low sexual desire; 15% reported Erectile Dysfunction; and 3% reported Delayed Ejaculation.

Hypothyroidism (underactive thyroid)—64% reported low sexual desire, delayed ejaculation, and erectile dysfunction; and 7% reported premature ejaculation.

As you can see, there is an obvious reason why I ask the question, “Have you had your thyroid levels checked recently?” when a client is concerned about problems with sexual responding.

What about women?

The scientific study of female sexual dysfunctions really didn’t start until about 10-12 years ago, with serious study happening only within the past few years. While I was not able to find a scientific study done with women, I was able to find several articles documenting the links between problems in female sexual functioning and thyroid disorders. In a 2002 article by Salunn Boyles on WebMD, she reported, “As many as 10% of women over 50 have some degree of thyroid hormone deficiency, with low thyroid production being most common.” While pre and post menopause are common times for women to have low hormone production, I believe that there are women much younger with thyroid disorders, who have problems with sexual responding that are going undiagnosed (and vice versa).

Medical resources for women report:

Hyperthyroidism (overactive thyroid)—Reduced menstrual bleeding; in some cases it can stop the woman from having her menstrual cycle.

Hypothyroidism (underactive thyroid)—Decreased sexual desire/libido; menstrual irregularity, in some cases it can cause infertility; and in extreme cases miscarriages.

The Good News?

The good news is that thyroid disorders can be easily diagnosed and treated. The next time you're getting blood work done, ask your doctor to screen you for Thyroid Stimulating Hormone (TSH) to detect if your thyroid gland is producing the right amount of hormones for your body. If you find out that it is too little or too much, there are several medications that are available to help restore balance. Two that I recommend, based on user reviews are: Nature Thyroid or Armour Thyroid—both seem to have less negative side effects than the more widely prescribed meds, Synthroid and Levoxyl. It could take 8 to 16 weeks for hormone levels to return to a normal range, but when they do, most people report that they no longer have problems with sexual functioning.

It is of note that in some cases, even after 16 weeks on a thyroid medication, the person is still struggling with a sexual problem. In these cases, it is usually the psychological effect of having dealt with the issue for so long, not knowing that it had a medical cause. For example, after having a problematic sex life with your spouse over a prolonged period of time, you may need to repair the damage that has been done to your sexual relationship. In these cases, I recommend seeking professional help from a therapist that specializes in sex therapy. 😊

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Dr. Dianna Palimere is a Psychosexual Therapist and Licensed Clinical Social Worker. She has been in the field of mental health for the past 12 years, dedicating the past seven years to specializing in clinical sexuality. She holds a Bachelors degree in Psychology, a Masters degree in Social Work, a Masters degree in Human Sexuality Education, and a PhD in Clinical Human Sexuality. Utilizing a holistic approach to therapy, she incorporates a variety of clinical interventions in her work with individuals, couples, and families. She is devoted to helping people achieve sexual health and healing through her work as a psychotherapist in her private practice in Pike Creek, DE; as well as in her work with local nonprofit organizations. To learn more about her or to schedule an appointment, visit her website:

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