

## **Sexuality and gender in hypertension**

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Sexual dysfunction is commonly understood as a psychosomatic disorder with psychodynamic as well as organic background. Essential hypertonia is a widespread and common disorder. However, the relation between hypertonia and sexual dysfunction still remains unclear in terms of psychosomatic and psychodynamic concepts. Sexual dysfunction associated with hypertension or antihypertensive therapies may impact the ability of patients to stay on therapy and lead to deterioration in patients' quality of life. Development and maintenance of psychosomatic disorders include somatic factors and has psychological and social impact. The idea goes back the concept of psychosomatics as specific method in understanding organic disorder from a psychic background and is supported by recent psychophysiological research. Hypertension and sexual dysfunction thus can be conceptualized as somatic re-actualization of innerpsychic conflicts. Long term studies about the influence of anger and stress on the development and maintenance of hypertonia confirmed a causal relationship. Furthermore, there is a significant difference in gender, revealing a high risk for men, but not for women. Life events can be understood as incidents leading to maladaptation and psychophysiological demands, resulting in pathological and somatic symptoms. The concept of alexithymia, going back to idea of impaired ability to realize, denominate emotions and to distinguish them from somatic symptoms, brought a new insight in the psychopathophysiology of chronic psychosomatic patients. Gender differences in cardiovascular disease remain obvious. Despite this, there are only few data concerning gender specific research. We discuss psychophysiological and psychosocial issues pertaining to sexuality in hypertension.