

## MODERN METHODS OF TREATMENT OF SEXUAL DISORDERS

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Today, the number of psychogenic sexual disorders among the population is growing day by day. Among men in the world, this figure is 10-25% (Indian Journal of Psychological Medicine). Sexual disorders limit reproductive opportunities, undermine the stability of family life, in many cases lead to divorce and reduce the ability to work. For this reason, conducting research on this topic is of great practical importance. In recent years, more and more young men are developing inorganic erectile dysfunction (BUT ET). Several past studies have shown that noed responds better to cognitive behavioral sex therapy (cbst).

**Purpose:** It is aimed at exploring the possibilities of cognitive-behavioral therapy of psychosexual disorders and wider application of this method in practice.

Materials and methods of research:

The present study aims to establish the effectiveness of CBST as a promising treatment option for young men suffering from NOED by conducting a pilot feasibility study. The International Erectile Function Index-5 and the Depressive-Anxiety Stress Scale-21 were used before treatment, after treatment and subsequently as the main outcome indicators. Covariance analysis of repeated measurements found an unreliable difference between CAST and sildenafil citrate 50 mg in improving NOED indicators, reducing the severity of NOED and reducing depression indicators when evaluated after treatment. There were significant differences between different CBST modalities in improving NOD scores, reducing NOD severity, and depression scores. There was a significant difference between CAST and sildenafil citrate at a dose of 50 mg in reducing anxiety when evaluated after treatment. Covariates of age, age groups and duration of NOD did not significantly affect the outcome of treatment for both treatment groups, with the exception of age, which affected the interaction of treatment indicators and anxiety. Methods 28 young men (M = 31 years) out of 39 men (7 excluded, 4 discontinued treatment) diagnosed with NOED in sexual health clinics in Pakistan were recruited to undergo CBST treatment (n = 13) on average twice a week for a period of 50 minutes per session for 4, 6, 8 and 12 weeks for mild, mild to moderate, moderate and severe forms of NOED, respectively, and the sildenafil citrate group (n = 15) receiving sildenafil citrate 50 mg on demand. The study design was a sequential randomized clinical trial.

**Research results:** In all patients included in the study, the leading form of impotence was psychogenic Ed. the isolated nature is the "absence" of a genital reaction in KST - 10 called F52.2. Neurotic disorders are observed in these patients that occur as a reaction to erectile dysfunction. The interaction of a number of adverse factors involved in the formation of sexual dysfunction in the studied patients. These include recurring sexual disorders, initially due to circumstances. The most frequent situational factors were unfavorable conditions for sexual intercourse due to the complete inability to have sex, fear of loneliness or surprise, fear of unwanted pregnancy of a partner, venereal infection, physical exhaustion and mental fatigue, alcohol poisoning. Often sexual disorders occur after interpersonal conflicts in a

couple, improper behavior of a woman who openly expresses dissatisfaction with her partner or behaves very coldly. In some patients (32.5%), sexual disorders are noted at the beginning of sexual life due to fear of incompatibility of a woman's expectations, possible sexual helplessness, as well as the result of prolonged foreplay. These men have experiences after sexual intercourse, painful memories of previous sexual failures, obsessive fear of their ability to satisfy a woman, anxiety and fear of possible failure in sex due to the loss of an erection. Over time, some patients adapted to sexual life even with regular meetings, then these problems arose when meeting with any new partner

**Conclusions:** In men with neurotic disorders, the genital area is any problem in the field of sexual relations, more than anything else, or any other disease is perceived as a serious social defect. This creates prerequisites for the formation of a socially conditioned personality, motivates the emergence of various mental disorders and the appearance of sexual disorders. Sexual function can be considered as a person's personal value, the degree and depth of sexual adaptation, the severity of the neurotic component is closely related to its significance for a particular person. Due to the influence of psychosexual dimorphism, most of the responsibility for sexual satisfaction of partners is traditionally assigned to men, so their psyche is more vulnerable to the fact of sexual adaptation of the couple. Male character traits that contribute to the emergence of neurotic and sexual disorders, including character accents and personality anomalies, social and emotional connections.

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