Too many physicians are untrained in, unknowledgeable about, or uncomfortable discussing female sexuality and sexual dysfunction with their patients. The development of phosphodiesterase inhibitors (erectile dysfunction medications) has certainly created an opportunity for conversation with men about their sexuality. Not so with women. Until recently, female sexual dysfunction was classified according to psychiatric criteria, often taking it out of the purview of the family physician or the obstetrician-gynecologist. In addition, many physicians were trained before there was any real understanding of female sexual physiology. Continuing medical education efforts and medical school training are limited in this subject. We hope to begin to remedy that in the next two issues of AOA’s Women and Wellness.

These issues will guide the practicing physician through this neglected topic. The first issue is the summary of a roundtable held at the University of Medicine and Dentistry of New Jersey (UMDNJ)-School of Osteopathic Medicine. The following participants joined me:

- **Laura S. Dalton, DO**, is associate professor of obstetrics and gynecology at Philadelphia College of Osteopathic Medicine (PCOM) and UMDNJ-School of Osteopathic Medicine. In addition, she serves as site coordinator for the Virtua-PCOM obstetrics and gynecology residency program.

- **Gloria Bachmann, MD**, chair of the Department of Obstetrics and Gynecology at UMDNJ/Robert Wood Johnson Medical School and a noted researcher in women’s health issues.

- **Carman A. Ciervo, DO**, professor and chair of the Department of Family Medicine at UMDNJ-School of Osteopathic Medicine.

- **Michele Tartaglia, DO**, assistant professor and residency program director in the Department of Obstetrics and Gynecology at UMDNJ-School of Osteopathic Medicine, who has a high level of clinical interest in female sexual dysfunction.

This publication that resulted from the roundtable offers ideas to aid discussion of female sexual function with your patients, a review of sexual physiology, and means of classifying and managing female sexual dysfunction.

The subsequent publication will explore special topics such as sexual dysfunction in women with disabilities; sexual dysfunction in lesbians; sexual dysfunction in the elderly; and pharmacologic management of female sexual dysfunction.

The faculty and I hope that these issues of AOA’s Women and Wellness allow osteopathic physicians to manage effectively these concerns, which are important to us and even more important to our patients.

**Paul M. Krueger, DO**