

Female Sexual Disorders: Future Trends and Conclusions

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Historically, recognition and treatment of the biological basis of female sexual health issues mirrored the recognition and treatment of female urologic disorders [1]. Both were poorly understood, and therefore, under diagnosed and under treated.

On a positive note, urologists have been the specialists who recently took the lead in the revolutionary understanding on the biological basis of FSD. The contribution of key urologists, including Raz, McGuire and Kursh, began a new era [2,3]. Women's anatomy, and specifically the role of the pelvic floor, was reconsidered, with increasing attention to the physiologic role of sexual hormones in the bladder, genitals and in sexual response [4,7].

Research on neurobiological bases of women's sexual response added further visibility to the physical basis of their sexual function or disorders, with a multidisciplinary involvement [8-11]. Parallel research on hormonal, vascular, psychosexual and contextual factors is contributing to give meaning to the complexity of women's sexual function and disorders [4-17].

Urologists deserve as well to be credited for a tremendous educational effort, aimed at involving a larger audience of clinicians in this biologically based medical perspective. The first International Consensus Conference on FSD was convened in October 1998, in Boston, under the auspices and sponsorship of the American Foundation for Urologic Diseases (AFUD) [18]. In 2003, under the same AFUD' sponsorship, the Consensus Conference was further updated [19].

Since then, research on the biological pathophysiology of FSD has had a renaissance. Similarities and differences between men's and women's sexual function and disorders have undergone intense scrutiny [1-3, 7-8, 11-14, 15-18, 20]. A significant research commitment to investigate the biological basis of FSD is ongoing. However, so far (December 2005) no specific pharmacologic treatment has been specifically approved for FSD. The gap between the different research speeds between the two genders has not yet been filled.

The International Society for Sexual Medicine (ISSM), with a prominent urologic component, is to be acknowledged for a tremendous educational effort in sexual medicine, for men first, and now also for women. This book witnesses the increasing attention dedicated to the biological basis of FSD, and to the educational effort to translate a huge data set into a meaningful clinical practice.

The FSD sub-committee wishes to express his gratitude to ISSM for hosting this section, and for promoting awareness of women's rights to be counseled on their sexual concerns and appropriately treated for their sexual problems with a balanced approach between medical and psychosexual/contextual co-factors.

The future of FSD is challenging and exciting, in the research, in the educational and in the clinical arena. The commitment is huge, the effort demanding, the reward (emotional, ethical and human) is increasing. But it requires an integrated, multidisciplinary work, witnessed in the various scientific and clinical backgrounds of different specialists and health care providers working with passion in the FSD field.

References

1. Kellogg-Spat S, Whitmore K. Role of the female urologist/urogynecologist. In: Goldstein I, Meston C, Davis S, Traish A, ed. *Women's Sexual Function and Dysfunction: Study, Diagnosis and Treatment*. Taylor and Francis: Abingdon, UK, 2006, pp.708-714
2. Raz S. *Female Urology*. WB Saunders, Philadelphia, 1983
3. Kursh ED, McGuire EJ. *Female Urology*, JB Lippincott, Philadelphia, 1994
4. Basle K, Schuster B. Pregnancy, childbirth and pelvic floor damage. in: Bourcier AP, McGuire EJ. *ARAMs P. Pelvic Floor Disorders*. Elsevier Saunders: Philadelphia, 2004, pp. 33-42
5. Bourcier AP, McGuire EJ. *ARAMs P. Pelvic Floor Disorders*. Elsevier Saunders: Philadelphia, 2004
6. Graziottin A. Treatment of sexual dysfunction. In: Bo K, Berghmans B, van Kampen M, Morkved S, ed. *Evidence Based Physiotherapy for the Pelvic Floor. Bridging Research and Clinical Practice*, Elsevier: Oxford, UK, 2005
7. Bancroft J. Biological factors in human sexuality. *J Sex Res* 2002;39:15-21.
8. Pfaus J, Everitt B. The Psychopharmacology of Sexual Behaviour. In: Bloom FE, Kupfer D, ed. *Psychopharmacology*. Raven Press: New York, 1995, chapt. 65, pp 743-758.
9. Komisaruk B, Whipple B. Brain activity imaging during sexual response in women with spinal cord injury. In: Hyde J, ed. *Biological Substrates of Human Sexuality*. American Psychological Association: Washington, DC, 2005, pp 109-146
10. Meston CM, Frohlich PF. The neurobiology of sexual function. *Arch Gen Psychiatry* 2000;57:1012-30
11. Graziottin A. Libido: the biologic scenario. *Maturitas* 2000;34(suppl 1):S9-16.
12. Dennerstein L, Hayes R. The Impact of Aging on Sexual Function and Sexual Dysfunction in Women: A Review of Population-Based Studies. *J Sex Med* 2005;2:317-330.
13. Dennerstein L, Randolph J, Taffe J, Dudley E, Burger H. Hormones, mood, sexuality, and the menopausal transition. *Fertil Steril* 2002; 77(suppl 4):S42-8.
14. Goldstein I, Berman JR. Vasculogenic female sexual dysfunction: vaginal engorgement and clitoral erectile insufficiency syndromes. *Int J Impot Res* 1998;10(suppl 2):S84-90; discussion S98-101
15. Bancroft J, Loftus J, Long JS. Distress about sex: A national survey of women in heterosexual relationships. *Arch Sex Behav* 2003; 32;3:193-204
16. Klausmann D. Sexual motivation and the duration of the relationship *Archives of Sexual Behaviour* 2002; 31: 275-287
17. Liu C. Does quality of marital sex decline with duration? *Archives of Sexual Behavior*, 2003; 32 (1): 55-60,
18. Basson R, Bertian J, Burnett A, Derogatis L, Ferguson D, Fourcroy J, Goldstein I, Graziottin A. et Al. Report of the International Consensus Development Conference on Female Sexual Dysfunction: Definitions and Classifications. *J Urol* 2000; 163: 888-93
19. Basson R, Leiblum S, Brotto L, Derogatis L, Fourcroy J, Fugl-Meyer K, Graziottin A, Heiman JR, Laan E, Meston C, Schover L, van Lankveld J, Schultz WW. Definitions of women's sexual dysfunction reconsidered: advocating expansion and revision. *J Psychosom Obstet Gynaecol* 2003; 24:221-9.
20. Graziottin A Similarities and differences between male and female sexual dysfunctions. In Kandeel F, Lue T, Pryor J, Swerdloff R (eds): *Male Sexual Dysfunction: Pathophysiology and Treatment*, New York , Marcel Dekker, 2006 (in press)