

Finding the right patient with HSDD: HSDD in women

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Abstract of the lecture:

Finding the right patient with HSDD: HSDD in women – How do we know?

12th World Congress on the Menopause on "New challenges in women's health", International Menopause Society (IMS), Asociación Española para el Estudio de la Menopausia (AEEM), Madrid, Spain, May 19-23, 2008

Background

Women's sexual desire is dependent on biological, psychosexual, and context-related factors. Epidemiological data indicate that sexual desire decreases gradually with age, from 19% in European women aged 20-49, to 48% in the age cohort 50-70; however, the distress associated with loss of desire decreases with age. The menopause has an incremental negative effect on a woman's sexuality separate from the change brought about by aging. Surgical menopause significantly increases the percentage of women with low desire in the age cohort of 20-49 (from 19 to 32%).

The Hypoactive Sexual Desire Disorder (HSDD) is defined by a loss of motivation and/or drive to be sexual, which causes a significant personal distress. It affects from 5 to 9.5% of women. HSDD is the most frequent complaint in women.

Aim of the presentation

Defining the identikit of women affected by HSDD who require clinical help.

Method

Literature review plus Author's clinical experience.

Results

Women affected by HSDD are usually young (the younger the woman, the higher the probability that low desire is distressing to her and her partner); are frequently overstressed, because of the increasing demands on multiple fronts (family, work, children) and chronic shortage of sleep; have undergone premature menopause, either spontaneous (Premature Ovarian Failure, POF) or iatrogenic: surgical, chemotherapeutic or radiotherapeutic; have frequent comorbidities: medical, with depression, anxiety, chronic diseases, urinary incontinence, chronic pelvic pain; sexual, with arousal disorders, orgasmic disorders, sexual pain disorders; contextual, with relational problems, mainly loss of feelings for partner, partner's health and/or sexual problems, and social issues, such as poor economic conditions, poor education, poor medical and social support.

Low testosterone levels (lower quartile of, or under, the normal range of free testosterone of the examining lab.) may suggest a biological basis of HSDD, the so called "Androgen Insufficiency Syndrome, AIS".

Leading symptoms of AIS, although elusive, include low desire, low vital energy, low assertiveness, low mood, lower muscle strength, poor genital arousal, increased orgasmic difficulties, poor orgasm or loss of it. A critical issue is that many genital conditions causing poor genital arousal (such as vaginal dryness), and/or pain (lichen sclerosus, vulvar vestibulitis, vulvodynia, endometriosis, recurrent or post-coital cystitis, anismus) may secondarily cause loss of desire, unless specifically diagnosed and treated.

Conclusion

HSDD affects a significant proportion of women. It has a multifactorial etiology. Appropriate clinical history, accurate genital exam and minimal lab tests may well identify women with HSDD who need clinical help.