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# **The clinical approach to sexual dysfunction in postmenopausal women**

Alessandra Graziottin, M.D.

Director, Center of Gynecology and Medical Sexology

H. San Raffaele Resnati, Milano, Italy

[www.alessandragraziottin.it](http://www.alessandragraziottin.it)

## **Background**

Female sexual dysfunction (FSD) is a multidimensional problem combining biological, psychological and interpersonal elements of multiple etiology. The prevalence of this disorder is high, with up to 27% of women aged 40–80 years in Europe experiencing a lack of sexual interest; in the US, this number is considerably larger. Types of FSD include hypoactive sexual desire disorder, sexual arousal disorder, orgasmic disorders and sexual pain disorders.

## **Objective**

The aim of the presentation is to review the therapeutic options available for postmenopausal Female Sexual Dysfunctions (FSD), both pharmacological and non-pharmacological, with a special focus on giving practical recommendations to those physicians interested in the management of postmenopausal women with sexual complaints.

## **Method**

Literature review and clinical experience.

## **Results**

1. **Psychosocial therapy:** Psychosocial interventions include basic counseling, physiotherapy and psychosexual intervention and is combined with biomedical interventions to provide an optimal outcome.
2. **Pharmacological therapy:** For successful treatment of menopause-associated sexual dysfunction, interventional options include hormonal therapies such as estrogens, combined estrogen and testosterone, testosterone alone (as in the Aphrodite study), tibolone and dehydroepiandrosterone.

## **Conclusions**

Dealing with sexual issues in clinical practice is becoming increasingly important as FSD can have an enormous impact on a patient's quality of life. Therapeutic interventions useful in the clinical practice will be presented.