Facts and Myths about Low Libido for Women
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Outline

• Female sexual response
• Definition of hypoactive sexual desire disorder
• Causes of female low libido
• Ways to manage low libido using a biopsychosocial model
During a routine appointment, how often do you discuss female sexual dysfunction with your female patients?

A. 0-25%
B. 25-50%
C. 50-75%
D. 75-100%
Reasons Why Physicians Don’t Discuss Female Sexual Dysfunction With Patients

• Limited time with patients
• Concern about embarrassing themselves and the patient
• Perceived lack of effective therapies
• Discomfort with the topic
• Limited training in female sexual function

Clayton A et al. Sex Med 2018;6:59-74
Hypoactive sexual desire disorder (HSDD) is the most common sexual dysfunction in women.
Phases of Sexual Response

Female sexual response may have overlapping phases
- It may be influenced by partner intimacy, emotional well-being and family life

Responsive Female Sexual Desire

Willingness to become receptive

Motivation

Multiple reasons and incentives for instigating or agreeing to sex

Nonsexual rewards: emotional intimacy, well-being, lack of negative effects from sexual avoidance

Sexual stimuli with appropriate context

Spontaneous "innate" desire

Subjective arousal

Sexual satisfaction with or without orgasm(s)

Arousal and responsive sexual desire

Psychological and biological processing

Hypoactive Sexual Desire Disorder

Any of the following for > 6 months

• Lack of motivation for sexual activity as manifested by decreased or absent spontaneous desire

• Decreased or absent responsive desire to erotic cues and stimulation or inability to maintain desire through sexual activity

• Loss of desire to initiate or participate in sexual activity including avoidance of situations that is not secondary to sexual pain disorders

• Is combined with clinically significant personal distress that includes frustration, grief, guilt, incompetence, loss, sadness, sorrow or worry

Clayton A et al. Mayo Clin Proc April 2018;93 (4) 467-487
Decreased Sexual Desire Screener

### TABLE 1. Decreased Sexual Desire Screener

1. In the past, was your level of sexual desire or interest good and satisfying to you?  
   - Yes  
   - No
2. Has there been a decrease in your level of sexual desire or interest?  
   - Yes  
   - No
3. Are you bothered by your decreased level of sexual desire or interest?  
   - Yes  
   - No
4. Would you like your level of sexual desire or interest to increase?  
   - Yes  
   - No
5. Please check all the factors that you feel may be contributing to your current decrease in sexual desire or interest:
   - An operation, depression, injuries, or other medical conditions  
   - Yes  
   - No
   - Medications, drugs, or alcohol you are currently taking  
   - Yes  
   - No
   - Pregnancy, recent childbirth, menopausal symptoms  
   - Yes  
   - No
   - Other sexual issues you may be having (pain, decreased arousal, or orgasms)  
   - Yes  
   - No
   - Your partner’s sexual problems  
   - Yes  
   - No
   - Dissatisfaction with your relationship or partner  
   - Yes  
   - No
   - Stress or fatigue  
   - Yes  
   - No

- If the patient answers no to any of the questions 1-4, then she does not qualify for the diagnosis of generalized acquired hypoactive sexual desire disorder (HSDD).
- If the patient answers yes to all of the questions 1-4, and your review confirms no answers to all of the factors in question 5, then she does qualify for the diagnosis of generalized acquired HSDD.
- If the patient answers "yes" to all of the questions 1-4 and "yes" to any of the factors in question 5, then decide whether the answers to question 5 indicate a primary diagnosis other than generalized acquired HSDD. Comorbid conditions such as arousal or orgasmic disorder do not rule out a concurrent diagnosis of HSDD.
Discussing Low Libido

A survey of 450 women with self-reported low sexual desire showed:

• 73% of premenopausal and 81% of postmenopausal women reported never mentioning their desire problem to a health care provider

Sexual activity with a partner declines as women age

• Many women over 65 state that sex has some importance in their lives

Clayton A at el. Sex Med 2018;6:59-74
THE MULTIFACTORIAL ETIOLOGY OF
SEXUAL FUNCTION AND DYSFUNCTION

Sexual response "at rest" is balanced within a normal range, which is subsequently influenced by numerous mental and physical factors, which may vary within and between experiences.

"Sexual Balance" Usually Varies Within a "Normal" Range

+ Physiological & Organic Factors
+ Psychosocial - Cultural Factors

"Turn On"

Excite (+)
Faster & Greater Sexual Response
"Hot"

The Sexual Tipping Point®
Dynamic Process

Inhibit (-)
Slower & Less Sexual Response
"Not"

- Physiological & Organic Factors
- Psychosocial - Cultural Factors

"Turn Off"
Potential Causes of Low Libido

- Depression
- Anxiety
- Urinary incontinence
- Diabetes
- Cancer
- Menopause
- Multiple sclerosis
Potential Causes of Low Libido

• Chronic stress
• Marital problems
• Lack of trust
• Lack of affection
• Cultural, familial and religious beliefs
• History of traumatic sexual experience

• Lack of privacy
• Fatigue
• Partner’s sexual problems
• Communication problems
• Body image
• Distracted lives
• Being too busy

Kingsberg SA. Obstet Gynecol. 2015 Feb;125(2):477-86
Medications Associated With Low Libido

- Serotonin Selective Receptor Inhibitors
- Benzodiazepines
- Blood pressure medications: ACE inhibitors, beta-blockers, diuretics, Ca channel blockers
- Statins
- Digoxin
- Opiates
- Oral contraceptive pills
- Phenytoin

Kingsberg SA. Obstet Gynecol. 2015 Feb;125(2):477-86
SSRIs and Low Libido

Strategies to overcome SSRI induced low libido:
• Switching to a different SSRI or a different medication class
• Adding a second medication to reverse the low libido
• Lowering the dose of the SSRI
• Intermittent drug holidays
• Wait for spontaneous resolution of the adverse effects
• Exercise before sexual activity
How Prevalent Is Female Low Libido?

A. 30%
B. 40%
C. 50%
D. 60%
In most studies, the prevalence of female low libido is around 40%.

There is a higher prevalence in certain groups:
- Menopausal women
  (especially surgery induced menopause)
- Women with depression
- Breast cancer survivors

Gabrielson, A. Sex Med Rev 2019;7:57-70
Breast Cancer Survivorship

Breast surgery
• Impacts body image and self-esteem which leads to lower perception of sexual attractiveness

Chemotherapy
• Premature menopause
• Alopecia

Endocrine therapy
• Selective estrogen receptor modulators and aromatase inhibitors

Options Available To Manage Low Sexual Desire In Women
Dr. Google offers these options....
Placebo Effect

Placebo effect accounts for over 60% of the treatment effect for female sexual dysfunction medications
  • The placebo effect accounts for 30% for anti-depression medications

Potential underlying mechanism of the placebo effect:
  • Increased awareness
  • Self-monitoring like keeping a symptom diary
Flibanserin (Addyi)

- Only FDA approved treatment for female HSDD
- Promotes dopamine and norepinephrine and inhibits serotonin
- Approved for pre-menopausal women
- New finding: may lead to weight loss

Meta-analysis including 5900 women -
- End points: Increase desire and satisfying sexual events
- Resulted in 0.5 additional satisfying sexual event per month over a baseline of 2-3 per month

Lodise N. Intl Jour of Wom Health 2017:9 757–767
What Is The Most Common Side Effect Of Flibanserin?

A. Dizziness  
B. Nausea  
C. Anxiety  
D. Somnolence
Flibanserin (Addyi) - Adverse Effects

Most common side effect is Dizziness
• Hypotension is worse with alcohol use
• Risk Evaluation and Mitigation Strategy - www.addyirems.com

Other side effects:
• Nausea
• Somnolence is worse with certain medications
  - Fluconazole, Ciprofloxacin, Erythromycin, Verapamil

Buproprion (Wellbutrin)

• Promotes dopamine and norepinephrine
• In a study of 232 pre-menopausal women without depression who had low libido:
  - There was a significant increase in desire and decrease in distress with bupropion
• In depressed patients, bupropion can be used in addition to SSRIs or used instead of SSRIs
• Adverse effects – insomnia, constipation, tremors

Kingsberg SA. Obstet Gynecol. 2015 Feb;125(2):477-86
Bremelanotide (Vyleesi) (in clinical trials)

• Being tested in pre-menopausal women
• Melanocortin 4 receptor agonist
• Stimulates dopamine
• SQ injection 45 minutes prior to anticipated sexual activity
• Adverse effects:
  - Nausea, reaction at the injection side, headache
Other Possible Treatment Options

**Estrogen**
- Estrogen has not been shown to improve desire
- Vaginal estrogen can improve vaginal dryness
  - Painful intercourse can contribute to low libido

**Testosterone**
- Not FDA approved for use in women
- Conflicting data on whether it improves desire
  - Most helpful in surgical menopause

Kingsberg SA. Obstet Gynecol. 2015 Feb;125(2):477-86
PLLISSIT model

P - Permission
LI - Limited Information
SS - Specific Suggestions
IT - Intense Therapy

Resource to locate sex therapists: www.aasect.org
American Association of Sexuality Educators, Counselors and Therapists (AASECT)

Kingsberg, S. OB & GYN Vol. 125, No. 2, Feb 2015
Specific Suggestions

• Healthy lifestyle - exercise, minimize stress
• Set realistic expectations
• Explore sexual fantasies and consider erotica
• Schedule sex
• Increase sexual variety – sex script, sexual aids
• Increase sexual knowledge
• Plan romantic encounters
• Promote intimacy with one’s partner through shared activities, date nights and effective communication

Kingsberg, S. OB &GYN Vol. 125, No. 2, Feb 2015
VetIQ Love Your Pet Survey

2086 respondents

Who gets more kisses on a daily basis?
- 80% - your pet
- 20% - your significant other

Who is a better cuddler?
- 83% - your pet
- 17% - your spouse/significant other

Mind - Body Connection

Mindfulness could help overcome barriers that can interfere with awareness and sexual functioning:

• Attention
• Self-judgement
• Depression and Anxiety

Yoga has been shown to improve female low libido

Silverstein RG et al. Psychosom Med. 2011 Nov-Dec;73(9):817-25
Grace and Frankie
Please insert Video
Percent of heterosexual women that have ever used a vibrator -
52%

Percent of lesbian women that have ever used a vibrator -
86%

Vibrators

Vibrator use among women is associated with increased sexual function and sexual satisfaction.

Vibrators:
Lelo, We-Vibe, Je Joue

www.medamour.com
www.babeland.com

Schick V. J Sex Med 2011;8:3306–3315
I got this from mom’s room. We can use it for his nose.

Oh, cool! It vibrates!
Biopsychosocial Approach to HSDD

Patient-centered care

Team approach
  • Primary care providers, mid-level providers, specialists, sexual medicine providers, psychologists, sex therapists, pelvic floor physical therapists

Dispelling Myths

Myth #1 – Low libido is only a concern for post menopausal women

Myth #2— Women will speak up and let their physician know if they have low libido

Myth #3 – Sexual desire always precedes sexual arousal

Myth #4 – There are no good management options for female low libido
Thank you

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