

Porterbrook Clinic

Sheffield Care Trust

Dealing with the symptoms of loss of **Sexual Desire in Women**

Treatment Options for Hypoactive Sexual Desire Disorder in Women

Information for Users of our service

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Loss of sexual desire is estimated to affect approximately 1 in 5 people at some point in their lives. In women, the problem is even more common, with as many as 3 in 10 women thought to have a reduced or absent interest in sexual activity of one kind or another. The medical term for this condition is Hypoactive Sexual Desire Disorder (HSDD).

There are many factors which can contribute to HSDD, including medical and psychiatric disorders, hormonal factors and relationship issues. In order to assess which treatments would be most effective for you, you will be seen at the clinic where you will be asked some detailed questions about the problems that you are experiencing, as well as arranging certain blood tests. Because there are many possible causes for the condition, treatment can be either medical or psychological or a combination of both. The main methods of treating HSDD are summarized below.

More detailed information about these treatments is available from the clinic in separate information sheets if you require it.

Psychological Treatment

Psychotherapy is often used either on its own, or alongside medical therapy. You will usually be invited to attend the sessions with your partner, where you will be seen either by an individual therapist or by two therapists working together. During the sessions, you and your partner will be invited to talk about the symptoms of loss of desire and any other related issues, as well as working out ways to deal with these issues when they arise. Anything that is discussed at these sessions is completely confidential and will not be disclosed to anyone outside the clinic, other than your GP and referrer, unless there is reason to believe that another individual may be at risk.

Medical Treatment

There are currently no medications which are licensed to be used as treatment specifically for HSDD. However, some medications which are currently being used to treat other disorders have been shown, during research and in clinical experience, to be effective in helping women with this condition. If you choose to try one of these drugs, you will be asked to sign a

consent form at the clinic, to indicate that you understand that the drug is not currently licensed to treat HSDD and the potential advantages and disadvantages of the medication. More detailed leaflets are available from the clinic for each of the treatments mentioned.

Testosterone Therapy

Women naturally produce testosterone from their ovaries and adrenal glands (which sit above the kidneys) throughout their reproductive lives and, although they produce much less testosterone than men, this hormone is thought to play an important role in the desire for sex (libido). Sometimes, if the amount of testosterone is at the lower range of normal, this can be a factor in causing HSDD. The testosterone levels in the blood will be measured at your first visit to the clinic and, if they are found to be low, they will be repeated. Other tests will also be taken at this stage. You may be offered treatment with testosterone replacement therapy. This is usually given as a gel applied onto the skin. The treatment may have side effects, including acne, oily skin and hair, deepening of the voice, increased cholesterol levels and an increase in body hair. If you choose to have this

medication, you will be monitored in clinic, including having regular blood tests, to ensure that it is safe for you to continue taking the testosterone and to assess the effectiveness of the treatment for you.

Bupropion

Bupropion is a medication which is currently used as an antidepressant in the U.S.A and to help people stop smoking cigarettes here in the U.K., however there is evidence to suggest that it may increase sexual desire and interest when taken by non depressed women. It is thought to work by increasing the levels of a chemical called dopamine in the brain, which is one of the factors controlling the desire for sexual activity. There have been few side effects reported in women taking this drug, with the most common side effect experienced being headache. Rarer side effects reported are insomnia, tremor and rash. Bupropion has also been associated with seizures (fits), if taken by people who are predisposed to them. Therefore, you must tell your doctor if you have ever had a seizure before, if you are dependent on drugs or alcohol, or if you have ever had an eating disorder or a tumour of the central

nervous system (the brain and the spinal cord). Bupropion has been shown to be effective in approximately half of all patients taking the drug in the treatment of HSDD.

Tibolone

Tibolone belongs to a group of medications called hormone replacement therapy, or HRT. These medications are used in women who no longer produce hormones naturally, typically after they have gone through the menopause. Tibolone is different to most other HRT medications, as it does not contain actual hormones. Instead, it contains a substance which the body breaks down, to produce the hormones oestrogen, progesterone and testosterone. The oestrogen which is produced may help with vaginal dryness, as it increases lubrication and blood flow in the genital area. It may also help with other symptoms of the menopause, for example, hot flushes or night sweats. The small amount of testosterone which is produced may increase libido (desire for sex). Tibolone can also help to prevent brittle bones (osteoporosis). Like other types of HRT, tibolone has some side effects and risks. There is an increased risk of blood clots in the veins

when taking the medication, for example, blood clots in the legs (deep vein thrombosis) or in the lungs (pulmonary embolism). There is also a slightly increased risk of breast cancer and strokes. Therefore, you should not take HRT if you have ever had a blood clot before, or if you have ever had a stroke or a type of cancer which is hormonally dependant. Other side effects reported include headache, skin problems, breast tenderness and increased facial hair.

Other Agents

Other agents which may be helpful include precursor androgens like DHEA, yohimbine, apomorphine and certain natural herbal extracts including L-arginine, ginseng and ginkgo.

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