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 SEXUALITY, REPRODUCTION & MENOPAUSE

Assessment and treatment of hypoactive sexual desire disorder

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A clinician's guide to female sexual disorders, with an emphasis on hypoactive sexual desire disorder

Female sexual disorders

Many women experience some form of sexual dysfunction—that is, a sexual problem that they find distressing. Yet, both patients and health providers may be reluctant to initiate a sexual health dialogue. Successful identification and resolution of female sexual disorders (FSDs) is not possible, however, if clinicians do not first ask about a woman's sexual health.

DSM-IV-TR definitions of FSDs

The *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision* (DSM-IV-TR) recognizes 6 FSDs: hypoactive sexual desire disorder (HSDD), sexual aversion disorder, sexual arousal disorder, orgasmic disorder, dyspareunia, and vaginismus (TABLE).¹

Overlap of these conditions is common, and HSDD is by far the most prevalent.² Although this list provides a useful starting point for identifying sexual disorders, clinicians should avoid overemphasizing physiologic mechanisms when making a diagnosis. The key criterion for an FSD diagnosis is distress. A woman who has low sexual desire but is not bothered by it should not necessarily be diagnosed with HSDD.

Prevalence of sexual problems associated with distress (PRESIDE)

In a survey of 1749 women aged 18 to 59 years, 43% reported having sexual problems within the past year.³ The 2008 study Prevalence of Sexual Problems Associated with Distress (PRESIDE) furthered this research, categorizing FSD prevalence by age.⁴ The results of this survey of more than 31,000 women showed that midlife women have the highest rates of HSDD (12.3%) compared with younger women (9%) and women aged 65 years and older (7.4%). The authors speculate that a woman's expectations of continued spontaneous sexual desire may contribute to the higher level of self-reported dysfunction among midlife women compared with older women.

Because many of the 6 FSDs overlap, it is important to determine the primary disorder, and then how comorbid FSDs develop over time. A 1- to 2-minute assessment is generally sufficient to make a differential diagnosis. Asking