

# **Women's Sexual Interest/Desire Disorder : Implications of New Definition**

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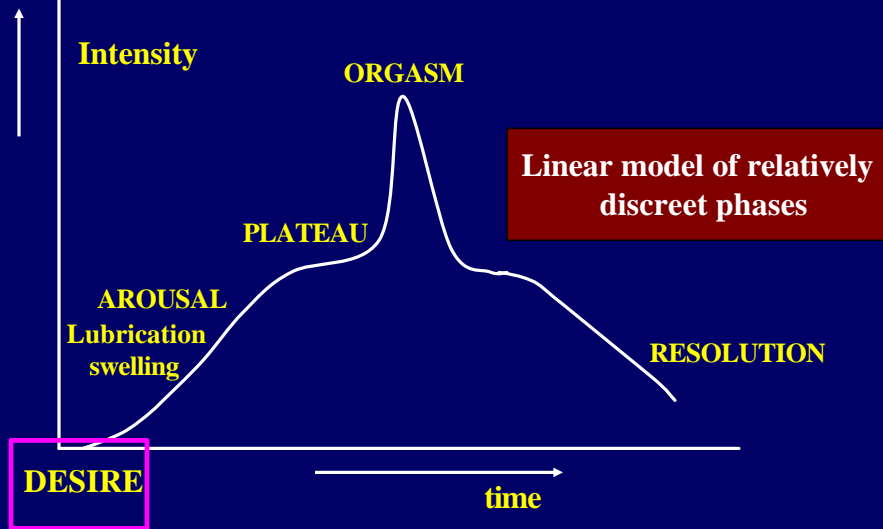
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## **New Model of Sex Response : New Definitions of Dysfunction**

- **Why move from the model “desire - arousal (erection/lubrication) - orgasm - resolution?**
- **What is the new model and the new definition of low desire/interest ?**
- **What are two major changes ?**
- **Where are sex hormones involved ?**
- **How do we assess and manage desire/ arousal problems ?**

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## Why propose any new model of response or revise definitions of dysfunction ?



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## Need for New Model

- **Women in established relationships only rarely begin sex with their partners for reasons of desire.....(initially)**
- **“Desire” has a broad normative range across sexually content women**

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- **Women do not focus on genital congestion when they assess their sexual arousal**

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**Psychophysiological studies :-  
Women watch an erotic  
(made for women), video**

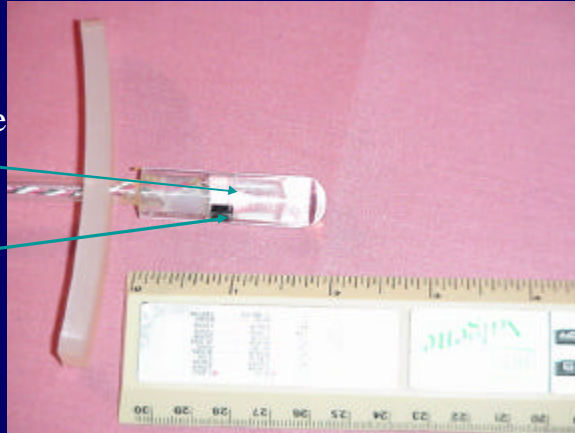


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# Vaginal photoplethysmograph

Light-emitting diode

Phototransistor



**Objective increase in congestion is measured along with subjective sexual arousal**

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## Studies over the past 25 years

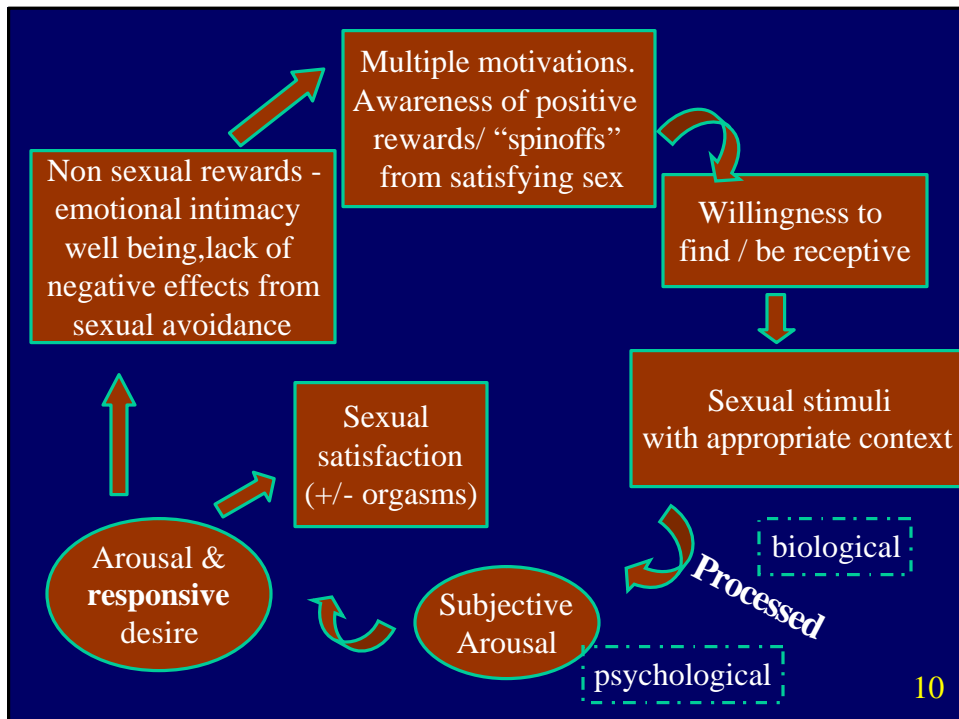
- **Psychophysiological studies repeatedly confirm women may genitally congest in a healthy manner** but experience no subjective sexual arousal
- For women with chronic low arousal measured increase in vasocongestion matches that of sexually healthy women

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# Need for New Model

- Women in established relationships only rarely begin sex with their partners for reasons of desire..(initially)
- Women do not focus on genital congestion when they assess their sexual arousal
- **Phases are not discreet, dysfunctions co-exist**

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**American Foundation of Urological Disease  
International Consensus Committee on  
Definitions of Women's Sexual Dysfunctions  
2002 - 3**

**Basson R, Leiblum S, Brotto L, Derogatis L, Fourcroy J,  
Fugl Meyer K, Graziottin A, Heiman J, Laan E, Meston C,  
Schover L, Wejmar Schultz W, van Lankveld J**

**J Psychosom Obstet Gynecol 2003;24:221-229**

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**Sexual Interest/Desire  
Disorder**

**Absent or diminished feelings of sexual  
interest or desire, absent sexual thoughts  
or fantasies, and a lack of responsive  
desire.**

**The lack of interest is considered to be beyond a  
normative lessening with life cycle &  
relationship duration.**

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## Two Major Points

- It is the inability to be subjectively aroused and access desire during the experience, that designates disorder
- Lack of initial desire per se, does not designate disorder. (Its sudden loss may accompany loss of subjective arousability and lack of responsive desire)

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## Sex Hormones

- Testosterone via AR &/or ER involved in arousability - response - pleasure, excitement, orgasm
  - and in any initial “spontaneous” desire
  - ? in the active neurovascular genital smooth muscle response of swelling & increased lubrication
  - ? in genital sexual sensitivity

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## Sex Hormones

- Estrogen is involved directly in vulval, vaginal congestive response
- and indirectly via effects on mood, sleep, it is linked to sexual motivation and arousability

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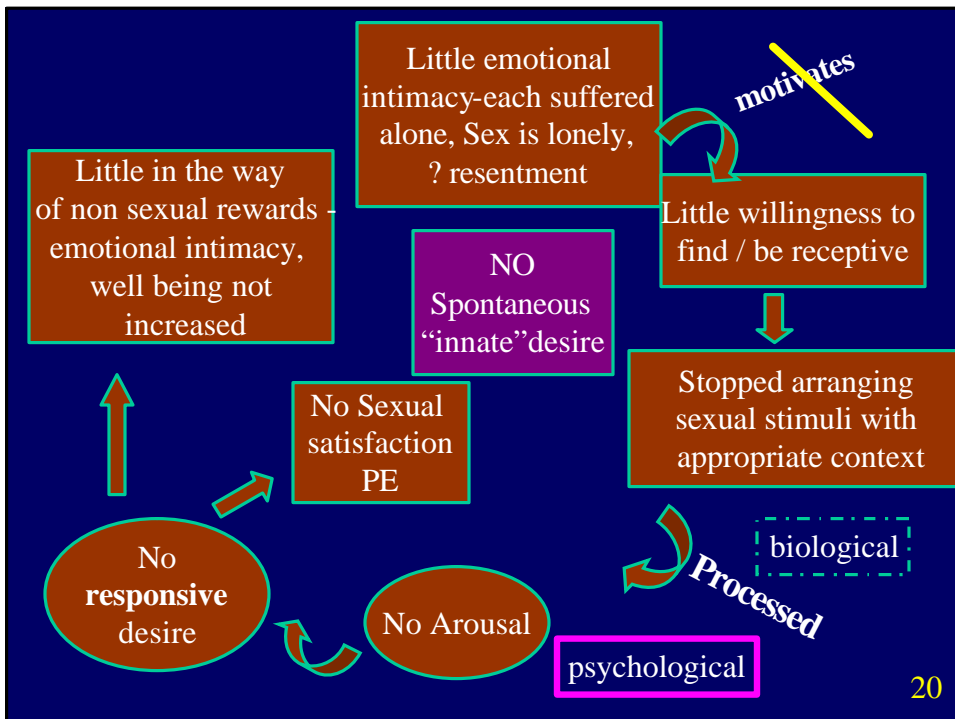


**How Do We Assess Lack  
of Subjective Arousal  
Lack of Interest /Desire?**

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# Jenny and Michael

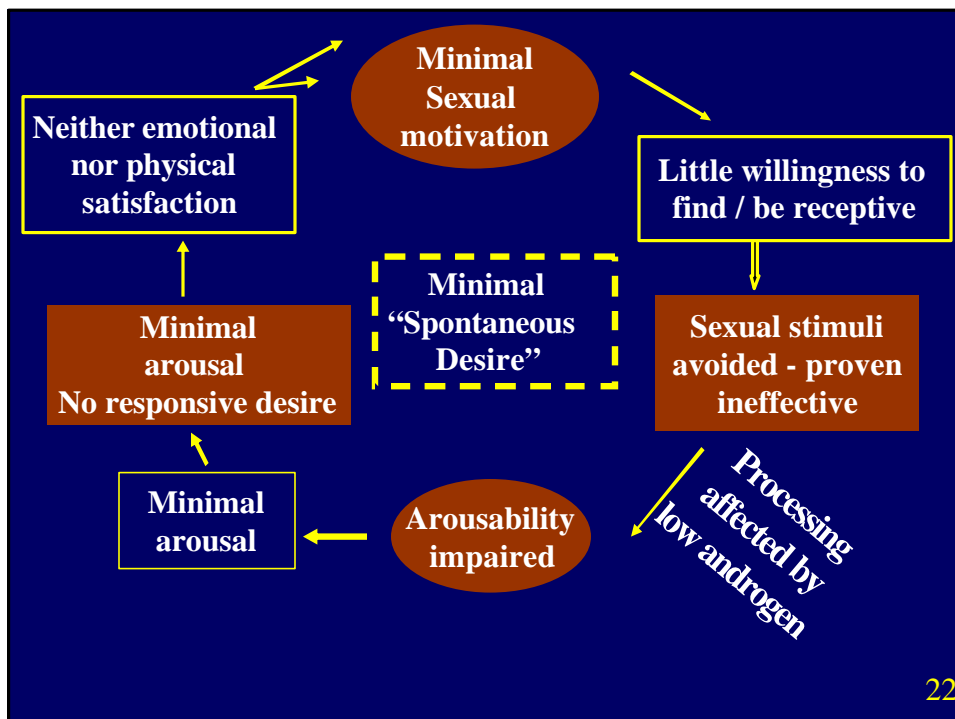
- Sex was fine for first 5 years
- Infertility testing ..... desire and arousal faded
- Alisha is now 5 years old
- No improvement in Jenny's sexual experiences



# Anna and Sharon

- Sex was fine for their 10 years together until Anna's BSO & hysterectomy for ovarian mass

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## Conclusions

- **Women's sexual desire is largely responsive "triggerable"**
- **The concept of "arousability" is key**
- **Many psychological, interpersonal and contextual factors influence arousability**
- **Biological factors also influence - eg fatigue, depression, medications, androgen loss**