Study Supports Subtypes of Female Sexual Arousal Disorder

BY ROBERT FINN
San Francisco Bureau

SANTA FE, N.M. — Although the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders defines only one type of female sexual arousal disorder, there is now physiologic evidence that there are at least two subtypes of the disorder, Lori A. Brotto, Ph.D., reported at the annual meeting of the Society for Psychophysiological Research.

For a diagnosis of female sexual arousal disorder (FSAD), DSM-IV-TR requires "persistent or recurrent inability to attain ... an adequate lubrication-swelling response of sexual excitement." Although some women with FSAD do complain chiefly of genital impairment, others report that while their body becomes aroused, they don't become aroused psychologically.

In a study involving 70 women, Dr. Brotto of the University of Washington in Seattle examined 8 women reporting the genital subtype of FSAD, 26 reporting the subjective subtype, and 36 control subjects reporting no difficulties in becoming aroused. All women watched neutral and erotic films while their vaginal pulse amplitude—a reliable measure of genital arousal—was measured by a vaginal photoplethysmograph. The women provided a continuous measure of their subjective responses by changing the position of a lever.

The women underwent testing on two occasions, once after laboratory-induced hyperventilation. In previous studies, Dr. Brotto determined that in normal women, hyperventilation, which activates the sympathetic nervous system, increased the change in vaginal pulse amplitude between neutral and erotic films.

In both the control women and those with FSAD, the erotic film resulted in significant increases in vaginal pulse amplitude.

All women responded to the erotic film with perceived autonomic arousal and perceived physical arousal, but women with FSAD reported less arousal. Overall, women in the control group reported greater arousal and more positive affect than did women with FSAD.

The vaginal photoplethysmography supported the reports of women who complained of problems with genital arousal. These women showed no significant increase in vaginal pulse amplitude in response to the erotic films. Women who complained of a subjective arousal disorder, on the other hand, did show evidence of significant genital arousal.

Although the control women and the women with the genital arousal subtype of FSAD showed a potentiated physiologic response to the erotic film after hyperventilation, women with the subjective subtype of FSAD showed a significantly smaller physiologic response after hyperventilation than before.

Hyperventilation resulted in no significant changes in the subjective measures in either the control or the FSAD women. This finding suggests that the effect of this manipulation occurred exclusively at a physiologic level and was not due to distraction or other psychological causes.

One implication of the study is that women with the subjective subtype of FSAD may have differences in basal sympathetic tone, compared with women with the genital subtype or women without FSAD. Another implication is that vaginal photoplethysmography, now exclusively a laboratory technique, may find a place as a diagnostic tool used to differentiate between FSAD subtypes. ■

Surgical Menopause Found To Lessen Desire for Sex

BY KATE JOHNSON
Montreal Bureau

PHILADELPHIA — Surgically menopausal women under the age of 50 deserve special attention with regard to sexual desire disorder, results of a new study suggest.

"Physicians should routinely inquire about sexual function both pre- and postsurgery in these women," said Sandra Leiblum, Ph.D., principal investigator in the study and professor of psychiatry at Robert Wood Johnson Medical School in Piscataway, N.J.

In the study, HSDD was present in one-quarter of young, surgically menopausal women.

DR. LEIBLUM

"Surgical menopause plays havoc for women in terms of sexual desire, and when this is compromised, so are other aspects of their sexuality such as arousal, orgasm, and pleasure," she said at the annual meeting of the American Society for Reproductive Medicine.

In the study, sponsored by Procter & Gamble Pharmaceuticals, more than 1,200 women were surveyed about sexual activity and desire, relationship issues, and distress levels in association with these issues.

Dr. Leiblum and her associates compared responses of premenopausal women under the age of 50 years with those of naturally menopausal women aged 50 to 70 years and surgically menopausal women in two age ranges—20-49 years and 50-70 years.

The young surgically menopausal women had significantly less desire, more personal stress, and higher rates of hypoactive sexual desire disorder (HSDD) than any of the other groups. Dr. Leiblum said roughly one-third of all U.S. women report low sexual interest, but not necessarily HSDD.

In the study, HSDD was present in one-quarter of the young, surgically menopausal women but only one in six premenopausal women of the same age and older surgically menopausal women. Naturally menopausal women had the lowest rate of HSDD at 1 in 10.

"Compared with women who do not have HSDD, women with this condition are 11 times more likely to be dissatisfied with their sex lives and 2½ times more likely to be dissatisfied with their relationship," Dr. Leiblum said. ■

Stopping Hormonal Contraceptives May Reverse Sexual Dysfunction

PHILADELPHIA — Discontinuation of hormonal contraceptives should be the first-line approach in addressing sexual dysfunction in women using these agents.

Susan Sarajari, M.D., outlined her study of 20 women who experienced improved sexual function and testosterone levels after discontinuing hormonal contraception. "This is the first trial that correlates serum androgen changes with specific domains of sexual function," she said at the annual meeting of the American Society for Reproductive Medicine.

About 15% of hormonal contraceptive users report sexual dysfunction in the form of low libido, vaginal dryness, impaired orgasm, and decreased arousal. "This may be the result of changes in serum androgens," said Dr. Sarajari, a fellow in reproductive endocrinology and infertility at the University of California, Los Angeles, Medical Center.

Her study measured baseline total testosterone, free testosterone, and sex hormone–binding globulin (SHBG) in premenopausal women (mean age 34 years) who had been using hormonal contraceptives for at least 6 months. Most women had been taking oral contraceptives, but one had been using a contraceptive patch and one had been using a contraceptive vaginal ring.

The serum levels were assessed again 4 months after the women discontinued contraception. Patients also completed questionnaires at baseline and at the end of the study, which assessed sexual function, distress associated with sexual dysfunction, and sexual desire and energy.

Mean total and free testosterone levels increased, while SHBG decreased significantly after contraceptive discontinuation. These changes coincided with a significant increase in sexual energy, decrease in sexual distress, and an improvement in global sexual function scores. "There was significant improvement in arousal, lubrication, orgasm, and satisfaction," she said, noting that the "antiandrogenic" profiles of hormonal contraceptives that are promoted by drug companies are not entirely beneficial.

—Kate Johnson

Study Suggests Contraceptives Don't Cause Weight Gain

BY HEIDI SPLETE
Senior Writer

WASHINGTON — Women's perceptions that they gain weight when taking hormonal contraceptives do not reflect reality.

Data from a pair of posters presented at the annual meeting of the Association of Reproductive Health Professionals refuted the long-held association between weight gain and using hormonal contraceptives in the form of a pill, ring, or patch.

Concerns about weight gain may lead women to discontinue hormonal contraception, according to Lauren Osborne, a graduate student, and colleagues at Columbia University, New York. No significant weight changes occurred from baseline among women who used either oral contraceptives or the vaginal ring in their randomized study of 201 subjects.

Overall, 167 of the 201 women completed three menstrual cycles using the oral contraceptive Ortho TriCyclen Lo (ethinyl estradiol and norgestimate) or a ring (ethinyl estradiol and etonogestrel). The study was supported by a grant from Organon Pharmaceuticals Inc., maker of the NuvaRing vaginal ring.

On average, the women gained 2.8 pounds, regardless of baseline weight or BMI and type of contraceptive used. The 34 women who reported a "bad change" in weight at the study's end had gained an average of 4.4 pounds, while the 112 women who reported "no change" had gained 2.2 pounds, and the 14 women who reported a "good change" had gained 3.3 pounds.

The mean weight of all the women studied was 146 pounds, and included women with BMIs in the healthy (less than 25), overweight (from 25 to 30), and obese (greater than 30) range.

In a second poster, Dr. Katharine O'Connell and Dr. Carolyn Westhoff of Columbia University reviewed data from 130 observational studies of combined hormonal contraception and weight gain dating from 1966 to 2003. These studies excluded progestin-only contraception, and most (118 of 130) included an oral contraceptive.

Regardless of what type of contraceptive was used, the investigators concluded that all weight gains described during hormonal contraception use were not significantly different from weight changes in the general United States population over the same period. ■