



What You Should Know About Hypoactive Sexual Desire Disorder

H *SDD (hypoactive sexual desire disorder) is the most common sexual disorder for women of all ages, but it is also one of the most difficult for clinicians to treat. A woman with HSDD typically reports a significant reduction in sexual thoughts, a notable decrease in initiating intimacy, and avoidance of her partner's initiation of sex. There are also women with lifelong HSDD who, although they do not report a loss of desire, may be just as distressed or bothered by their longstanding lack of desire.*

What is the difference between normal fluctuations in sexual desire and HSDD?

Each woman will have her own definition of what is normal sexual desire based on her culture, background, sexual experiences, and biological drive. And, as women age, sexual desire and frequency of sex often decline. Many factors, including increased demands on her time (family, career) as she gets older or the cultural message that older women are no longer sexual beings, may make these changes even more troublesome.

HSDD is officially defined as “a deficiency or absence of sexual fantasies and desire for sexual activity. The disturbance must cause marked distress or interpersonal difficulty.” The diagnosis of HSDD is based on a clinician’s judgment of the woman’s characteristics, interpersonal factors, life context, and cultural setting.

What are the risk factors associated with HSDD?

The highest rates of distress about low sexual desire are reported by women who entered menopause abruptly because of the removal of both ovaries. Overall, however, relationship factors are probably the most important risk factor—more important than age or menopause status. Problems with a partner, sometimes even subtle ones, can be a big “wet blanket” or turnoff. A woman’s medical history can also influence her risk for HSDD. Evidence indicates that certain diseases and physical conditions, including breast cancer, pregnancy, diabetes, depression, urinary incontinence, autoimmune disorders, and multiple sclerosis, are associated with HSDD.



How is HSDD treated?

Treatment options for HSDD vary. If the primary factor is psychologic or a relationship issue, then couples therapy, sex therapy, or psychotherapy would be the treatment of choice (either alone or with the partner). In contrast, for women whose primary cause of HSDD is physiologic—physical problems that developed as a result of the condition—a medication might be the recommended treatment. Today, there is no government-approved drug for HSDD, but your clinician might prescribe some “off-label” remedies such as testosterone or the antidepressant bupropion, if appropriate.

Where can I get help now?

Your clinician is a valuable source of information on sexual health. In addition, trustworthy Internet sites are available, including the brand-new “Sexual Health and Menopause” module from The North American Menopause Society. This online activity, at www.menopause.org, provides detailed information on HSDD and other sexual issues, along with self-help options, medications, and an FAQ for quick answers.

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