

Biological, Psychological, & Relationship  
Factors in Treating Low Sexual Desire in  
Women  
- An Integrative Approach-

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**“You don’t look anything like the long haired, skinny kid I married 25 years ago. I need a DNA sample to make sure it’s still you.”**

Man



*Billa Levy 1961-2001*

Woman





***The Difference Between Women & Men***

# Major Sexual Problems

- **Female Sexual Interest/Arousal Disorder**
- **Female Orgasmic Disorder**
- **Genito-Pelvic Pain/Penetration Disorder**
- **Substance/Medication-Induced Sexual Dysfunction**
- **Orgasm Illness Syndrome**

Asking Your patients About Sex

# Types of Desire

Innate Desire -sexual hunger/lust/...horniness”

Receptive Desire - the wish or willingness to become aroused when not currently lustful or sexually hungry

Responsive Desire - Desire that occurs after arousal: Lust that occurs following arousal

# Specifiers and Qualifiers

**1. Lifelong vs Acquired**

**2. Generalized Vs Situational**

**3. Characteristics :**

Distress is required



# Hot Sex From Neutrality

- Arousal is desire during sex. --- the wish to become more aroused---until  
|  
....
- One does not have to start from a position of innate/ lusting, but neutrality can work and one can become very aroused.
- So..... highly aroused, hot sex can begin with receptivity, even minor negativity .... if there are other motives... like wanting to be close, to make up from a fight etc.
- **Implication for sex therapy in long term relationships in Sex has declined or disappear-- which are beige !!**



Exceptions!


Dormant Sex.....Ignored..... Almost out of Awareness

Deena and Bob

# ISSWSH -Nomenclature-

- **Hypoactive Sexual Desire Disorder**
- **Female Sexual Arousal Disorder**
  - >Female Cognitive Arousal Disorder
  - >Female Genital Arousal Disorder
- **Persistent Genital Arousal Disorder. (PGAD)**
- **Female Orgasm Disorder**
  - >Frequency-diminished; anorgasmia
  - >Intensity- muted
  - >Timing a) delayed; b) spontaneous; c) premature
  - >Pleasure-anhedonic (pleasure dissociative orgasm disorder(PDOD))
- **Female Orgasm Illness Syndrome**

# Etiological Factors--All Dx Categories

<b>Problem</b> 	Individual Psychology	Relationship	Physiological/ Anatomical, Neurological	Disease Induced	Iatrogenic	Mixed
Interest/ Desire						
Arousal						
Orgasm						
Pain/Illness						

Low Desire secondary to Dyspareunia  
associated with non arousal....

A Clinical Example of Equifinality.....

# Equifinality In Action

Low  
Estrogen,  
Testosterone  
Pelvic floor  
prob. , Lichen  
Sclerosis, etc

Individual  
Psychological

Relationship

Dyspareuni

a



Low Desire



Neg. affect

Desire Antagonists

# Physical / Biological Antagonists of Low Desire- Women

- Birth control pills (OCP's)
- SSRI's, AI, Anti-hypertensives
- Pain
- Poor estrogenization – withdrawal + ultimate low level (atrophic vag.)
- Oral estrogen as HRT (SHBG)
- Progestagens: MPA (especially) Medroxyprogesterone Acetate)
- Low bio-available testosterone
- Vascular insufficiency
- High Prolactin
- Oophorectomy
- Pelvic floor problems

**Bike Seats!**



# Individual Psychological Antagonists

Depression / Anxiety

Performance Anxiety

Preoccupation with partner's anxiety & Problems

Unresolved developmental problems.... Trauma

Trauma

Negative Cultural and or Religious Factors

# Relationship Antagonists

Disliking how the man is sexual with her (cycle of conflict)-

Long term relationships/ roommates

Over-concern with pleasing man

Marital Disharmony

Distance/Non-intimacy -- loss of common purpose over time

Partner health problems, e.g., MI, stroke

# A Relationship Cause of Decreased Desire in Women



# Observations About Men that Negatively Affect Woman's Desire

..... Often get defensive when women try to teach them

..... forgetting how to cuddle

..... think women are like men

..... are often predictably boring

..... can be too nice

..... do not understand receptive desire

.....being other validated !!!

.....running a marathon

# Observations about Women that affect Women's Desire

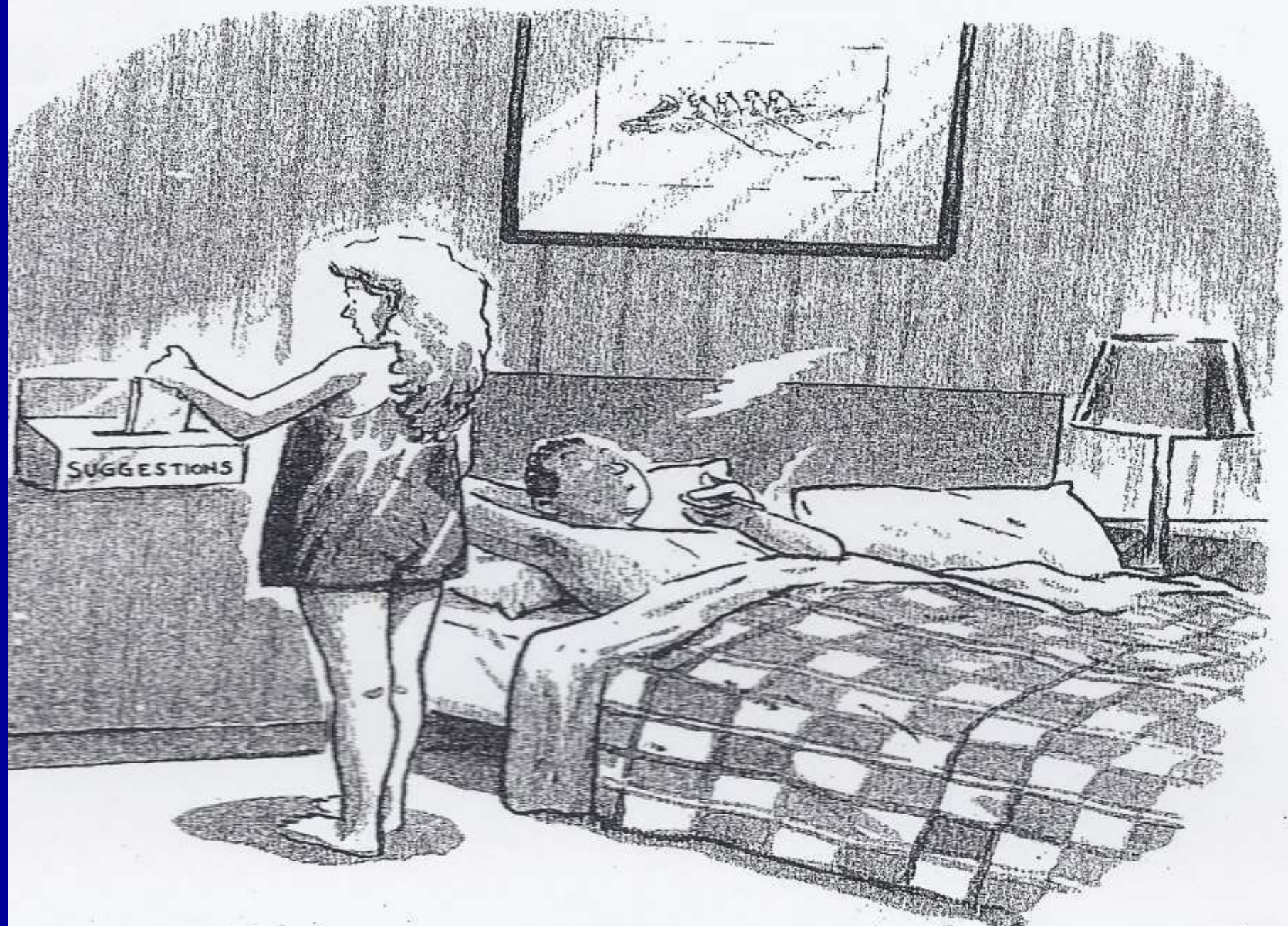
## Woman...

..... tend to blame themselves for men's problems

..... will often engage in sexual behaviors they do not enjoy

..... are afraid to teach men how to make love to them


..... overly concerned with pleasing the man



walsho

Men often incorrectly believe that if they can run a marathon this will ultimately be most satisfying for the woman.

Sexual Aspergers



**MOMMY, ARE  
THESE MY  
BRAINS?**

**NOT YET,  
DEAR.**



# Desire Agonists

Some Things That Make Men Attractive  
&  
Sexually Interesting

# Tender Loving Sex vs “Doing It”

TLS

Doing it!

Usually determined by men.....

*The Problem, as it pertains to female desire, is whether or not the man has variability in his capacity to function at different places along the continuum, depending upon the total context of what is going on between the partners.*

Men need to learn to make love to  
women like women make love to  
women.

# Reasons

## Women in Long Term Relationship Want To Have Sex

- Innate lustfulness/desire
- Good chemistry with partner
- Wish to be close – to be held
- History of great sex/partner is good lover\*\*
- Difference/Newness
- To make-up from an argument
- Reunification after separation
- To get pregnant

# Physical & Physiological Agonists of Desire in Women

- Sufficient Bioavailable Testosterone
- Sufficient Systemic Estrogen 17 $\beta$ -estradiol /Transdermal
- Pelvic floor Improvement - PT

Remember: Agonists Promote  
Desire

# Major Treatment Categories

- Sex Therapy
- Pharmacological (includes OTC ), Endocrinological , mechanical, surgical
- Lubricants and oils
  - Pelvic Floor Treatment and Rehabilitation

# Treatment Strategies.....

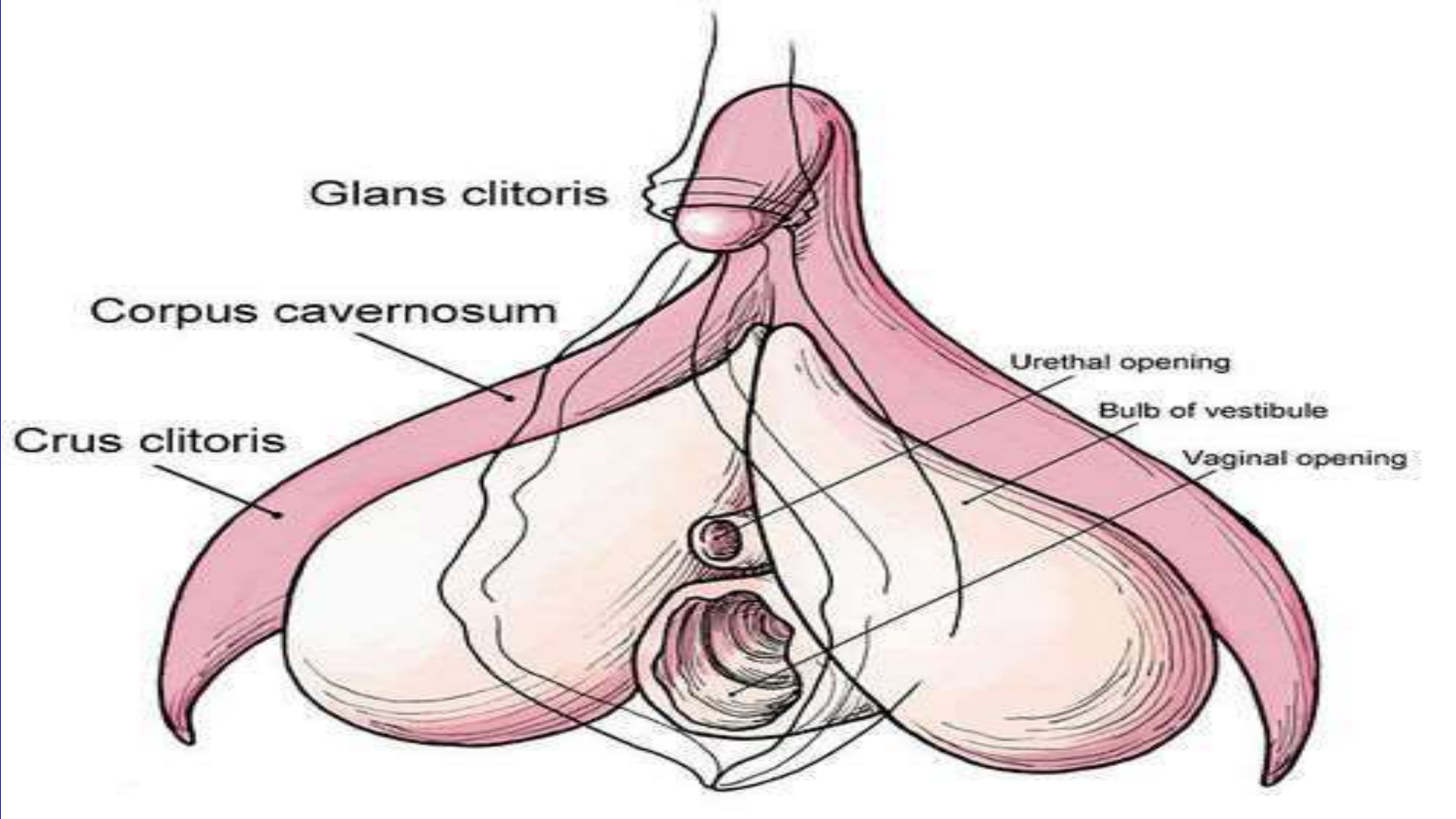
Add Agonists,  
Subtract Antagonists

What goes on in sex therapy sessions

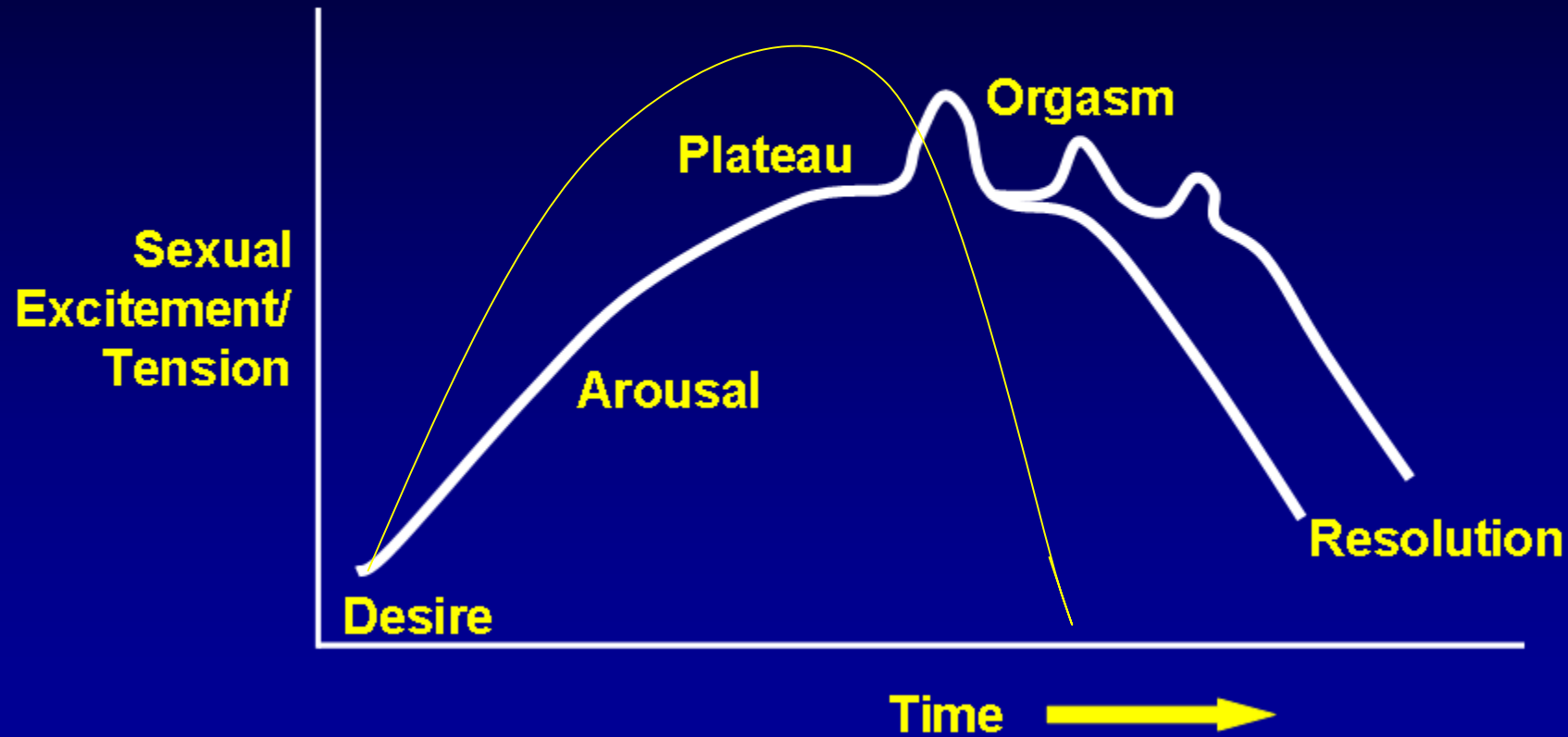


# Interventions

- Psychotherapy – including MC psychoeducation & sometimes exercises
- D/C oral estrogen– Birth Control Pill & HRT; Rx Non-oral Estrogen
- Remove/change SSRI's- substitute Welbutrin, Remeron Transdermal or vaginal Femring
- Testosterone Rx. (DHEA) (Estratest)
- Ophena for Dyspareunia (SERM)
- Estring for Dysparunia
- Vagifem for Dyspareunia
- Vyleesi FDA approved for low desire
- Flibanserin FDA approved for low desire
- Viagra for subgroup with genital arousal disorder
- Remove/change SSRI's-Welbutrin, Remeron,
- Pelvic floor Physical Therapy
- Vibrators, dilators, suction devices, water based lubricants, local estrogen cream



# Linear Model of Female Sexual Response Cycle



Masters EH, et al. *Human Sexual Response*. Boston, Mass: Little Brown & Co.; 1966.  
Kaplan HS. *Disorders of Sexual Desire and Other New Concepts and Techniques in Sex Therapy*. New York, NY: Brunner/Mazel Publications; 1979.

# Women's Health Initiative

Wrong Drug

Wrong Dose

Wrong patients

Wrong questions

Wrong women

# WHI...the facts:

- Not about “hormones”...Prempro
- Not about “women”...averaged 12 years after menopause...averaged 64 years old at outset
- Increase in CVD...clots and age
- Increase in dementia...65 to 80 !
- No QOL benefits because 88% had no symptoms
- Breast cancer risk slight increase on HT and slight decrease on ET

# Less than 60 yo who initiate ET

Clinical event	Percent rereduct.	# per 10,000 w
CHD	37%	11
Stroke	11%	2
New onset DM	12%	14
Bone fractures	30%	56
Breast cancer	18%	8
Total mortality	29%	10

# What WHI “concluded”:

- *Hormones* = Bad for women
- *Hormones* increased breast cancer risk
- *Hormones* increased heart attack risk
- *Hormones* caused dementia
- *Hormones* should not be used for prevention of heart disease
- Only use *hormones* for symptom relief at the lowest dose and the shortest time

# DOPS Study

- » Randomized, placebo controlled, longitudinal trial to examine effects of HRT on mortality, heart failure, MI, VTE, and cancer
- » 1024 Women, aged 45-48, both with and without uterus and both peri and menopausal. Mean age of 50, with mean of 7 months post menopause.
- » 20 years of follow-up(mean time since termination of treatment = 15.8 years).
- » **Findings:** After 10 yrs of treatment, a reduced risk of mortality, heart failure, MI, no increase in cancer of any kind, no increase in VTE or stroke.
- » Note! Women starting HRT age 50 or less had a significantly REDUCED risk of breast cancer. Hysterectomized women(estrogen alone), also had a decreased risk of breast cancer.

*LL Schierbeck, et al. British Medical Journal, published October 9, 2012*



Misleading Conclusions Which  
Have Been Damaging To Women's  
Health

The Authors Have Retracted Many  
of  
Their Conclusions

End

[ISSWSH.ORG](http://ISSWSH.ORG)

See Handout Summarizing Do, Don'ts, Tips, etc.

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