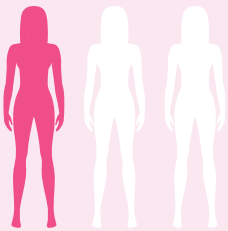
LAWLEY

Talk to your Doctor about

Hypoactive Sexual Desire Dysfunction (HSDD)

Adapted and modified from AMS fact sheet 2018[1]

Sexual difficulties and concerns are common across a woman's lifespan, increasing at midlife and beyond menopause.



1 in 3 women

between the ages 40 - 64 will experience HSDD which can severely impair relationships, mental health, social functioning and overall quality of life.[2,3,4]

What is HSDD?

Hypoactive sexual desire dysfunction (HSDD) is low sexual desire that causes personal distress. HSDD a very common medical condition that affects **1 in 3 women aged between 40 - 64 years of age.**

HSDD is diagnosed when a woman experiences lack of motivation and/or loss of desire to initiate or participate in sexual activity for at least 6 months which causes personal distress. HSDD can result in feelings of frustration, grief, guilt, incompetence, loss, sadness, sorrow, or worry.[5]

Do any of the following resonate with you?

No motivation for sexual activity

- loss/reduction in sexual thoughts and fantasies
- foreplay does not arouse sexual feelings
- difficult to maintain desire/interest during sex.

It's difficult to start or participate in sex

- avoid situations which may lead to sex.
- not related to painful sex

How it impacts me[6]

- Impaired body image
- loss of self confidence
- reduced self-worth
- feel less connected to partner
- Impaired quality of life

Treatment Options

Hormone therapy: Hormones, especially body-identical hormones, alone or in combination can be very effective in managing direct menopausal symptoms directly as well as treating HSDD. In Australia, there is a hormone-containing skin cream registered on the Australian Register of Therapeutic Goods (ARTG) for the management of HSDD in postmenopausal women.

Medication: Some medications can alter sexual motivation and responsiveness. Your doctor will review any medicines you are currently taking and may adjust these if necessary. Never change prescribed medications without first consulting your doctor.

Relationships: Poor communications in a relationship can have a profound effect on sexual motivation for both partners. Counselling can often address areas of need. Solutions may be as simple as planning intimate time with your partner.

Lifestyle changes: Lifestyle changes may need to be made in addition to other treatment options. This includes adopting a healthy diet, regular exercise, stress management, quitting smoking, and reducing your alcohol intake.

Education: Your doctor may provide advice or educational material and, if necessary, may refer you to a health care professional skilled in sexual health areas depending upon your needs.

Psychological intervention: Cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and mindfulness therapy can all assist to varying degrees with HSDD.

Engaging your Doctor

We understand that this maybe a sensitive subject. Many women feel discomfort or embarrassment which contributes to their unwillingness to seek treatment (only 20% of women with HSDD actively consult with their doctor).

In order to facilitate discussing this subject with your physician please answer the (DSDS) Screening Questionnaire included and attached at www.lawleypharm.com.au/therapeutic-areas/womens-health and present it to your doctor.

Find a Doctor

Doctors who are members of the Australasian Menopause Society (AMS) have a special interest in women's health in midlife and menopause, and the promotion of healthy ageing.

To help you find a doctor who is right for you the AMS search feature Find an AMS doctor may be useful.

Prescribing Information for Healthcare Professionals

HSDD diagnosis is aided by following the International Society for the Study of Women's Sexual Health (ISSWSH); Process of Care for the management of Hypoactive Sexual Desire Dysfunction.

www.mayoclinicproceedings.org/article/S0025-6196(17)30799-1/fulltext

To assist, the use of the DSDS is recommended.

DECREASED SEXUAL DESIRE SCREENER (DSDS)[1]

Each question is answered Yes or No.

1. In the past, was your level of sexual desire or interest good and satisfying to you? ◯ Yes ◯ No
2. Has there been a decrease in your level of sexual desire or interest? ◯ Yes ◯ No
3. Are you bothered by your decreased level of sexual desire or interest? ◯ Yes ◯ No
4. Would you like your level of sexual desire or interest to increase? ◯ Yes ◯ No
5. Please mark all the factors that you feel may be contributing to your current decrease in sexual desire or interest:
   - a. An operation, depression, injuries, or other medical condition ◯ Yes ◯ No
   - b. Medications, drugs, or alcohol you are currently taking ◯ Yes ◯ No
   - c. Pregnancy, recent childbirth, or menopausal symptoms ◯ Yes ◯ No
   - d. Other sexual issues you may be having (pain, decreased arousal, or orgasm) ◯ Yes ◯ No
   - e. Your partner's sexual problems ◯ Yes ◯ No
   - f. Dissatisfaction with your relationship or partner ◯ Yes ◯ No
   - g. Stress or fatigue ◯ Yes ◯ No

Decreased Sexual Desire Screener (DSDS), a 5-question instrument completed by the patient. The screener was developed and validated for use by clinicians to aid in diagnosis of HSDD in premenopausal women and postmenopausal women per the DSM-IV-TR and ISSWSH criteria. (DSDS, Question 1-4, all answered Yes consistent with generalised acquired HSDD).

Full biopsychological assessment to identify appropriate education and/or clinically modifiable factors impacting sexual function as guided by the screener. (DSDS, Question 5(a-g) determines if the etiology of HSDD is primary or secondary).

References: 1. AMS fact sheet 2018: Will menopause affect my sex life? **2.** Worsley R. J Sex Med 2017;14(5):675-686. **3.** Fooladi E. Climacteric 2014;17:674-681 **4.** Simon JA. Climacteric 2018:5:415-427 **5.** Clayton A. Mayo Clin Proc 2018;93(4):467-487 **6.** Kingsberg S. J Womens Health 2014;23(10):817-23 **7.** Skiba M. J Clin Endocrinol Metab 2019;104(11):5382-5392 **8.** Davis S. J Clin Endocrinol Metab 2019;104(12):6291-6300.

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