The Circle of Female Sexual Desire—Have We Come a Long Way?

ANNE KATZ

Anne Katz, PhD, RN, FAAN, is a sexuality counselor at CancerCare Manitoba in Winnipeg, Manitoba, Canada, and she is editor emerita of Nursing for Women's Health. *The author reports no conflicts of interest or relevant financial relationships. Address correspondence to: anne.katz@cancercare.mb.ca.*

Editor's note: *To mark the journal's 20th anniversary year, we have invited a series of commentaries that explore different topics in women's health, obstetric, and neonatal nursing through the lens of the last 20 years. This commentary by editor emerita Anne Katz explores developments in pharmaceutical treatments for women's sexual desire and asks whether all issues related to women's desire are really "problems" in need of a pharmaceutical solution.*

It all began almost 20 years ago with a little blue pill that changed the landscape of sexuality seemingly forever. Sildenafil (Viagra; Pfizer, New York City, NY) burst onto the scene, and people were talking about sex! It was 1998, and suddenly sexual aging was a thing of the past. Men could have erections, rigid erections, like they were 18 years old again, or so the discussion went. But what about women? What about the 51% of the population who wanted,

Abstract Ever since the release of sildenafil (Viagra) two decades ago to treat erectile dysfunction in men, there has been a conversation around whether there is a need for a "female Viagra." Last year's release of flibanserin (Addyi) was hailed by some as an achievement in women's sexual health. But how effective is this drug in affecting women's sexual desire? And are the things being labeled as women's sexual desire *problems* really problems to be fixed with a drug?
http://dx.doi.org/10.1016/j.nwh.2016.04.002

Keywords female sexual interest/arousal disorder | flibanserin | libido | sexual desire | women's health

desired, and demanded equal sexual opportunity? Or did they?

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A Historical Perspective

Masters and Johnson (1966) described a four-phase model of sexual response that was identical for males and females and ignored mental or emotional aspects. Helen Singer Kaplan (1979) developed a three-phase model of the human sexual response that included desire, excitement, and orgasm. Although this was not intended as a linear model with one phase following the next, it has been widely interpreted as such.

If individuals and couples believe that desire initiates the sexual response cycle, then it is obvious why desire has become a target for pharmaceutical companies, especially given the attention garnered by a study published almost concurrently with the approval of sildenafil (Laumann, Paik, & Rosen, 1999). In this study that has been widely quoted despite significant criticism, researchers found that 43% of women experienced sexual dysfunction. This was based on participants responding *yes* to a single question about sexual function in the previous 12 months and, most importantly, the individual's distress with any problems was not considered. So, thinking about sexual desire, any woman who said that she had not felt desire once in the past year—for any reason—was included in the 43% of women with sexual dysfunction. A more recent survey from the United Kingdom suggests that although 51% of women experienced one or more sexual difficulties, just 11% were worried or distressed about this, and 27% of women reported that they did not share the same level of sexual interest as their partner (Mitchell et al., 2013).

Rosemary Basson, a Canadian physician, developed a circular model of the female sexual response cycle that has made a critical difference in the way that female sexuality, in particular sexual desire, is understood. In her model (Basson, 2005), desire is seen as reactive and is not a precursor or antecedent to arousal. Reactive desire is seen in response to sexual invitation or touch, although she recognizes that desire can also be spontaneous for some women. Importantly, Basson acknowledges the multiple psychosocial, economic, and relational incentives that exist for women being sexual outside of experiencing sexual pleasure. In a study of 438 midlife women, Dennerstein, Lehert, and Burger (2005) found that relationship factors are more important than hormonal status and that desire, arousal, and orgasm cannot be separated from each other in considering women's sexuality. The connection between female desire and arousal—or arousal and desire—has been acknowledged in the latest revision of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), in which sexual interest and arousal have been collapsed into one disorder called sexual interest/arousal disorder.

The Quest for a Pharmacologic "Magic Bullet"

Despite this understanding of female sexual desire, since the approval of sildenafil to treat male arousal disorders, there have been many attempts at finding pharmacologic solutions to women's sexual "problems." Clinical trials of sildenafil to increase arousal in women were halted because of lack of efficacy (Brown, Kyle, & Ferrill, 2009; Shields & Hrometz, 2006). Testosterone in multiple formulations was tested to increase desire, and applications were made to