

# Relationship between hypoactive sexual desire disorder and aging

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**Objective:** Explore the association between Hypoactive Sexual Desire Disorder (HSDD) and aging. The American Foundation of Urologic Disease and the American Psychiatric Association stipulate that HSDD is only diagnosed when both low sexual desire and sexually related personal distress are present.

**Design:** Community-based, cross-sectional study.

**Setting:** Europe (UK, Germany, France, Italy) and the USA.

**Patient(s):** Women aged 20-70 in sexual relationships participating in the Women's International Study of Health and Sexuality (n=1998 Europe, n=1591 USA).

**Intervention(s):** No interventions were administered.

**Main Outcome Measures:** Self-administered questionnaire that included two validated instruments: Profile of Female Sexual Function© measured sexual desire; Personal Distress Scale© measured sexual distress. Women with low desire and distress were considered to have HSDD.

**Results:** The proportion of European women with low desire increased from 11% amongst women aged 20-29 years to 53% amongst women aged 60-70 years. The proportion of American women with low desire displayed a trend towards an increase with age. In the 20-29 year age group 65% of European women and 67% of American women with low sexual desire were distressed by it. This decreased to 22% and 37%, respectively, in the 60-70 year age group. In Europe and the USA the prevalence of HSDD in the population did not change significantly with age (6-13% in Europe, 12-19% in the USA).

**Conclusions:** The proportion of women with low desire increased with age while the proportion of women distressed about their low desire decreased with age. Consequently, the prevalence of HSDD remained essentially constant with age. This may explain why no association between HSDD and age is often reported in the literature. (Fertil Steril® 2007;87:107-12. ©2007 by American Society for Reproductive Medicine.)

**Key Words:** Hypoactive Sexual Desire Disorder, aging, low desire, sexual distress, prevalence, community-based

## INTRODUCTION

Our recent review of the literature (1) indicates that as women age an increasing number experience low sexual desire. Thus, one might expect the proportion of women who experience a loss of sexual desire with associated distress or Hypoactive Sexual Desire Disorder (HSDD) might increase

with age as a result. However, most studies report no change in the prevalence of HSDD with age (2-5).

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> edition (DSM-IV) and American Foundation of Urologic Disease (AFUD) stipulate that both low sexual desire and sexually related personal distress need to be present for a diagnosis of HSDD (6, 7). Research investigating the distress component of HSDD and its relationship with age is limited. Bancroft and co-workers explored distress about the relationship and one's own sexuality in women (8). In selected comparisons, both forms of distress increased slightly with age. However for the most part there was no significant relationship with age. Laumann et al (2) reported that anxiety about sexual performance decreased with age. Richters et al (9) found that whilst anxiety during sex remained constant with age, worrying about attractiveness decreased. We hypothesised that age-related decreases in the sexual distress component of HSDD is one of the reasons why the prevalence of HSDD does not increase with age.

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Conflict of interest: Patricia E. Koochaki is an employee of Procter and Gamble Pharmaceuticals Inc. Lorraine Dennerstein has received consulting fees from Procter and Gamble Pharmaceuticals, Inc. Sandra R. Leiblum and Alessandra Graziottin have served as research consultants and also paid speakers for Procter and Gamble Pharmaceuticals, Inc. Catherine Bennett and Richard Hayes have no competing interests to declare.

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## MATERIALS AND METHODS

The Women's International Study of Health and Sexuality (WISHeS) is a cross-sectional, community-based study, conducted in 1999-2000, that utilized large market research databases to recruit women from the United States, UK, Germany, France and Italy. The study was implemented by the GfK group (Nuremberg, Germany) in Europe and the NPD group (Acquired by IPSOS Group in 2001) in the USA. Women registered in these databases had agreed to be contacted regarding research. A letter sent to women in the appropriate age range informed them that a national research study on women's health issues was going to be conducted and they would be contacted by telephone. Eligible women who agreed to participate during the telephone call were sent the survey to complete by return mail.

In Italy, researchers employed a random door knock method to inform women about the study, determine their eligibility and obtain consent. The questionnaire was left with those women who qualified and agreed to participate and picked up from their homes at a later date. Overall approximately 70% of women who received the survey completed and returned it. Schulman Associates Institute Review Board, Inc., Cincinnati, Ohio approved the WISHeS.

### Sample

The total sample consisted of 3589 women: 1591 from the USA and 1998 from Europe. The inclusion criteria were age 20-70 years, residency in USA, UK, Germany, France, or Italy, literacy in the language of the country of residence and being in a current sexual relationship. After eliminating missing and incomplete data, the sample for this analysis was slightly reduced to 1547 women from the USA and 1879 women from Europe.

### Measures

The WISHeS questionnaire covers general health, hormone therapy and menopause, sexuality and relationships. The sexuality section of the questionnaire, analysed in this study, included two validated instruments: the Profile of Female Sexual Function© (PFSF©) and the Personal Distress Scale© (PDS©).

The Profile of Female Sexual Function is a patient-based, self report instrument. It is designed to assess sexual desire and related domains of women's sexual response over the last 30 days. It has been described in detail elsewhere (10, 11). The PFSF has demonstrated excellent discriminate validity (10), good internal consistency, test-retest reliability and appropriate correlation among domains (11). A cut-off score on the desire domain of the PFSF was used to classify women with low sexual desire.

The Personal Distress Scale is a patient-based scale developed to measure distress due to lack of sexual desire and, like the PFSF, uses a 30 day recall (12). A cut-off score on the PDS was used to classify women with low sexual desire as distressed or non-distressed. Women with both low desire

and sexual distress, as determined by the PFSF and PDS, were considered to have HSDD, consistent with DSM-IV and AFUD definitions.

## RESULTS

### Sample Profile Description

The demographics for the women studied in this analysis are shown in Table 1.

**Low sexual desire** In Europe the proportion of women with low desire increased significantly with age (figure 1). 11% (95% CI 6-16%) of European women aged 20 to 29 years had low sexual desire compared with 53% (95% CI 47-59%) of European women aged 60 to 70 years. Amongst American women there was a non-significant trend toward an age-related increase in the proportion of women with low desire. In the 30-39 year age group a higher proportion of American women had low sexual desire compared to European women. In the

**TABLE 1**

**Demographic characteristics of women in the analyzed sample.**

Variable	Europe (N=1998)	USA (N=1591)
Age—years	47.0	47.3
Marital Status—n (%)		
Married	1718 (86)	1321 (83)
Single	140 (7)	95 (6)
Divorced	100 (5)	143 (9)
Widowed	40 (2)	32 (2)
Time With Current Sexual Partner—years	22.4	19.7
Used hormone therapy in the past 3 mos.—n (%)	380 (19)	493 (31)
Currently taking oral contraceptives—n (%)	380 (19)	191 (12)
Body Mass Index (BMI=lbs/(in <sup>2</sup> )(703)	26.1	28.5
Cigarette Smoking in an average week—n (%)		
Do Not Smoke	1399 (70)	1161 (73)
1-7 packs	420 (21)	255 (16)
8-14 packs	100 (5)	111 (7)
15+ packs	6 (<1)	16 (1)
Servings of alcohol in an average week—n (%)		
4 per week	240 (12)	127 (8)
2-3 per week	300 (15)	175 (11)
1-2 per week	500 (25)	190 (12)
1 per month	160 (8)	127 (8)
<1 per month	400 (20)	461 (29)
None	400 (20)	509 (32)

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