Standard Operational Procedures for Low Sexual Desire in Men

Eusebio Rubio-Aurioles, MD, PhD* and Trinity J. Bivalacqua, MD, PhD†

*Clinical Research, Asociación Mexicana para la Salud Sexual, A.C. (AMSSAC), Mexico City, Mexico; †The James Buchanan Brady Urological Institute, Johns Hopkins Medical Institutions, Baltimore, MD, USA

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ABSTRACT

Introduction. Low sexual desire in men is a condition that has received little attention; nevertheless it occurs with high frequency. Clinicians are in need of clear guidelines to address this problem.
Aim. To develop standardized operational procedures to be implemented with men presenting low sexual desire/interest (LSD/I).
Methods. Review of relevant evidence-based literature and published guidelines, integrated with expert opinion.
Main Outcome. Operational procedures for LSD/I that are recommended for clinical practice with various degrees of support from published evidence.
Results. A new classification scheme is proposed; LSD/I is proposed as an umbrella term for which hypoactive sexual desire disorder (HSDD) is only a subtype. The following standard operational procedures are described: (i) Detection of LSD/I: screening for LSD/I, screening for LSD/I in patients with other sexual dysfunctions; (ii) Diagnosis and assessment of etiology: diagnostic criteria for LSD/I, assessment of depression status, assessment of relationship status, assessment of endocrinologic status, diagnostic criteria for HSDD in men; (iii) Treatment: treatment of LSD/I secondary to low testosterone, treatment of LSD/I secondary to elevated prolactin, treatment of LSD/I secondary to other endocrinologic disorders, treatment of LSD/I secondary to depressive illness and or anxiety disorders, treatment of LSD/I secondary to relationship conflict and treatment of HSDD. A diagnostic and treatment algorithm is presented.
Conclusions. LSD/I is a common condition that should be identified in patients; it is recommended that this condition be actively investigated by the clinician. Once the diagnosis of LSD/I in men is confirmed, a thorough search for possible causes needs to include both biological and psychological causes. Treatment should be etiologically oriented. **Rubio-Aurioles E and Bivalacqua TJ. Standard operational procedures for low sexual desire in men. J Sex Med 2013;10:94–107.**

Key Words. Low Sexual Desire; Sexual Interest; Hypoactive Sexual Desire Disorder

Introduction

This document describes in a succinct manner the procedures to be performed when a male patient presents himself to a sexual medicine specialist or a primary care professional in order to rule out, identify, assess, and treat the medical condition denominated low sexual desire/interest (LSD/I). Procedures are presented including detection, diagnosis, and assessment of etiology and treatment, literature supporting them is reviewed and the level of evidence assessed; finally, a decision-making algorithm and a series of recommendations are presented.

We are using the term LSD/I as a convenient term to refer to the clinical condition where the man complains of a modification in his usual level of sexual interest or desire. Low sexual desire can be due to a variety of causes and therefore is presented here as a condition that can be best characterized as a syndrome rather than a disorder. The 3rd International Consultation on Sexual Dysfunctions in Paris proposed the following definition for sexual interest/desire "dysfunction" and we think it is applicable to these standard operational procedures (SOPs): "diminished or absent feelings of sexual interest or desire, absent sexual thoughts or fantasies and lack of a responsive

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desire. Motivations (defined as reasons/incentives) for attempting to become sexually aroused are scarce of absent" [1]. LSD/I in men is a condition that is characterized by the absence or notable decrease in the frequency in which the man experiences desire for sexual activity [2]. In addition, the presence of personal or interpersonal distress has been suggested as a requisite to justify clinical intervention in sexual dysfunctions and the members of the Standards Committee of the International Society for Sexual Medicine during their meeting in Nuremberg, Germany in June 2010 recommended to include the criteria of personal and/or interpersonal distress in the conceptualization of this condition [3].[1]

The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association—Revised text edition (DSM-IV-TR) contains a category named hypoactive sexual desire disorder (HSDD), which is defined as persistently or recurrently deficient (or absent) sexual fantasy and desire for sexual activity, leading to marked distress or interpersonal difficulty [4]. This disorder, however, should be diagnosed only if it is not caused by another medical disorder, medication or substance, or even another sexual dysfunction. Since the coexistence of LSD/I with other sexual dysfunctions such as erectile dysfunction is rather common [5], these SOPs propose to use the term LSD/I as a general term for the symptom/syndrome that might be caused by medical conditions such as depression or endocrine abnormalities, relationship factors, medications, or drugs of abuse and to reserve the DSM-IV-TR disorder denominated HSDD in men, for the cases where other etiological factors have been appropriately excluded. The eventual advantages of this newly proposed use of terms and differentiation of LSD/I from HSDD are still to be documented by future research, but it makes good clinical sense to separate these two constructs facilitating the identification of proper assessment and treatment strategies.

[1]The Standards Committee of the International Society for Sexual Medicine was formed by: Hartmut Porst, MD, Jacques Buvat, MD, Aninamaria Giraldi, MD, PhD as co-chairs and Stanley E. Althof, PhD, Pierre Assalian, MD, Tricia Barnes, MA, CQSW, Edgardo Becher, MD, Johannes Bitzer, MD, John Dean, MD, Axel R. Fugl-Meyer, MD, PhD, Kerstin S. Fugl-Meyer, Hussein Ghanem, MD, Francois Giuliano, MD, PhD, Sidney Glina, MD, Irwin Goldstein, MD, Louis Gooren, MD, PhD, Andre T. Guay MD, FACP, FACE, Wayne J. G. Hellstrom, MD, FACS, Graham Jackson, MD, Emmanuele A. Jannini, MD, Sudhakar Krishnamurti, MD, Ellen T. M. Laan, PhD, Mario Maggi, MD, Chris G. McMahon MD, FAChSHM, Antonio Martin-Morales, MD, Ignacio Moncada, MD, John Mulhall, MD, Rossella E. Nappi, MD, PhD, Ajay Nehra, MD, FACS, Sharon Parish, MD, Michael A. Perelman, PhD, Jim Pfaus, PhD, Alessandra Rellini, PhD, Raymond Rosen, PhD, David Rowland, PhD, Eusebio Rubio-Aurioles, MD, PhD, Ira D. Sharlip, MD, Michael Sohn, MD, Luiz Otavio Torres MD, and Marcel D. Waldinger, MD, PhD at the time of the meeting in the City of Nuremberg, Germany, June 23–27, 2010.

How Common is Low Sexual Desire?

LSD/I has been historically either not identified [5] or erroneously diagnosed and presented (and treated) as other sexual dysfunction like erectile dysfunction [6].

There are two reports in the literature that merit commentary when attempting to answer the question: how prevalent is LSD/I? Data from a probability sample study of sexual behavior in a demographically representative 1992 cohort of US adults known as the National Health and Social Life Survey and that included 1,749 women and 1,410 men aged 18 to 59 years at the time of the survey were analyzed by Laumann and colleagues [7]. A latent class analysis (LCA) was used to evaluate the syndromal clustering of individual sexual symptoms. LCA is a statistical method well suited for grouping categorical data into latent classes [8]. LCA tests whether a latent variable, specified as a set of mutually exclusive classes, accounts for observed covariation among manifest, categorical variables [9]. With this procedure, it is possible to estimate the number of "cases" with a specific diagnosis on the basis of questions actually asked, even if the applied questionnaire was not intended to identify diagnosis and then to estimate the prevalence of a condition. Figure 1 presents the percentages for each of the categories reported in this study: 15% of participants were categorized as lacking interest in sex, a figure to be compared with the 10% of participants reporting problems maintaining or obtaining an erection or the 31% classified as coming too early. Table 1 presents the risk factors that were identified in this report [7].

In a more recent report, named the Global Study of Sexual Attitudes and Behaviors, an international survey of various aspects of sex and relationships among adults aged 40–80 years, an estimate of the prevalence and correlates of sexual problems in 13,882 women and 13,618 men from 29 countries is reported by Laumann and colleagues [10]. Although the figures for low sexual desire are derived exclusively from the participant's response to a single question, the report has

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