

Acupuncture in Premenopausal Women With Hypoactive Sexual Desire Disorder: A Prospective Cohort Pilot Study



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ABSTRACT

Introduction: Female sexual dysfunction affects up to 43% of women in the United States and hypoactive sexual desire disorder (HSDD) is the most common type; however, we lack treatment options showing improvement for this condition.

Aims: To investigate whether acupuncture therapy could improve HSDD.

Methods: Premenopausal women with a primary diagnosis of HSDD were included in a single-arm prospective pilot study that was approved by the institutional review board. After providing informed consent, subjects completed validated questionnaires. Participants underwent 25-minute twice-weekly acupuncture sessions for 5 weeks with one certified acupuncturist. Questionnaires were completed again 6 weeks after onset of treatment.

Main Outcome Measures: Based on a statistically significant change in the desire domain of the Female Sexual Function Index from 2.0 (at baseline) to 2.4 (after intervention with a specialist) in our population of patients diagnosed with HSDD, a sample of 13 was determined, with 90% power and α 0.05.

Results: Fifteen women were enrolled and 13 completed the study. Mean age was 36.9 ± 11.4 years. Most were white ($n = 9$, 60%), heterosexual ($n = 15$, 100%), and non-smokers ($n = 14$, 93%). Most were sexually active more than four times per month ($n = 8$, 53%) and none had a history of sexual abuse ($n = 15$, 100%). Participants received a mean acupuncture needle application of 17 ± 2 at each session. Sexual function improved after intervention, particularly desire (2.1 ± 0.6 to 3.3 ± 1.2 , $P < .0001$), arousal ($P < .0001$), lubrication ($P = .03$), and orgasm ($P = .005$).

Conclusion: In this cohort of premenopausal women with HSDD, 5 weeks of acupuncture therapy was associated with significant improvements in sexual function, particularly desire. This supports a role for acupuncture as a therapeutic option for women with low desire.

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Key Words: Hypoactive Sexual Desire Disorder; Female Sexual Dysfunction; Acupuncture

INTRODUCTION

Female sexual dysfunction (FSD) affects up to 43% of women in the United States.^{1,2} Hypoactive sexual desire disorder (HSDD) is the most common form of sexual dysfunction in

women.³ Although several approaches for management of this medical condition have been suggested, standard options have not demonstrated symptomatic improvement, and traditional pharmacologic treatments have not been consistently helpful.⁴ Alternative therapies, such as acupuncture, are beneficial in treating a myriad of problems, such as urinary incontinence, chronic lower back pain, and migraines.^{5–10}

Acupuncture, as part of traditional Chinese medicine (TCM), has existed for many centuries and is considered a safe procedure when provided by a licensed practitioner.¹¹ The skin is penetrated by sterile needles to stimulate specific points related to three principal concepts of TCM: harmony between yin and yang forces, qi (vital energy flowing through the body), and the five elements (fire, earth, wood, metal, and water).¹¹ Although these concepts of TCM are not generally assessed in scientific

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studies, previous research evaluating the use of acupuncture for medical conditions, such as male sexual dysfunction, has shown good results.⁸ However, we are lacking similar evaluation of this treatment modality for female sexual disorders.

AIM

We hypothesized that low libido for premenopausal women with HSDD would improve with acupuncture therapy.

METHODS

This single-arm prospective cohort pilot study (institutional review board approval number 12053-12-071; National Clinical Trials registry identification number NCT02070029) included premenopausal women with a primary diagnosis of HSDD given by a gynecologist or urogynecologist. Women 18 to 55 years old were eligible if sexually active (defined as at least four sexual encounters in the month before enrollment), were in a monogamous relationship, and had a documented diagnosis of HSDD as the primary cause of FSD (defined as a non-adjusted score ≤ 6 in the desire domain [range = 0–10] of the Female Sexual Function Index [FSFI] questionnaire).¹² Exclusion criteria included postmenopausal women (defined as absence of menstruation in the prior 12 months), pelvic pain or dyspareunia as the primary cause of FSD (defined as a non-adjusted score ≤ 6 in the pain domain [range = 0–10] of the FSFI), prior hysterectomy and/or oophorectomy, history of chemotherapy and/or pelvic irradiation, use of hormonal contraception or hormone replacement therapy, active skin infection or disease preventing insertion of acupuncture needles, known allergy to acupuncture needles, or blood dyscrasia.

Potential participants were identified by recruitment posters in the local clinic and by referral from their primary gynecologist or after consultation with an urogynecologist. Subjects were screened for eligibility by the primary investigators and, after informed consent was obtained, baseline data were collected. Demographic data included age (years), body mass index (kilograms per meter squared), ethnicity, relationship status, sexual orientation (heterosexual, homosexual, bisexual), smoking status, medical comorbidities, surgical history, obstetric and gynecologic history, documentation of prior sexual trauma or abuse, and current medications. In addition, enrolled and consented subjects were interviewed by the certified acupuncturist (J.W.-L.) to determine at least one TCM diagnosis related to female abdominal and pelvic organs (kidney yang deficiency, liver qi stagnation, generalized blood deficiency, spleen yang deficiency, and/or heart fire), because these are not mutually exclusive. Symptoms, appearance of the tongue, palpation of peripheral pulses, and anatomic meridians factor into one's TCM diagnosis. Each diagnosis is associated with certain "external factors" and the pressure points indicated for TCM acupuncture are specific to each diagnosis to relieve symptoms and prevent "external factors" from continuing to influence the patient's symptoms. Yang deficiencies are associated with psychological stress and overwork. Qi stagnation is associated with

physical trauma and depression. Blood deficiency is associated with emotional strain. Heat or heart fire is associated with psychological strain. Therefore, patients can be diagnosed with more than one TCM pattern.

Functional Data

Five validated questionnaires were completed by all participants at enrollment and at 6 weeks after initiation of intervention. The FSFI^{13,14} is a 19-item questionnaire that can be administered in any age group and focuses on individual function by six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain. Higher scores, with a possible maximum of 36, indicate better sexual function, with scores no higher than 26.5 indicating sexual dysfunction.¹⁵ The Female Sexual Distress Scale—Revised (FSDS-R)¹⁶ is a 13-item questionnaire based on a five-point Likert-type scale that provides a measurement of sexual distress. The revised version includes a question that asks women to rate distress related to HSDD. A score of at least 11 effectively discriminates women with FSD from women without FSD. The Short Form 12 (SF-12) is a 12-question validated survey about one's general health that assesses mental and physical composites.¹⁷ Each domain is given a weighted score, ranging from 0 to 100, with 50 considered comparable to the mean health of the general U.S. population and 30 considered to be two SDs below the general population's health, indicating "below average" health status. The General Anxiety-Disorder-7 (GAD-7) and Prime Health Questionnaire-9 (PHQ-9)¹⁸ are a brief 16-item, Likert-type questionnaires assessing the frequency of anxiety and depression symptoms during the past 2 weeks. Each item is assigned a score from 0 (not at all) to 3 (nearly every day), with a score of 15 to 21 representing severe anxiety on the GAD-7 and a score of 16 to 20 representing severe depression on the PHQ-9. The World Health Organization Quality of Life BREF (WHOQOL BREF)¹⁹ is an instrument comprised of 26 items that measure the following four domains: physical health, psychological health, social relationships, and environment; it is a shorter version of the original instrument and is more convenient for use in large research studies or clinical trials. Domain scores denote subjects' perception of their quality of life within that domain and each is scaled positively, with higher scores representing higher quality of life. Mean item scores are added for a domain score and then multiplied by 4 to remain comparable to the 0 to 100 scoring on the WHOQOL-100 questionnaire. There is no predetermined cutoff value; however, scores higher than 50 indicate a better-perceived quality of life.

Intervention

All participants underwent 25-minute twice-weekly acupuncture sessions for 5 consecutive weeks (total = 10 sessions) with one certified acupuncturist. Patients gave consent after being informed of potential but rare risks of acupuncture, including, but not limited to, soreness, bleeding, bruising, or irritation at the needle site, infection, and internal organ damage from deeply placed needles. The initial session included a detailed patient history with

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