

Toward a More Evidence-Based Nosology and Nomenclature for Female Sexual Dysfunctions—Part II



Sharon J. Parish, MD,¹ Andrew T. Goldstein, MD,² Sue W. Goldstein, BA,³ Irwin Goldstein, MD,⁴ James Pfaus, PhD,⁵ Anita H. Clayton, MD,⁶ Annamaria Giraldo, MD, PhD,⁷ James A. Simon, MD,⁸ Stanley E. Althof, PhD,⁹ Gloria Bachmann, MD,¹⁰ Barry Komisaruk, PhD,¹¹ Roy Levin, PhD,¹² Susan Kellogg Spadt, PhD, CRN, CSC,¹³ Sheryl A. Kingsberg, PhD,¹⁴ Michael A. Perelman, PhD,¹⁵ Marcel D. Waldinger, MD, PhD,¹⁶ and Beverly Whipple, PhD, RN, FAAN¹⁷

ABSTRACT

Introduction: Current *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) definitions of sexual dysfunction do not identify all sexual problems experienced clinically by women and are not necessarily applicable for biologic or biopsychosocial management of female sexual dysfunction. A unified nomenclature system enables clinicians, researchers, and regulatory agencies to use the same language and criteria for determining clinical end points, assessing research results, and managing patients.

Aim: To develop nomenclature with classification systems for female sexual desire, arousal, and orgasm disorders with definitions pertinent to clinicians and researchers from multiple specialties who contribute to the field of sexual medicine.

Methods: Key national and international opinion leaders diverse in gender, geography, and areas of expertise met for 2 days to discuss and agree to definitions of female sexual desire, arousal, and orgasm disorders and persistent genital arousal disorder. The attendees consisted of 10 psychiatrists and psychologists; 12 health care providers in specialties such as gynecology, internal medicine, and sexual medicine; three basic scientists; and one sexuality educator, representing an array of societies working within the various areas of sexual function and dysfunction.

Main Outcome Measure: A unified set of definitions was developed and accepted for use by the International Society for the Study of Women's Sexual Health (ISSWSH) and members of other stakeholder societies participating in the consensus meeting.

Results: Current DSM-5 definitions, in particular elimination of desire and arousal disorders as separate diagnoses and lack of definitions of other specific disorders, were adapted to create ISSWSH consensus nomenclature for distressing sexual dysfunctions. The ISSWSH definitions include hypoactive sexual desire

Received May 2, 2016. Accepted September 25, 2016.

¹Departments of Psychiatry and Medicine, Weill Cornell Medical College, New York, NY, USA;

²The Center for Vulvovaginal Disorders, Washington, DC, USA;

³San Diego Sexual Medicine, San Diego, CA, USA;

⁴Sexual Medicine, Alvarado Hospital, San Diego, CA, USA;

⁵Center for Studies in Behavioral Neurobiology, Department of Psychology, Concordia University, Montréal, QC, Canada;

⁶Departments of Psychiatry and Neurobehavioral Sciences and Obstetrics and Gynecology, University of Virginia, Charlottesville, VA, USA;

⁷Sexological Clinic, Psychiatric Center Copenhagen, Institute of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark;

⁸George Washington University, Washington, DC, USA;

⁹Case Western Reserve University School of Medicine, Cleveland, OH; Center for Marital and Sexual Health of South Florida, West Palm Beach, FL, USA;

¹⁰Department of Obstetrics and Gynecology, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ, USA;

¹¹Department of Psychology, Rutgers University, Newark, NJ, USA;

¹²Department of Physiology, University of Sheffield, Sheffield, UK;

¹³Female Sexual Medicine, Academic Urology Center for Pelvic Medicine, Bryn Mawr, PA; Department of Obstetrics and Gynecology, Drexel University College of Medicine, Philadelphia, PA, USA;

¹⁴Departments of Reproductive Biology and Psychiatry, Case Western Reserve University School of Medicine, Cleveland, OH, USA;

¹⁵Department of Psychiatry, Reproductive Medicine and Urology, Weill Cornell Medicine; Human Sexuality Program, New York Presbyterian Hospital, New York, NY, USA;

¹⁶Department of Pharmacology and Physiology, Drexel University School of Medicine, Philadelphia, PA, USA;

¹⁷Rutgers University, New Brunswick, NJ, USA

Copyright © 2016, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jsxm.2016.09.020>

disorder, female genital arousal disorder, persistent genital arousal disorder, female orgasmic disorder, pleasure dissociative orgasm disorder, and female orgasmic illness syndrome.

Conclusion: Definitions for female sexual dysfunctions that reflect current science provide useful nomenclature for current and future management of women with sexual disorders and development of new therapies.

J Sex Med 2016;13:1888–1906. Copyright © 2016, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Key Words: Female Sexual Dysfunction; Nomenclature; Hypoactive Sexual Desire Disorder; Female Sexual Arousal Disorder; Female Genital Arousal Disorder; Female Orgasm Disorder; Persistent Genital Arousal Disorder

INTRODUCTION

Several decades ago, experts believed that sexual dysfunctions in women and men were predominantly psychological; therefore, the mental health community represented by providers most interested in male and female sexual dysfunctions took responsibility for developing definitions of sexual dysfunctions. Historically, health care providers and researchers have relied on the evolving series of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).¹ However, a resource that recognizes the biopsychosocial nature of sexual wellness and sexual health concerns is preferable for the contemporary management of female sexual dysfunctions (FSDs). The American Foundation of Urologic Disease funded a consensus conference in 1997 in an initial attempt to provide such a comprehensive guide. That consensus panel published their findings and recommendations in the *Journal of Urology* in 2000.² Although the resulting publication continues to be cited in the literature, the nomenclature developed at that meeting is not universally used by the health care community when describing sexual problems.

The fifth edition of the DSM (DSM-5) introduced a substantial modification of the nomenclature for women's sexual dysfunction.³ The female nomenclature emphasized Basson's⁴ "circular" model of FSD, rather than the previous linear model, and integrated the dysfunctions of hypoactive sexual desire disorder (HSDD) and female sexual arousal disorder (FSAD) into female sexual interest and arousal disorder (FSIAD). Although there is overlap between desire and arousal, combining the two diagnoses does not improve diagnostic accuracy. In addition, Sand and Fisher⁵ and Giraldo et al⁶ found that women identify with different sexual response models based on their sexual function at the time.

The DSM-5 is a valuable resource when used for its intended purpose.³ It places less emphasis on parallel diagnoses of men's and women's sexual dysfunctions and has made significant changes to the FSD diagnoses.⁷ For instance, after having separate diagnoses for HSDD and FSAD, these two distinct but often co-presenting problems have been combined as FSIAD.³ In medicine, a constellation of symptoms is called a *syndrome*, but two diagnoses occurring concomitantly are still considered two different diagnoses. Combining them, as in the DSM-5, meaningfully limits their value for clinical management and/or clinical research.

Nomenclature should be based on evidence from well-conducted research trials, case reports, and expert opinion. The committee on the incidence and prevalence on sexual dysfunctions from the Fourth International Consultation on Sexual Medicine (ICSM), held in June 2015, endorsed the widely agreed-to clinical principles regarding sexual desire and arousal in women. The committee report stated that HSDD should be maintained as an entity separate from FSAD. Incidence, prevalence, and risk factor data clearly show that delineating these two functions is supported by published evidence.⁸

Our review of the literature, research, and substantial clinical expertise suggests that the DSM-5 nomenclature omits distressing sexual conditions experienced by women, such as persistent genital arousal disorder (PGAD), female orgasmic illness (FOIS), and pleasure dissociative orgasm disorder (PDOD). The Fourth ICSM committee report supported these emerging conditions that have been established through case reports and expert opinion but are in need of further research.⁸

The objective of this initiative was to more clearly define nomenclature to establish a classification system for clinical care, research, and regulatory use in FSD. Clinicians could use this nomenclature for diagnostic criteria and as outcome measurements in the management of sexual problems. Devising a uniform language to be used by clinicians, researchers, and regulatory agencies also enables the development of clearly defined end points for clinical trials and for the development of pharmaceutical and device therapies.

The International Society for the Study of Women's Sexual Health (ISSWSH) initiated a nomenclature conference in December 2013. The mission of the nomenclature conference was to develop consensus among experts who are experienced in diagnosis, evaluation, treatment, and/or research in sexual medicine for a comprehensive, multidisciplinary, evidence-based nomenclature of standardized definitions for female desire, arousal, and orgasm disorders. Of note, sexual pain disorders⁸ and specifically vulvar pain disorders^{9,10} were addressed through separate consensus panels. These data-driven definitions of desire, arousal, and orgasm would (i) be applicable across disciplines and useful in clinical and research settings, (ii) serve as the basis of *International Classification of Diseases* (ICD) codes, and (iii) provide regulatory guidance for interventions aimed at the management of women's sexual problems.

Download English Version:

<https://daneshyari.com/en/article/5730353>

Download Persian Version:

<https://daneshyari.com/article/5730353>

[Daneshyari.com](https://daneshyari.com)