Female Sexual Interest and Arousal Disorder

How We Can Help When Our Patient's Libido Hits the Brakes

Nisha McKenzie, PA-C, CSC, IF

KEYWORDS

- Female sexual dysfunction • Hypoactive sexual desire disorder
- Female sexual interest and arousal disorder • Low libido
- Comprehensive treatment approach • Sexual pain • Sexual health
- Sexuality counseling

KEY POINTS

- Female sexual interest and arousal disorder is a reality for many women, yet is underdiagnosed and undertreated.
- It has recently been recognized that, although most studies cite more than 40% of women will express concern regarding sexuality, a smaller subset are likely distressed by the issue.
- Research is beginning to look at distress as a necessary factor in diagnosing female sexual interest and arousal disorder. Further research will help in development of treatment options, inclusive of counseling techniques and pharmacotherapy.

INTRODUCTION

Sexuality is a vital aspect of human life, recognized and used in countless different ways. It can wax and wane throughout different time periods and life events, but can be distressing if desire remains low despite a change in circumstances. Low sexual desire is the most common sexual difficulty experienced by women.

When low desire persists and becomes distressful, female sexual interest and arousal disorder (FSIAD) could be the diagnosis. The following is a brief synopsis regarding how to recognize this disorder and how to progress if it is diagnosed.

Disclosure Statement: The author currently has a financial relationship as an independent contractor/speaker with AMAG Pharmaceuticals.
Women's Health, Center for Women's Sexual Health, Grand Rapids OB/GYN, 5060 Cascade Road Suite C, Grand Rapids, MI 49546, USA
E-mail address: nisham@grandrapidsobgyn.com

Physician Assist Clin 3 (2018) 385–397
https://doi.org/10.1016/j.cpha.2018.02.007 **physicianassistant.theclinics.com**

FEMALE SEXUAL DYSFUNCTION

Female sexual dysfunction (FSD) is an umbrella term encompassing all aspects of pain, orgasm, desire, and sexual response. Unlike male sexual dysfunction, FSD remains relatively unstudied with few commercially available treatment options. There is complex interplay of psychological, social, cultural, physiologic, and religious undertones to FSD making it difficult for anyone who specializes in any one of those areas to feel competent in treating the disorder.

HYPOACTIVE SEXUAL DESIRE DISORDER AND FEMALE SEXUAL INTEREST AND AROUSAL DISORDER

Hypoactive sexual desire disorder (HSDD) is the subset of FSD that focuses on desire, the most prevalent of the FSDs. It was first defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1987. The definition has changed several times to date. In 2013, the DSM-V[1,2] was released and has combined HSDD with Female Sexual Arousal Disorder and named it Female Sexual Interest and Arousal Disorder (FSIAD) (see DSM-IV[2] and DSM-V criteria for FSD). It is presently defined by the DSM-V as the absence of or significant reduction in sexual interest/arousal for at least 6 months. Three of the following symptoms must also be present:

- Absent/reduced interest in sexual activity
- Absent/reduced sexual/erotic thoughts/fantasies
- No/reduced initiation of sexual activity; unresponsive to partner's attempt to initiate
- Absent/reduced sexual excitement/pleasure during sexual activity in at least 75% of encounters
- Absent/reduced sexual interest/arousal in response to any internal or external sexual/erotic cues (eg, written, verbal, visual)
- Absent/reduced genital or nongenital sensations during sexual activity in at least 75% of sexual encounters

FSIAD can be classified as generalized or situational, lifelong or acquired, and mild, moderate, or severe in distress. In other words, if a woman has been distressed by her level of sexual interest for greater than 6 months, but goes on vacation with her partner and finds herself in a sea of erotic bliss, she is not likely to have a diagnosis of generalized FSIAD, but rather situational FSIAD.

The problem must also cause clinically significant distress. It must not be better explained by a nonsexual mental disorder, severe relationship distress or other stressors, or effect of a substance/medication or another medical condition.

A critical diagnostic criterion is the element of distress. It is interesting to note that although a certain level of communication or sexual frequency can be distressing to one woman, the same scenario in another woman may feel healthy. No quantitative diagnostic tool exists for FSIAD, only the level of distress caused by the dysfunction.

PREVALENCE

Studies assessing the impact of low sexual desire have varied widely in endpoints over the years. The difficulty with comparison of data lies in the lack of notation of distress in the previous DSM-IV-TR criteria. A study sampling 741 women across Australia, the Americas, Europe, and Asia reported the prevalence of problems with sexual desire varied from 3.0% to 31.0%. They were evaluated using DSM-IV-TR-IV criteria for HSDD as well as a validated questionnaire.[3] The WISHeS study also used validated