PSYCHOLOGICAL TREATMENT FOR HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) IN MEN AND WOMEN

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WHAT IS HSDD?

- Persistent or recurrent deficiency or absence of sexual/erotic thoughts or fantasies and desire for sexual activity\(^1\)
- Needs to include clinically significant distress (frustration, sense of loss, sadness, anxiety)
- Needs to have been in place for at least six months

\(^1\)McCabe et al., 2016, JSM
PREVALENCE OF HSDD

- Varies from 17%\(^1\) to 55%\(^2\) for women
- Varies from 15%\(^3\) to 58%\(^4\) for men
- Variability is due to different
  - Modes of recruitment
  - Ages
  - Measures to determine HSDD
  - Countries

\(^1\) Osborn et al., 1988, BMJ; \(^2\) Richters et al., 2003, Aust N Z J Public Health; \(^3\) Laumann et al., 1999, JAMA; \(^4\) Korfage et al., 2008, Urology
### Comparison of Different Types of Sexual Dysfunction for Males and Females

<table>
<thead>
<tr>
<th>Dysfunction</th>
<th>Male (n=95)</th>
<th>Female (n=105)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Premature ejaculation</td>
<td>33</td>
<td>34.7</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>42</td>
<td>44.2</td>
</tr>
<tr>
<td>Retarded ejaculation</td>
<td>15</td>
<td>15.8</td>
</tr>
<tr>
<td>Lack of sexual interest</td>
<td>18</td>
<td>18.9</td>
</tr>
</tbody>
</table>

These percentages do not total 100 since some respondents experienced multiple sexual problems.

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1McCabe, 2001, J Sex Marital Ther
CAUSES OF HSDD

- Psychological
  - Depression/anxiety
  - Prior sexual or physical abuse
  - Stress
  - Alcohol/substance abuse
CAUSES OF HSDD

- Interpersonal relationships
  - Relationship quality and conflict
  - Lack of partner
  - Partner performance and technique

- Sociocultural factors
  - Inadequate education
  - Conflict with religious, personal or family values
  - Societal taboos
EFFECTIVENESS OF PSYCHOLOGICAL TREATMENTS

Women

- Generally, the same types of programs are used for a range of sexual dysfunctions for women, due to the high level of overlap in the prevalence of the disorders.

- CBT leads to a substantial improvement in sexual desire and arousal disorders, anorgasmia is more difficult to treat\(^1\),\(^2\)

- More recent research has shown substantial improvements, but not reversal of symptoms, following treatment\(^3\)

\(^1\)Trudel et al., 2001, Sex Rel Ther; \(^2\)van Lankveld et al., 2001, J Sex Res; \(^3\)Jones & McCabe, 2011, JSM
EFFECTIVENESS OF PSYCHOLOGICAL TREATMENTS

Men

- It has been estimated that between 40% and 70% of men with sexual dysfunction do not consult a health care professional for their disorder\(^1\)
- CBT is an effective treatment for improving HSDD\(^2\)
- There is also an improvement in sexual satisfaction and relationship satisfaction\(^2\)

\(^1\)Rosen et al., 2004, Curr Med Res Opin; \(^2\)McCabe et al., 2008, Int J Impot Res
EFFECTIVENESS OF COGNITIVE BEHAVIOR THERAPY

- Designed to challenge unrealistic beliefs contributing to sexual problems
- Strategies include:
  - Problem solving
  - Challenging unrealistic beliefs
  - Behavioral exercises
- Generally shows some level of effectiveness, although there is not complete remediation of the problems and the couple need to continue with exercises after treatment phase
## Frequency of Female Sexual Dysfunction, Pre-Therapy and Post-Therapy (n=54)

<table>
<thead>
<tr>
<th>Dysfunction</th>
<th>Pre-Therapy</th>
<th></th>
<th>Post-Therapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anorgasmia</td>
<td>36</td>
<td>66.7</td>
<td>6</td>
<td>11.1</td>
</tr>
<tr>
<td>Sexual arousal disorder</td>
<td>18</td>
<td>33.3</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td>Vaginismus</td>
<td>3</td>
<td>5.5</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>Lack of sexual interest</td>
<td>43</td>
<td>79.6</td>
<td>29</td>
<td>53.7</td>
</tr>
<tr>
<td>No sexual problems</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>44.4</td>
</tr>
</tbody>
</table>

These percentages do not total 100 since some females experienced multiple sexual problems

1McCabe, 2001, J Sex Marital Ther
### Frequency of Male Sexual Dysfunction, Pre-Therapy and Post-Therapy (n=45)\(^1\)

<table>
<thead>
<tr>
<th>Dysfunction</th>
<th>Pre-Thrapy</th>
<th></th>
<th>Post-Thrapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Premature ejaculation</td>
<td>21</td>
<td>46.6</td>
<td>5</td>
<td>11.1</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>32</td>
<td>71.1</td>
<td>16</td>
<td>35.6</td>
</tr>
<tr>
<td>Retarded ejaculation</td>
<td>5</td>
<td>11.1</td>
<td>4</td>
<td>8.9</td>
</tr>
<tr>
<td>Lack of sexual interest</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No sexual problems</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>53.3</td>
</tr>
</tbody>
</table>

These percentages do not total 100 since some males experienced multiple sexual problems

\(^1\)McCabe, 2001, J Sex Marital Ther

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MINDFULNESS-BASED INTERVENTIONS

- Allows the client to focus on and accept feelings and perceptions
- Recognise thoughts as mental sensations that may be simply observed rather than followed
- Takes the focus off self-judgement

¹Rosenbaum, 2013, Sex Rel Ther
MINDFULNESS-BASED INTERVENTIONS\(^1\)

- Clients start to recognise thoughts that are unhelpful or catastrophizing as well as recognise the feelings underlying these thoughts.
- Experience sensations rather than trying to change them: reduces their power.

\(^1\)Rosenbaum, 2013, Sex Rel Ther
MINDFULNESS AND SEX THERAPY\textsuperscript{1,2}

- **During Sexual Activity**
  - Helps to decrease cognitive and affective distractions
  - Takes the focus off performance anxiety and monitoring
  - Increases attention and awareness of pleasurable sensations

\textsuperscript{1}Brotto & Heiman, 2007, Sex Rel Ther; \textsuperscript{2}Brotto et al., 2008, JSM
MINDFULNESS AND SEX THERAPY

- Often used alongside traditional sex therapy strategies
- The focus is on
  - Observing body sensations
  - Removing negative self evaluations or lack of self-acceptance
  - Reducing levels of anxiety and performance anxiety
MINDLESSNESS DURING SEX
EFFECTIVENESS OF MINDFULNESS THERAPY

- Research has only been completed with women
- Improvement in attention, self-judgement and anxiety and depressive symptoms\(^1\)
- Improvements in sexual desire and arousal problems\(^2\), as well as improvements in sexual function among women with gynaecological cancer\(^3,4\)
- Improvements in sexual arousal for women who had experienced sexual abuse\(^5\)

\(^1\)Sliverstein et al., 2011, Psychosom Med; \(^2\)Brotto et al., 2008, JSM; \(^3\)Brotto et al., 2008, Arch Sex Behav; \(^4\)Brotto et al., 2012, Gynecologic; \(^5\)Brotto et al., 2012, J Sex Marital Ther
DISCUSSION

- Men with a lack of sexual desire are less likely to present for and complete therapy.
- Low sexual desire is associated with lower levels of distress, so they are less motivated to complete therapy.
- Arousal phase problems are most likely to improve, desire phase least likely to improve.
- A high percentage of females experienced multiple sexual problems.
DISCUSSION

- Findings suggest that males seek help when problems are entrenched.
- Sexual dysfunction has been in place for a long time before assistance is sought.
- 42.6% of males and 33.3% of females experienced problems > 5 years.
- This makes dysfunction more difficult to treat – becomes incorporated into relationship and lifestyle.
- Longer term therapy may be more effective for HSDD in men and women.

\(^1\)McCabe, 2001, J Sex Marital Ther
CONCLUSION

- Sexual dysfunctions are likely to be long-standing and pervasive before assistance is sought.
- Short term CBT is most effective with orgasm and arousal problems; least effective with desire problems.
- Need for longer term interventions, or interventions combined with pharmacotherapy.