

International Menopause Society – press release

Study highlights women's distress at lack of interest in sex

Embargo, 00.01 (Central European Time), Saturday 15th November, 2014

A qualitative study from a team of researchers at Monash University (Melbourne) has sought to understand the personal impact of loss of sexual interest on women and the expectations of women seeking treatment for their problem. This is the first study to consider the real-life situation of women seeking treatment at a clinic; previous studies have actively sought out women with sexual problems, which may change the expectations and experiences of the patients. This work is published in the December edition of the peer-reviewed journal *Climacteric**

Loss of sexual interest is the most commonly reported sexual problem amongst women. Although researchers have identified that loss of interest in sex can be very concerning for women, there has been little understanding as to what motivates women to seek help for this problem. There is also little known about women's expectations of treatment for female sexual dysfunction.

The team interviewed 17 women who had been referred to the Cabrini Medical Centre (Melbourne, Australia) for specialist assessment and possible treatment. In depth face-to-face interviews took place prior to the medical consultation, in which women were asked to talk about their sexual worries and the reasons for attending the clinic. Four major themes emerged during the course of the interviews.

1 Personal psychological distress: these feelings manifested themselves in low self-esteem, feelings of guilt, sadness, worthlessness, inadequacy, frustration, disappointment and embarrassment:

- 'I think a feeling of guilt from my point of view and from my husband probably a feeling of not being attractive to me. A feeling of not being adequate maybe' (Olivia, aged 43).
- Older participants also reported psychological distress. Justine, aged 70, stated: 'I just do not feel inclined to have sex. I want to approach my husband, to be physical. There is nothing there. I just don't feel anything at all. You know it has been for a few years now and I just don't think that's normal because I am not that old. This is disappointing that I do not like to be touched.'

2: Concern about the adverse effect of lack of sexual interest on the relationship with their sexual partner Although most women appreciated their partner's support, they were concerned about the negative effects of their sexual problems on intimacy and cited this as a driving factor for seeking medical help:

- Stella, aged 47 described: 'Physically I don't really feel like I need to be sexually active. I do get concerned about the future and whether it is going to affect the relationship with my husband.'
- Emma, aged 51 stated: 'It's not like our marriage is in trouble because of it, but it is definitely something that we both would like to enjoy and my husband would like more of. It is important for any marriage and relationship. You still need to have that regardless of how long we're together whether it's 10, 20, 30 years. I guess it's always the thought of hearing other people having regular sex and you say "what's wrong with me?".'

Theme 3: A belief in a relationship between lack of sexual interest and 'hormone deficiency'

Many women spoke of a 'lack of hormones in their bodies':

- Clara, aged 62 said '... But you are not dead yet, you are still functioning, your body still functions, but when we are menopausal our levels go down and of course you don't feel like sex.'

Theme 4: An expectation of treatment outcomes, which included positive physical and sexual changes

Many women viewed hormonal treatment as a 'magic bullet'. Postmenopausal women were eager to receive menopausal hormone therapy and testosterone. Women hoped these would benefit them physically and sexually, that they would have more energy, look younger and fitter and be healthier. They anticipated increased spontaneous sex drive, arousal, orgasm and an enjoyable sex life:

- Adele, aged 53, said '... I want some energy. I feel I am a young, fit, healthy, happy woman. I am blessed, but I just would like to not feel like I'm 80 years old sometimes. I don't recover from exercise anymore. I am quite exhausted and I fall asleep all the time. I like to feel more energetic, to not be asleep at 9 o' clock at night every night. That would be nice and probably to feel more spontaneous'.

3-4 months after treatment, 10 of the women were again interviewed. Treatment with vaginal estrogen alone or MHT (Menopausal Hormone Therapy) alleviated the symptoms of concern and was associated with improved sexual wellbeing. Four women who were treated with testosterone therapy, in addition to MHT, all reported a benefit of treatment.

- Justine, 70 years, said: 'Before I did not like to be touched and that is improved after treatment. I feel ok. I am feeling better in myself.'
- Alice, a breast cancer survivor, reported only partial symptom relief with vaginal estrogen therapy said: '... there is (still) some pain, but intercourse is not impossible'

Research leader, Professor Susan Davis said.

"It is important to understand that this is a qualitative study, not a clinical trial. Studies such as this help us get to the core of what women who want treatment are experiencing and inform us about what we should be looking at, and which questions to ask in a clinical trial. A huge number of women are affected by sexual problems globally, but we don't really know much about how it makes women feel and what they expect of treatment. The important

feature about this study is that the participants didn't respond to an ad to be in the study. These were simply women attending a practice seeking help for their problem. This study shows that the women who are seeking help for sexual interest/arousal problems are profoundly affected by their problem. Most of the women we interviewed were deeply concerned about intimacy and about the effect of lack of sexual interest on their relationship. Often the distress many women feel because of this just isn't understood".

Commenting, Professor Camil Castelo-Branco (Chair of the Council of Affiliated Menopause Societies**, and Professor of Obstetrics and Gynecology at Barcelona University) said:

"This qualitative study examines the personal impact of loss of sexual interest on women, and also what were the expectations of those women who sought treatment for their sexual problems. But data from this qualitative study may give additional clues for health care providers. If we could reproduce this work on a larger sample, we may be able to assign these patients into groups which would allow us to design specific therapies for sexual problems and better management of this condition: in other words, to give a more personalized management of sexual problems.

Health care providers should keep in mind that the women in this study have broken through considerable personal barriers in talking about their problems. Intimacy is difficult to talk about, and these women deserve our respect. We owe it to them, and to other women (and indeed men) suffering as a result of this problem, to help improve their quality of life".

IMPORTANT NOTES

This is a qualitative study, and should be read as such. Study limitations are indicated in the original paper. Some of the quotes in this press release have been edited from the quotes in the original paper, for brevity.

Notes for Editors

Please mention Climacteric, the journal of the International Menopause Society, in any story resulting from this press release.

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Embargo: this paper is embargoed until 00.01 (Central European Time), Saturday 15th November, 2014. It allows for publication in the European Press on Saturday 15th November.

*The original paper is published in the peer-reviewed journal *Climacteric*. *Climacteric* is the official journal of the International Menopause society.

CLIMACTERIC 2014;17:1–8 DOI: 10.3109/13697137.2014.926322

Women's expectations and experiences of hormone treatment for sexual dysfunction

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ABSTRACT

Objectives There is a paucity of information regarding women's expectations of medical treatment for female sexual dysfunction (FSD) and their self-appraisal of treatment outcomes. The aims of this study were to explore women's perception and expectations of treatment and their experiences of treatment for FSD using a qualitative approach.

Methods First-time attendees to an endocrinologist with the complaint of sexual difficulties were identified and were invited to take part in an in-depth interview on the same day as, but prior to, their medical consultation. Follow-up phone interview took place 3 – 4 months later.

Results Seventeen women, aged 26 – 70 years, participated in the face-to-face interview. Ten of these participated in the follow-up interview. Four major themes emerged from the women's narrative stories: (1) personal psychological distress associated with FSD, (2) concern about the adverse effect of FSD on the relationship with their sexual partner, (3) a belief in a relationship between FSD and 'hormone deficiency', and (4) an expectation of treatment, which included positive physical and sexual changes.

Conclusions Health professionals should be aware of the high degree of psychological distress that can result from FSD and consider available treatment options, which may include hormone therapy.

**The Council of Affiliated Menopause Societies (CAMS) is one of the Organs of the International Menopause Society. It was created to provide a democratic forum with equal membership and voting rights for all national societies affiliated with the IMS. See <http://www.imsociety.org/cams.php>

Source of funding Ms. Fooladi is a PhD researcher sponsored by the Iran Ministry of Health and Medical Education. Dr Davis is an NHMRC Principal Research Fellow (Grant no 1041853).