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Low Sexual Desire Disorder

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Low sexual desire disorder (sexual desire/interest disorder) is lack of interest in sexual activity and sexual thoughts.

- Depression, anxiety, stress, relationship problems, past experiences, drugs, and, less often, hormonal changes can reduce sexual desire.
- Improving the relationship and the setting for sexual activity and identifying what stimulates the woman sexually can help.
- Psychologic therapies, particularly mindfulness-based cognitive therapy, may be recommended.

A temporary reduction in sexual interest is common, often caused by temporary conditions, such as fatigue. In contrast, low sexual desire disorder causes sexual thoughts, fantasies, and desire for sexual activity to be decreased over a long period of time and more than would be expected for a woman's age and the length of the sexual relationship. Low sexual desire is considered a disorder only if it distresses women and if desire is absent throughout the sexual experience.

Causes

Depression, anxiety, stress, or problems in a relationship commonly reduce sexual desire and motivation. Having a poor sexual self-image also contributes, as does having unrewarding sexual experiences, which may occur because one or both partners lack skill or because the woman does not communicate her sexual needs. Women with this disorder tend to be anxious and to have frequent changes in mood.

Use of certain drugs, including antidepressants (particularly selective serotonin reuptake inhibitors), opioids, some anticonvulsants (see Table: Drugs Used to Treat Seizures), and beta-blockers (see Table: Antihypertensive Drugs), can reduce sexual desire, as can drinking excessive amounts of alcohol.

Because levels of sex hormones such as estrogen and testosterone decrease with age, sexual desire might be expected to similarly decrease with age. However, overall, low sexual desire disorder is as common among young healthy women as it is among older women. Still, changes in sex hormones sometimes cause low desire. For example, in young healthy women, sudden drops in levels of sex hormones, as may occur during the first few weeks after childbirth, may cause sexual desire to decrease. In middle-aged and older women, sexual desire may decrease, but a connection between the decrease and hormones has not been proved. In younger women, removal of both ovaries causes a very sudden drop in sex hormones (estrogen, progesterone, and testosterone), as well as infertility. Also, the cause for removal may be cancer. All of these effects may contribute to low sexual desire. Even when these women take estrogen, sexual desire may be low.

The decrease in estrogen can make the tissues of the vagina can become thin, dry, and inelastic (atrophic vaginitis). As a result, intercourse can be uncomfortable or painful, making women less interested in it.

Did You Know...

Young healthy women are as likely to have low sexual desire disorder as older women.

Desire most closely links to mood and relationship (rather than to hormones).

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Diagnosis

Diagnosis is based on the woman's history and description of the problem. A pelvic examination is done if penetration during sexual activity causes pain.

Treatment

One of the most helpful measures is for women to identify and tell their partner which things stimulate them. Women may need to remind their partner that they need preparatory activities—which may involve touching or not—to get ready for sexual activity. For example, they may want to talk intimately, watch a romantic or erotic video, or dance. Women may want to kiss, hug, or cuddle. They may want their partner to touch various parts of their body, then the breasts or genitals (foreplay) before moving to sexual intercourse or other sexual activity that involves penetration. Couples may experiment with different techniques or activities (including fantasy and sex toys) to find effective stimuli.

Measures recommended to treat sexual dysfunction in general (see Treatment) can also help increase sexual desire.

Treatment often focuses on factors that contribute to a low sexual desire, such as depression, a poor sexual self-image, and problems in a relationship.

Psychologic therapies, particularly mindfulness-based cognitive therapy (MBCT—see Treatment), may benefit some women. Mindfulness involves focusing on what is happening in the moment. MCBT, usually done in small groups, combines mindfulness and cognitive-behavioral therapy. It can help with arousal, orgasm, and the subsequent desire for sexual activity.

Other treatments depend on the cause. For example, if drugs may be contributing, they are stopped if possible.

If the cause is pain due to atrophic vaginitis, women may benefit from estrogen. If atrophic vaginitis develops after menopause, taking estrogen by mouth or applying an estrogen patch or gel to an arm or a leg, may be recommended. These forms of estrogen affect the whole body and can thus help improve mood, lessen hot flashes and sleep problems, keep the vagina healthy, and maintain adequate lubrication for sexual intercourse. All of these effects may make women more likely to be interested in sex. However, doctors usually recommend that postmenopausal women use forms of estrogen that affect mainly the vagina. For example, estrogen may be inserted into the vagina as a cream (with a plastic applicator), as a tablet, or in a ring (similar to a diaphragm). These forms of estrogen can keep the vagina healthy but do not help with mood, hot flashes, or sleep problems. If women who have a uterus (who have not had a hysterectomy) take estrogen by mouth or in a patch or gel, they are also given a progestin (a synthetic version of the hormone progesterone) because taking estrogen alone increases the risk of cancer of the lining of the uterus (endometrial cancer).

Whether testosterone (taken by mouth or in a patch) is beneficial is unknown. Testosterone may have side effects, and long-term safety is not known. Thus, this treatment is not recommended. However, testosterone is occasionally prescribed in addition to estrogen therapy if all other measures are ineffective. Women who take testosterone must be evaluated regularly by their doctor.