

Psychotherapeutic Approaches to Treating HSDD



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Speaker Disclosures

- **Advisory Board Fee/Consultant Fee:** Alloy, Astellas Pharma, Bayer, Daré Bioscience, Freya, Madorra, Materna, Mithra, Palatin Technologies, Inc., Pfizer Inc., ReJoy, Sprout Pharmaceuticals, Inc., Strategic Science & Technologies, Ms. Medicine
- **Shares/Restricted Stock Units:** Alloy
- **DEI Disclosure:** Most research in this field has been done in N. America, and thus may not be generalizable to other populations
- This presentation uses gender-specific language . However, I recognize that some individuals may identify differently than the gender and pronouns used in this presentation

Objectives

- To review psychological concepts related to and assessment of hypoactive sexual desire disorder (HSDD)
- To identify psychotherapeutic treatment options and office-based counseling strategies for women presenting with HSDD

What IS Desire?

In the Eye of the Beholder



Sexual desire is a complex interplay of psychological, physiological, and emotional components influenced by external factors. Desire may be described as the interest in, thoughts/fantasies about, and the positive anticipation of or appetite for a sexual activity

What is NOT Desire

Hypoactive Sexual Desire Disorder (HSDD)

HSDD is the persistent or recurrent absence of sexual thoughts or fantasies and/or lack of desire for sexual activity that is associated with marked personal distress

Any of the following for a minimum of 6 months:

- Lack of motivation for sexual activity manifested by either:
 - Reduced or absent **spontaneous** desire
 - OR
 - Reduced or absent **responsive** desire to erotic cues and stimulation or inability to **maintain** desire
- Loss of desire to initiate or participate, including behavioral responses such as avoidance, not secondary to a sexual pain disorder

Clinically significant
personal distress
(includes frustration, grief,
incompetence, loss, sorrow,
or worry)

If no distress-consider
Asexuality which is not a
dysfunction



ISSWSH = International Society for the Study of Women's Sexual Health
Parish SJ, et al. *J Sex Med.* 2016;13:1888-1906.

1988.....2024? HSDD is the New Depression



Reward Processing: Impaired Reward Circuitry Pathways

- Constructs and key features of depression and HSDD
 - Anhedonia: The loss of interest in or reduced pleasure from rewarding activities
 - Consummatory: Reduced ability to respond to pleasurable rewards
 - Motivational: Reduced ability to seek out pleasurable rewards
 - Avolition: The loss of motivation to seek out rewarding activities

What's a “normal” amount of desire as expressed as sexual activity/frequency?

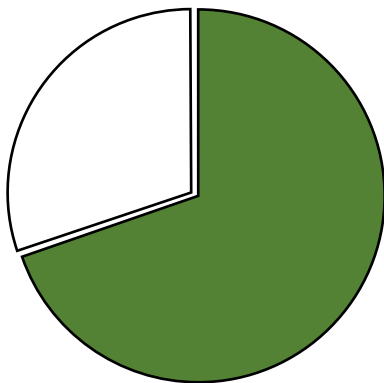
- ▶ Difficult to answer. The “normal” frequency of sex = frequency that two partners agree works best for them. For some, that might mean having sex several times a day/week/month/year.
- ▶ As long as both partners are satisfied, no right or wrong answer
- ▶ One study: 60%-70% of men and women stated weekly or more
- ▶ Also consider quality vs. quantity

Frequency of sexual activity is declining: Do we not desire as much?

Sexual frequency peaks at over 80 times a year in the mid-to late-20s and declines to about 30 times a year in mid-60s

Twenge et al. Arch Sex Beh 2017

General Social Survey 1989-2014,
n=26,620



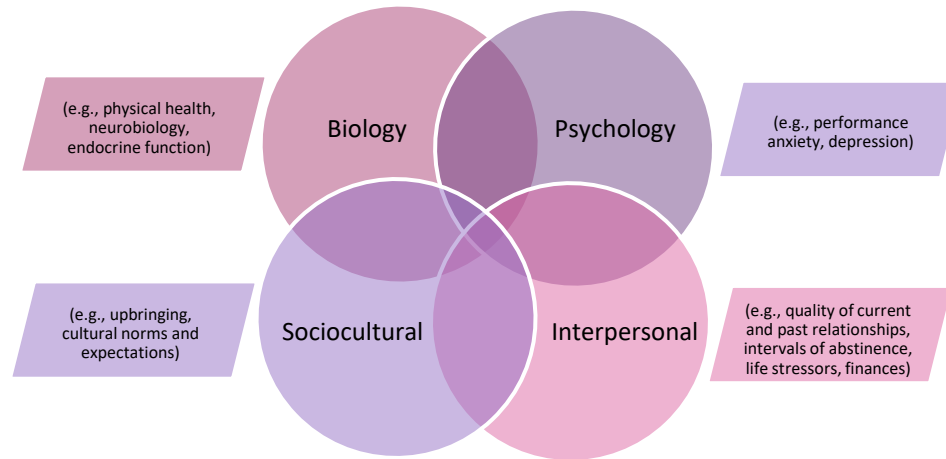
In 2021

25.8%

of Americans
reported having
NO SEX at all
in the past year

GSS 2021

Biopsychosocial Model of Female Sexual Response -Desire



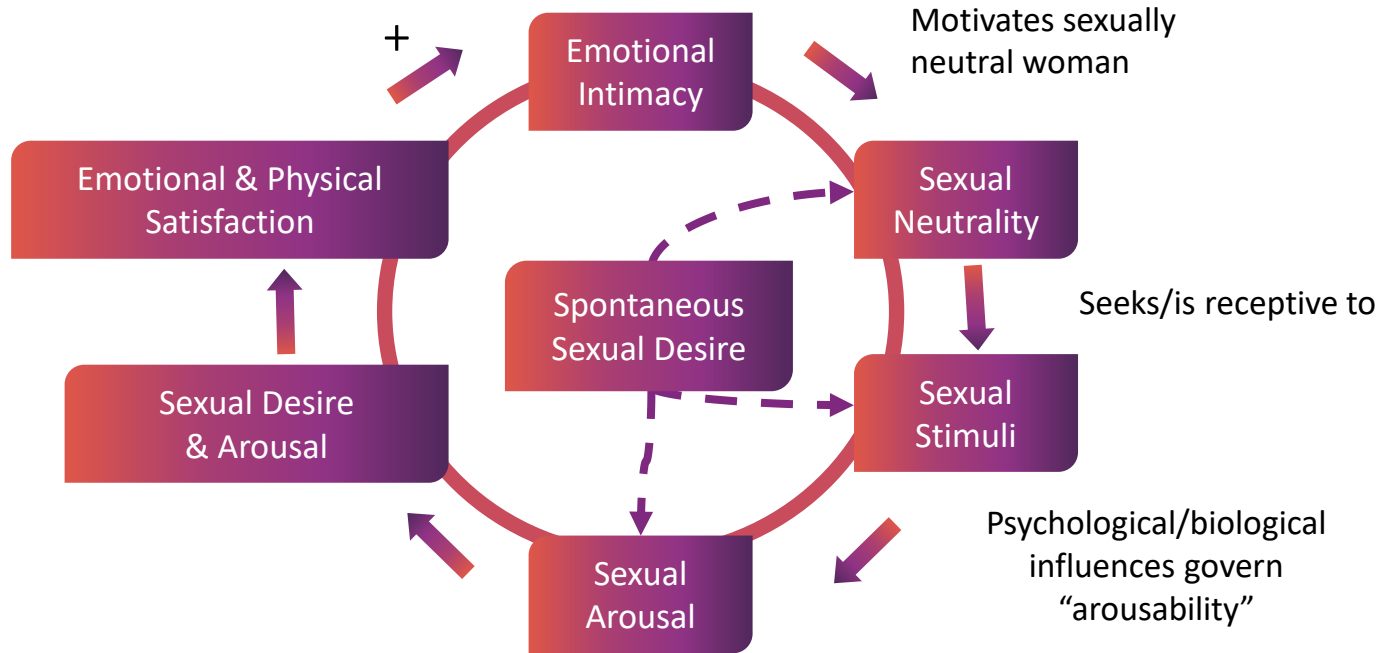
Rosen RC, Barsky JL. Obstet Gynecol Clin North Am. 2006;334:515-526.

Human Sexual Response: Classic Models

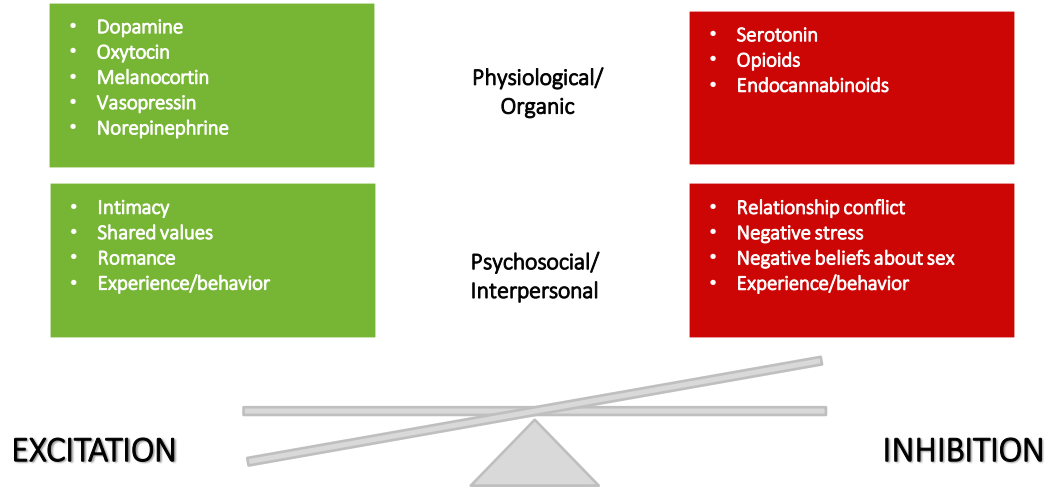


Linear Progression

Sex & Aging/Long-term Relationships: Model of Responsive Desire

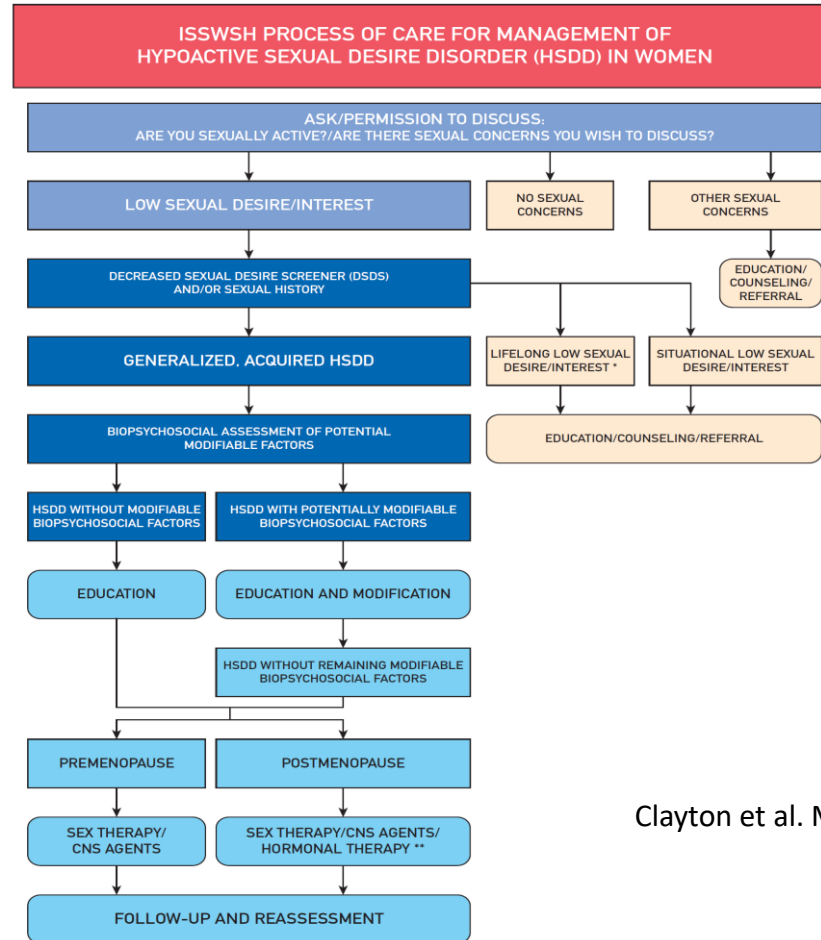


Etiology of HSDD: Imbalance Between Excitation/Inhibition



- Bancroft J, et al. *J Sex Res.* 2009;46:121-142.
- Perelman MA. *J Sex Med.* 2009;6:629-32.

ISSWSH Process of Care for the Management of HSDD in Women: Focus on Psychosocial Assessment



Clayton et al. Mayo Clin Proc 2017; 93:467-487.

Psychological Contributions to HSDD

- Mood
 - Depression, irritability, rage
 - Fear, shame, embarrassment
- Anxiety, Sexual Self Confidence
- Sleep Disturbance
 - Decreases psychological resilience
- Developmental Issues
 - Trauma, abuse, impact of childhood illness or surgery
 - Divorce, affairs, abandonment resulting in lack of trust
- Body Image

Interpersonal Issues

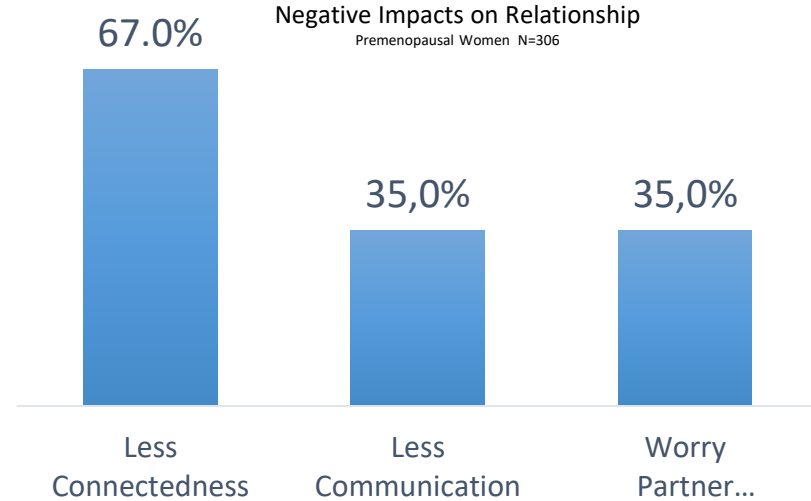
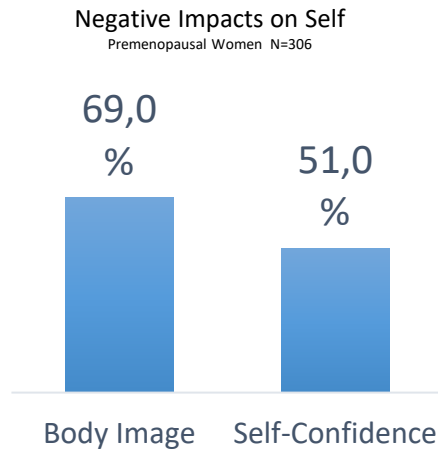
- Chronic discord
 - Emotional estrangement
 - Disappointment
- Ghosts of past relationships
 - Fear of making oneself vulnerable
 - Negative expectations
- Partner sexual problems
 - Erectile dysfunction, rapid ejaculation, low or discrepant desire
 - Sexually maladapted partner
- Partner psychiatric illness
 - Addiction, depression

It Takes Two To Tango



- ▶ There is a dynamic and reciprocal relationship of one partner's sexual function, sexual satisfaction, physical and mental health to the other partner's sexual health and satisfaction
- ▶ The partner's role as a precipitating or maintaining factor has been overshadowed by focusing on individual medical, psychological, or interpersonal factors upon sexual function
- ▶ Issues such as power/control dynamics, unrealistic expectations or reactions from a partner about sex, strategies of 'trying to initiate sex'

Low sexual desire negatively affects self-image and partner relationships



When sex is good...

It adds 15-20% additional value to a relationship



When sex is bad/non-existent...

It plays an inordinately powerful role draining the relationship of all positive value, about 50-70%!

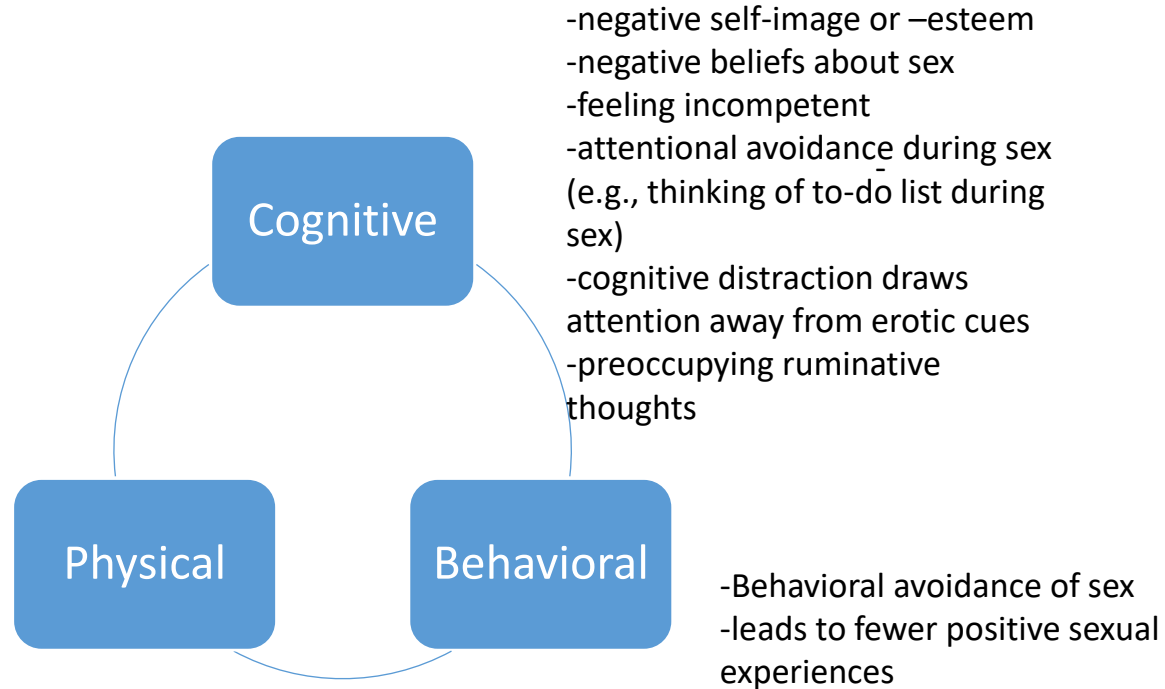
Kingsberg (2014). Attitudinal survey of women living with low sexual desire. *Journal of Women's Health* 23(10), 817-823.
Barry McCarthy (1997) JSMT

Treatment

Sex therapy

- Sex therapy is a specialized form of psychotherapy that draws on an array of behavioral interventions known to effectively treat sexual dysfunction
- Affectual awareness that strives for recognition of positive and negative emotions related to sexual interaction and desire
- Reframing cognitive factors and distracting thoughts
- Offering insight and understanding to the genesis of the problem
- Alters maladaptive behaviors
- Improve communication between partners (e.g. desire discrepancy)
- Sexual function is the focus (not underlying psychopathology)
- Usually 5-20 sessions, includes between-session homework

Cognitive-behavioral model



Examples of Cognitions

“I’m not a sexual person”

“It will never get better”

“What if I start but can’t
continue/finish ”

“My partner is going to leave
me”

“something is wrong with me”

- Evidence that supportive sex education improves desire
 - May be that it provides normalization and validation and increased self-understanding (Brotto et. Al)
 - May also be due to an increase in self-compassion (Brotto et al.)
- Psychoeducation (e.g., about sexual response, prevalence, contributing factors to low desire)

Mindfulness

- Can focus on targeting the relationship between awareness of sexual stimuli & responsive sexual desire
- Growing research support for efficacy (Banbury et al., 2021; Brotto et al., 2021)
- Encourages increased attention to sexual cues
- Encourages intentional awareness of bodily sensations
 - Judgment
 - +Awareness
 - +Compassion (openness to one's own suffering, alleviates suffering through kindness)

Mindfulness-based cognitive therapy (MBCT)

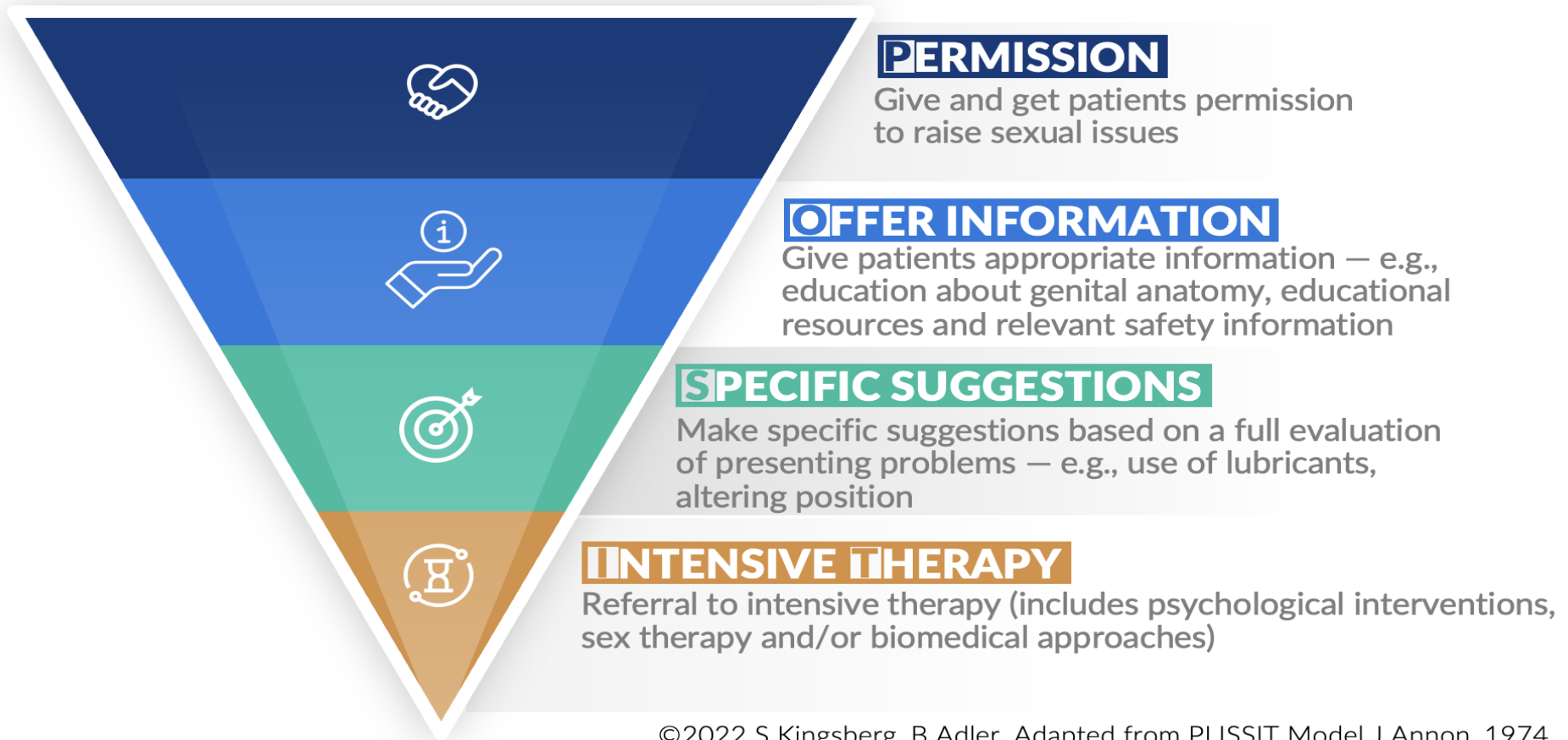
- Usually around 8-12 sessions (group or individual)
- Potential mechanisms: reduces depressive symptoms and self-criticism and increases mindfulness and interoception and self-compassion (Brotto et al)
- neuroplastic changes in the structure and function of the brain regions involved in the regulation of attention, emotion and self awareness
- Sessions include:
 - Mindfulness practice (e.g., body awareness, body scan, mindfulness of thoughts and movement, non-masturbatory genital self-stimulation) (continued at home practice)
 - Instructions for at-home practice of mindfulness after exposure to body touch or interactions with stimulus (e.g., vibrator, sexual content)
 - Psychoeducation (e.g., about sexual response, prevalence, contributing factors to low desire)

Sensate Focus

- Developed by Masters and Johnson, late 1960' s
- Series of progressive “sexual” exercises for individuals or couples with 3 general goals:
 - Decrease avoidance/anxiety
 - Increase personal and interpersonal awareness of self and partner's experiences/needs
 - Improve sexual function
- Current use is less formulaic and more individualized

Masters and Johnson, Human Sexual Inadequacy 1970
Weiner L & Avery-Clark C 2017. Sensate Focus in Sex
Therapy: The Illustrated Manual. New York, NY: Routledge

POSIT Model for Office-Based and Telehealth Counselling



Practical Suggestions that Alter Fixed Beliefs and Habits of Your Patients-HSDD Specific (The SS of POSIT)

- Plan sexual activity when energy is highest and/or pain is lowest
- Put effort into seduction and foreplay
- Plan a “date night”
 - Do not talk about the kids or mortgage or politics or the stock market
- Experiment simple but meaningful changes: Music, lightening, location, lingerie

HCPs Must Help Change Patterns: Easy Education Piece

- Alter self-identity as non-sexual
 - Self-Perception Theory
 - People make attributions about their own attitudes by relying on observations of external behaviors (Bem, 1965)
- Teach couple to compromise desire discrepancy
 - Describe Wundt's schema of sensory affect
 - Increases of stimulus intensity above threshold are felt as increasingly pleasant up to a peak value beyond which pleasantness falls off through indifference to increasing unpleasantness.

Decreased Sexual Desire Screener

Please answer each of the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. In the past was your level of sexual desire or interest good and satisfying to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has there been a decrease in your level of sexual desire or interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you bothered by your decreased level of sexual desire or interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Would you like your level of sexual desire or interest to increase? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Please check all the factors that you feel may be contributing to your current decrease in sexual desire or interest: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A. An operation, depression, injuries, or other medical condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Medication, drugs or alcohol you are currently taking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Pregnancy, recent childbirth, menopausal symptoms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Other sexual issues you may be having (pain, decreased arousal or orgasm) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Your partner's sexual problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Dissatisfaction with your relationship or partner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Stress or fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

When complete, please give this form back to your clinician.

- Specifically designed to screen for acquired, generalized HSDD
- Intended for use by practicing clinicians with little to no experience in recognizing HSDD
- Patient must answer **Yes** to questions 1-4 and **No** to all rule-outs assessed by question 5 to screen positive for HSDD

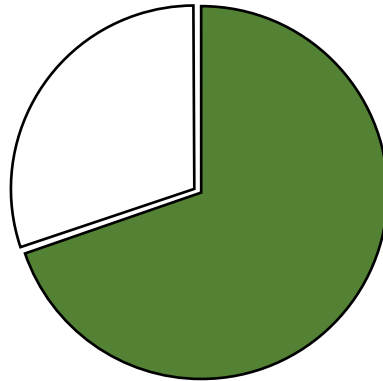
Conclusion

- Psychotherapy in its various forms remains an effective treatment for women with distressing low desire
- A model of combining psychotherapy with pharmacotherapy might prove the most effective method of treating HSDD

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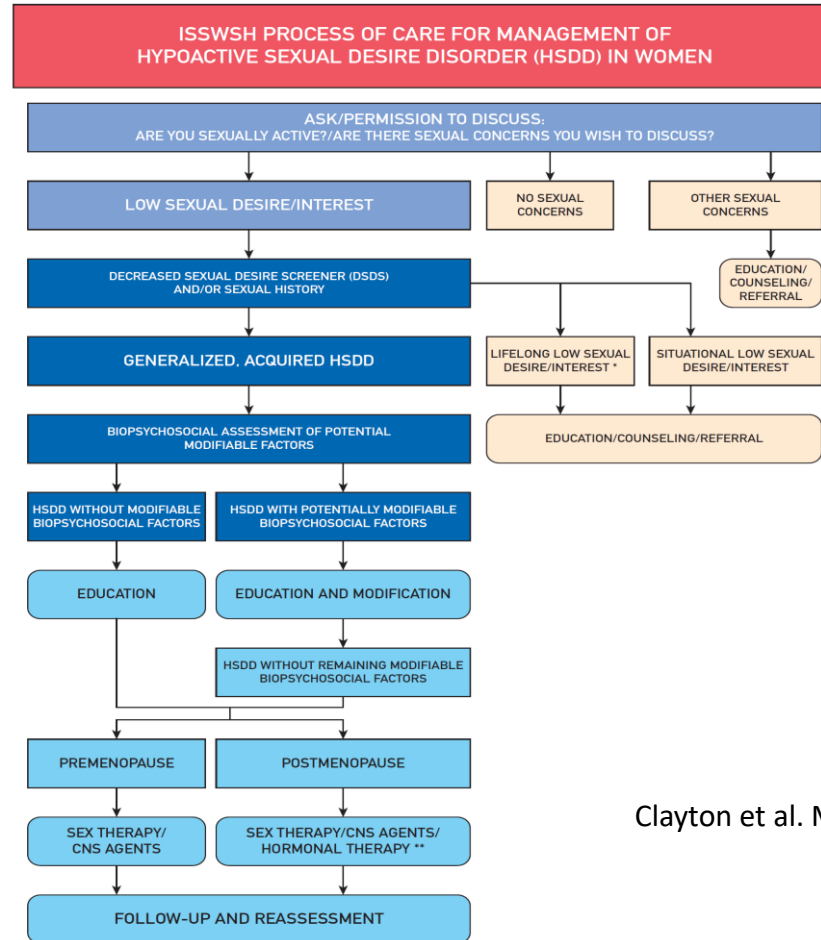
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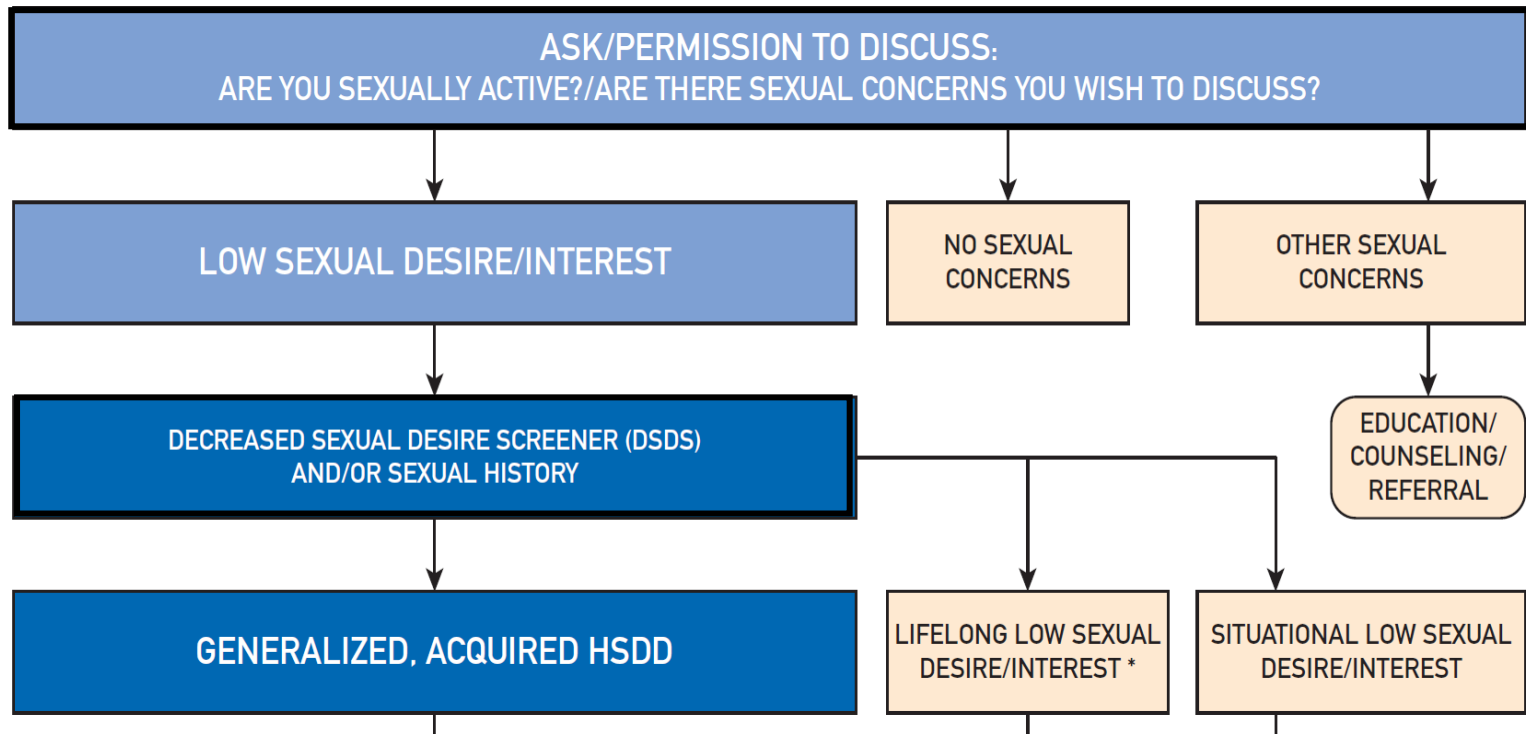
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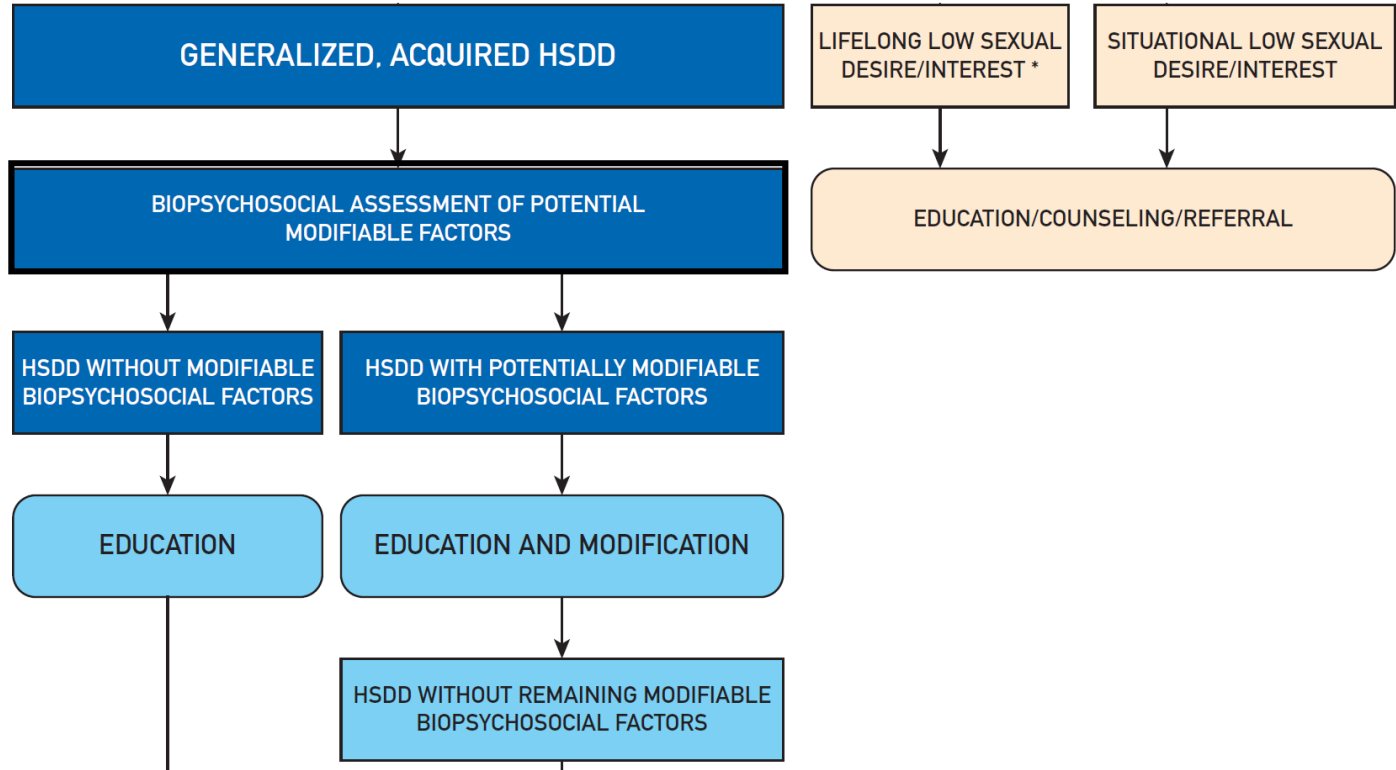
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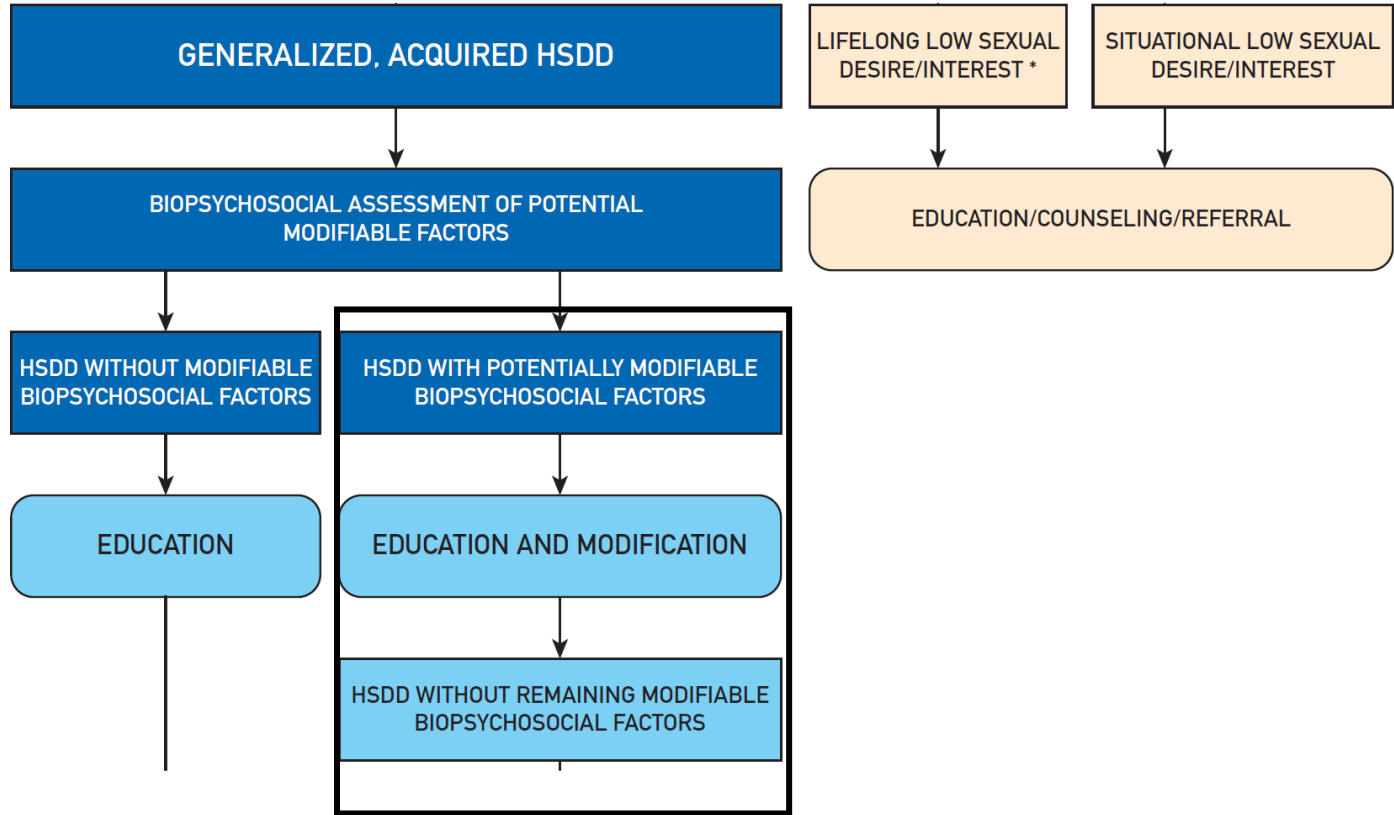
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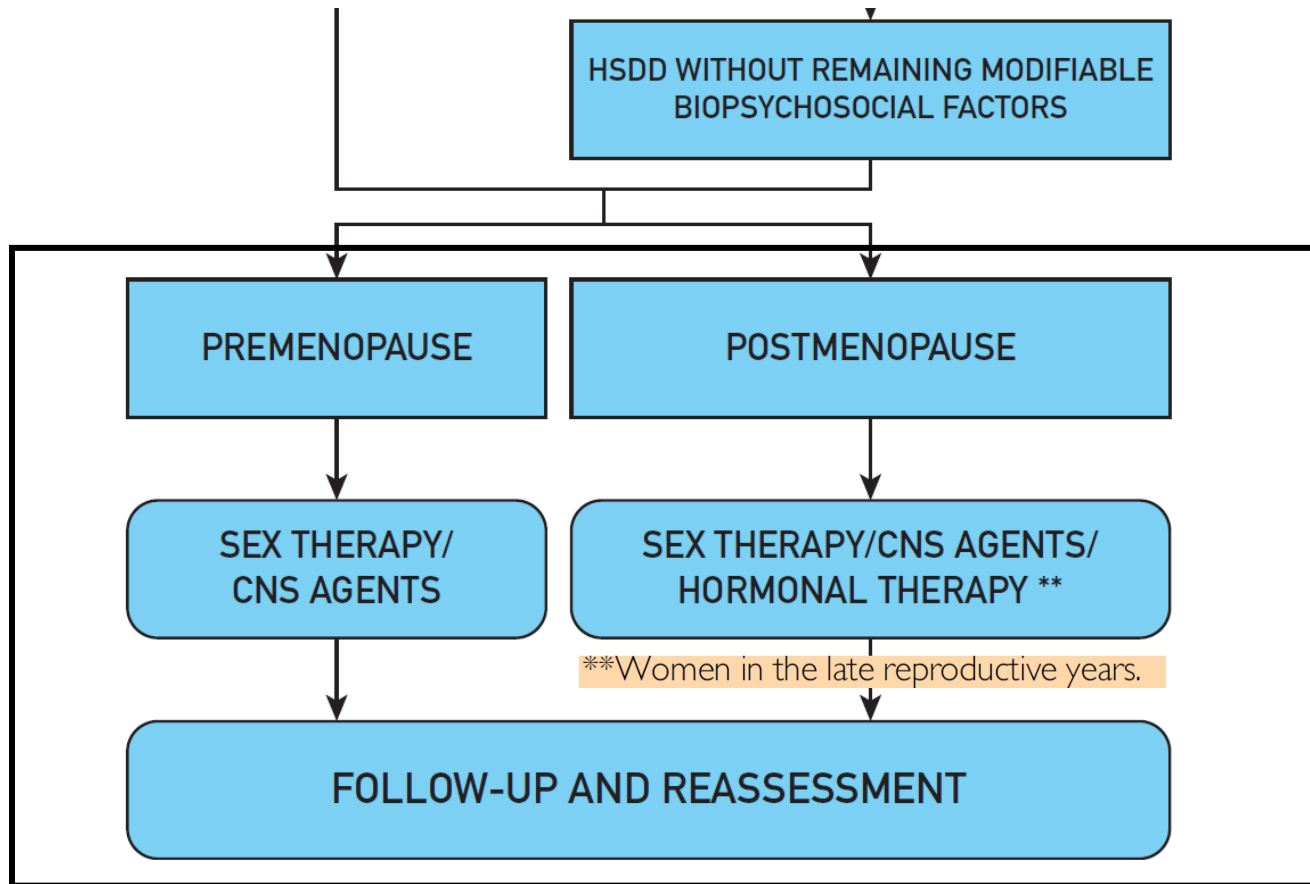


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Thank You!

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