

Psychotherapeutic Approaches to Treating HSDD



Sheryl A. Kingsberg, PhD
She/Her

Chief, Division of Behavioral Medicine
Department of OBGYN
University Hospitals Cleveland Medical Center
MacDonald Women's Hospital

Professor, Departments of Reproductive Biology,
Psychiatry, and Urology

Case Western Reserve University School of Medicine
Cleveland OH, USA

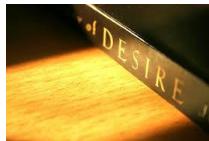
Speaker Disclosures

- **Advisory Board Fee/Consultant Fee:** Alloy, Astellas Pharma, Bayer, Daré Bioscience, Freya, Madora, 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



Desire



DESIRE



DESIRE



DESIRE

DESIRE

DESIRE

DESIRE

DESIRE

DESIRE

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

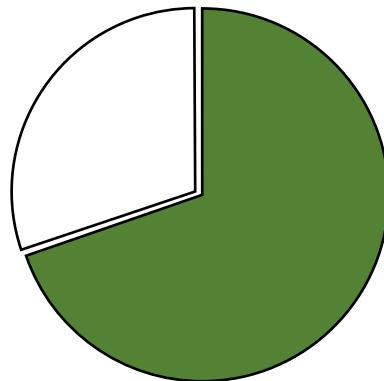
https://www.cdc.gov/nchs/nsfg/key_statistics/n.htm
<https://www.issm.info/sexuality-health-qa/what-is-the-normal-frequency-of-sex/>

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

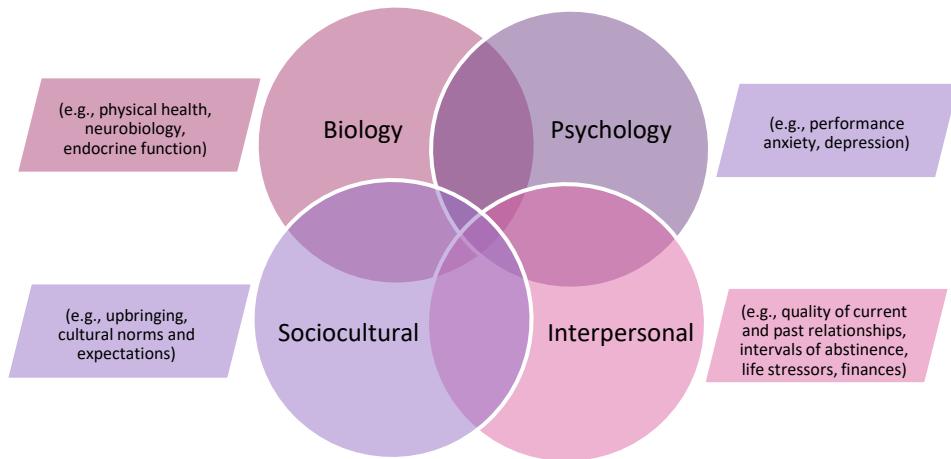


In 2021

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

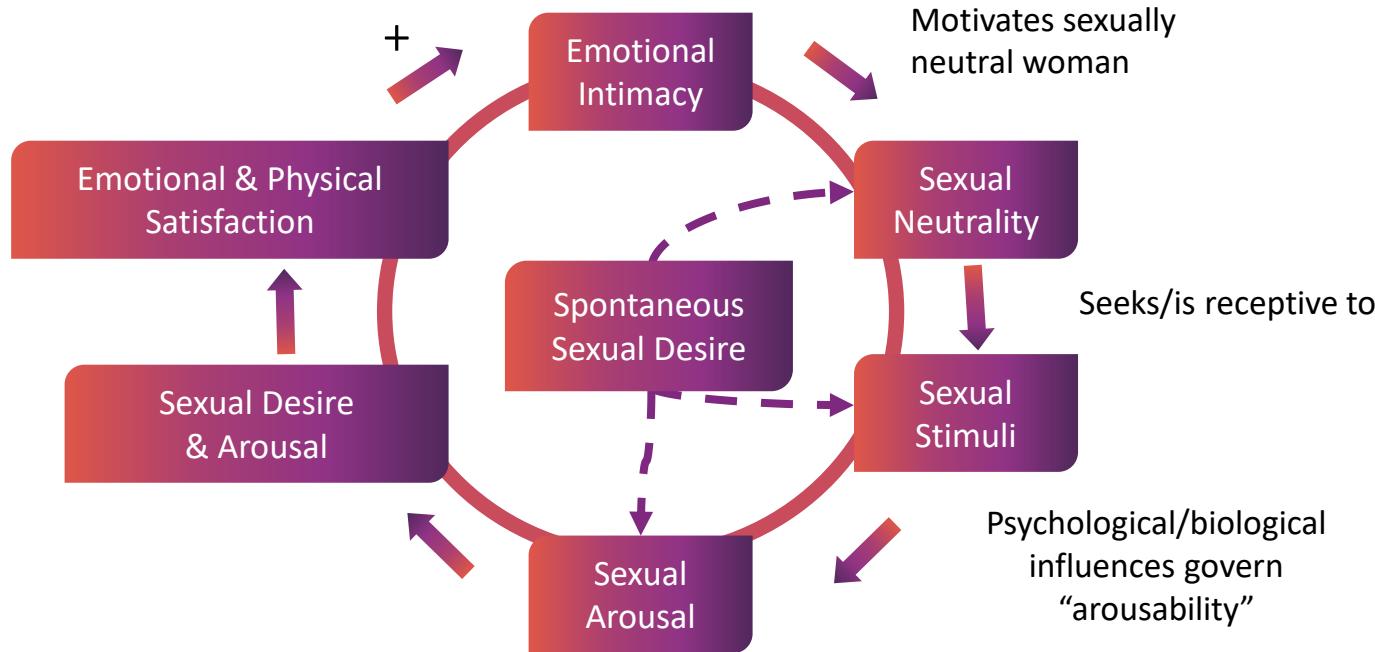
• Excitement ➤ Plateau ➤ Orgasm ➤ Resolution



Linear Progression

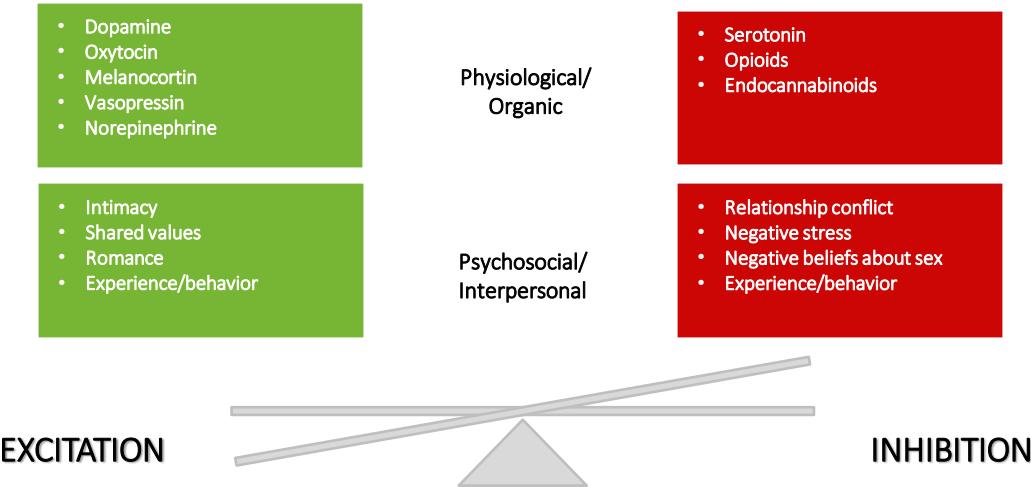
Masters WH, Johnson VE. *Human Sexual Response*. Boston, Mass: Little Brown;1966.
Kaplan HS. *The New Sex Therapy*. New York: Brunner/Mazel,1974 .

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



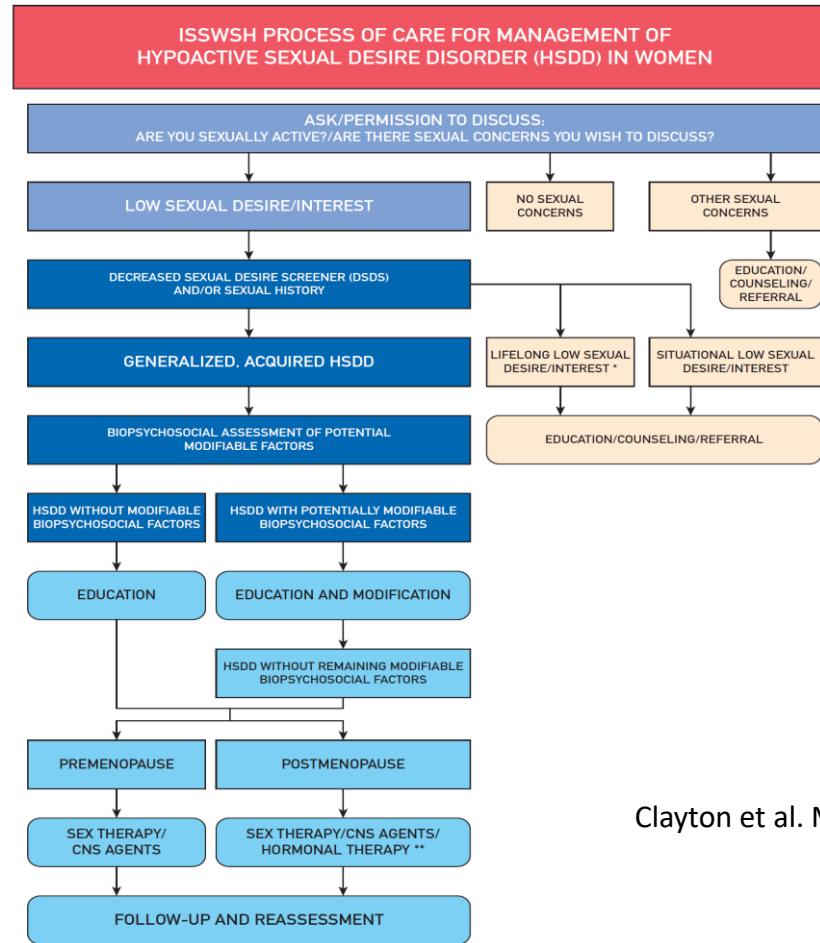
Basson. J Sex Martial Ther 2001.

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 maladroit partner
- Partner psychiatric illness
 - Addiction, depression

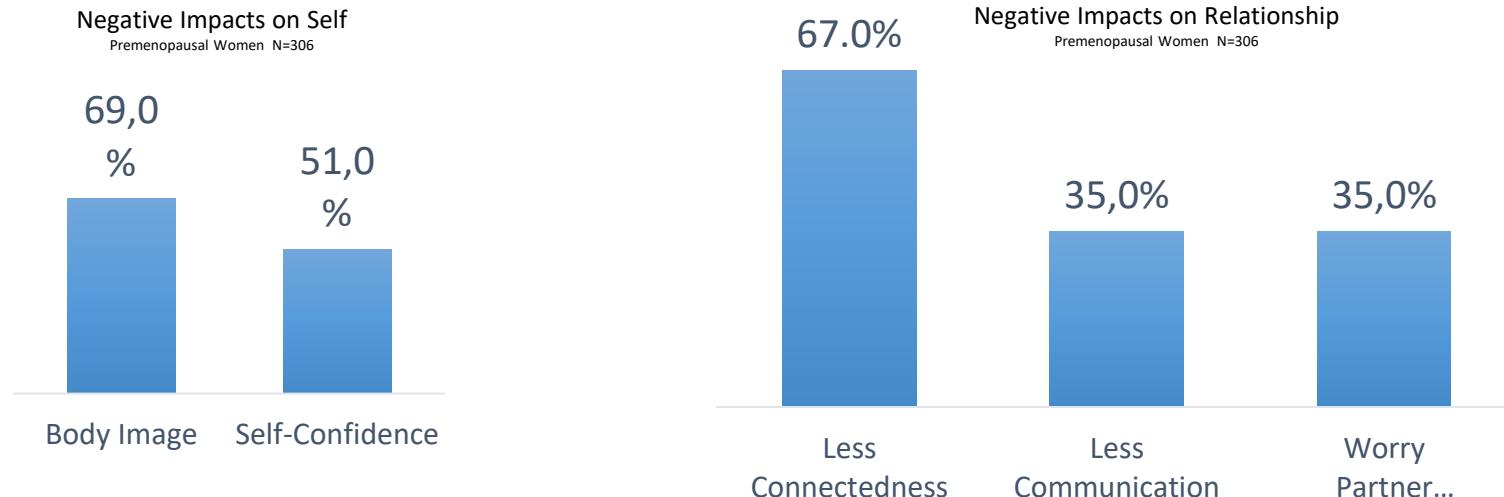
It Takes Two To Tango



- ▶ 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'

Althof, S. et al. (2010) Psychological and Interpersonal Dimensions of Sexual Function and Dysfunction. In Sexual Medicine: Sexual Dysfunctions in Men and Women. Edited by, F. Montorsi, R. Basson, G. Adaikan, E. Becher, A. Clayton, F. Giuliano, S Khory & I. Sharlip. Pairs, Editions 21, pg. 121-182

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%!

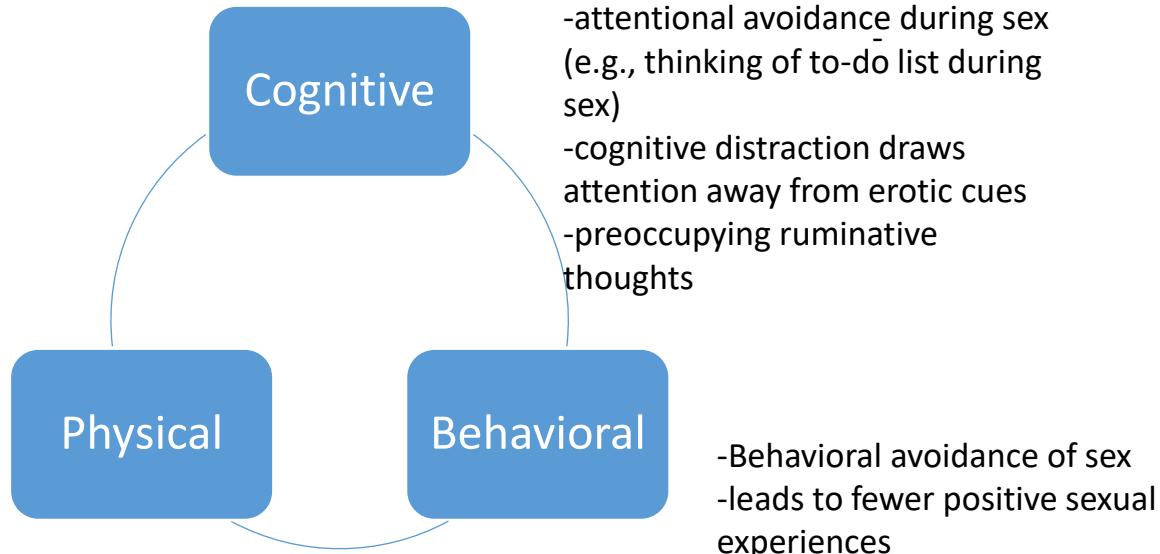
Kingsberg (2014). Attitudinal survey of women living with low sexual desire. *Journal of Women's Health* 23(10), 817–823.
Barry McCarthy (1997) JSMT

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”

Psychoeducation/sexual counseling

- 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)

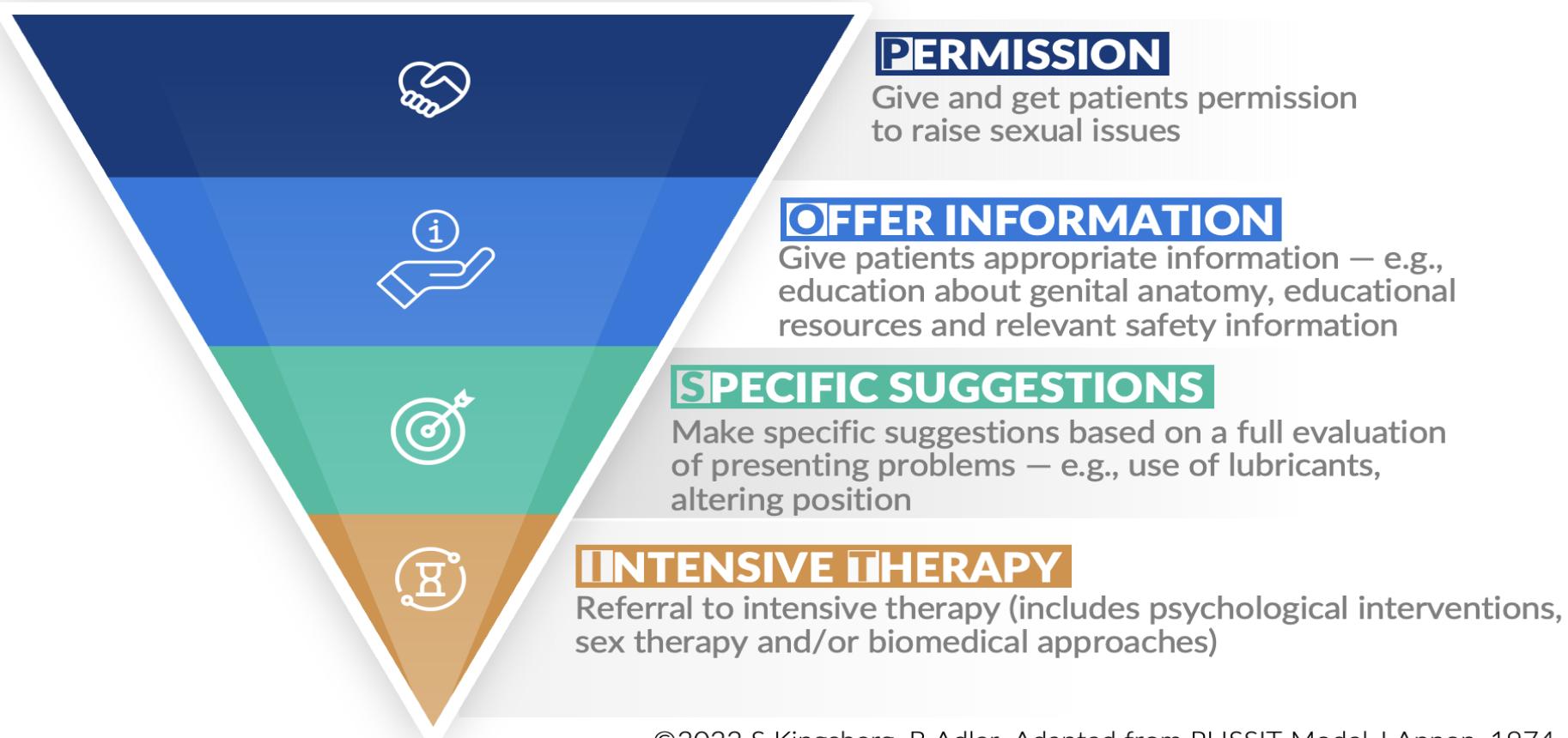
- Usually around 8-12 sessions (group or individual)
- Potential mechanisms: reduces depressive symptoms and self-criticism and increases mindfulness and interoception and self-compassion (Brotto et al)
 - neuroplastic changes in the structure and function of the brain regions involved in the regulation 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? Yes No
2. Has there been a decrease in your level of sexual desire or interest? Yes No
3. Are you bothered by your decreased level of sexual desire or interest? Yes No
4. Would you like your level of sexual desire or interest to increase? Yes No
5. Please check all the factors that you feel may be **contributing** to your current decrease in sexual desire or interest:
 - A. An operation, depression, injuries, or other medical condition Yes No
 - B. Medication, drugs or alcohol you are currently taking Yes No
 - C. Pregnancy, recent childbirth, menopausal symptoms Yes No
 - D. Other sexual issues you may be having (pain, decreased arousal or orgasm) Yes No
 - E. Your partner's sexual problems Yes No
 - F. Dissatisfaction with your relationship or partner Yes No
 - G. Stress or fatigue Yes 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

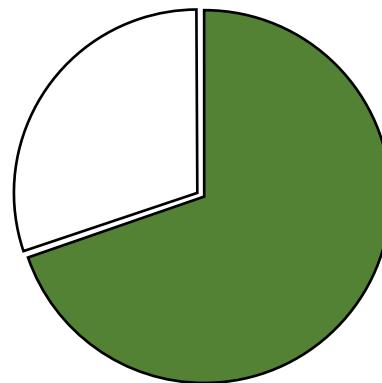
- Psychotherapy in its various forms remains an effective treatment for women with distressing low desire
- A model of combining psychotherapy with pharmacotherapy might prove the most effective method of treating HSDD

Frequency of sexual Activity

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

In 2021

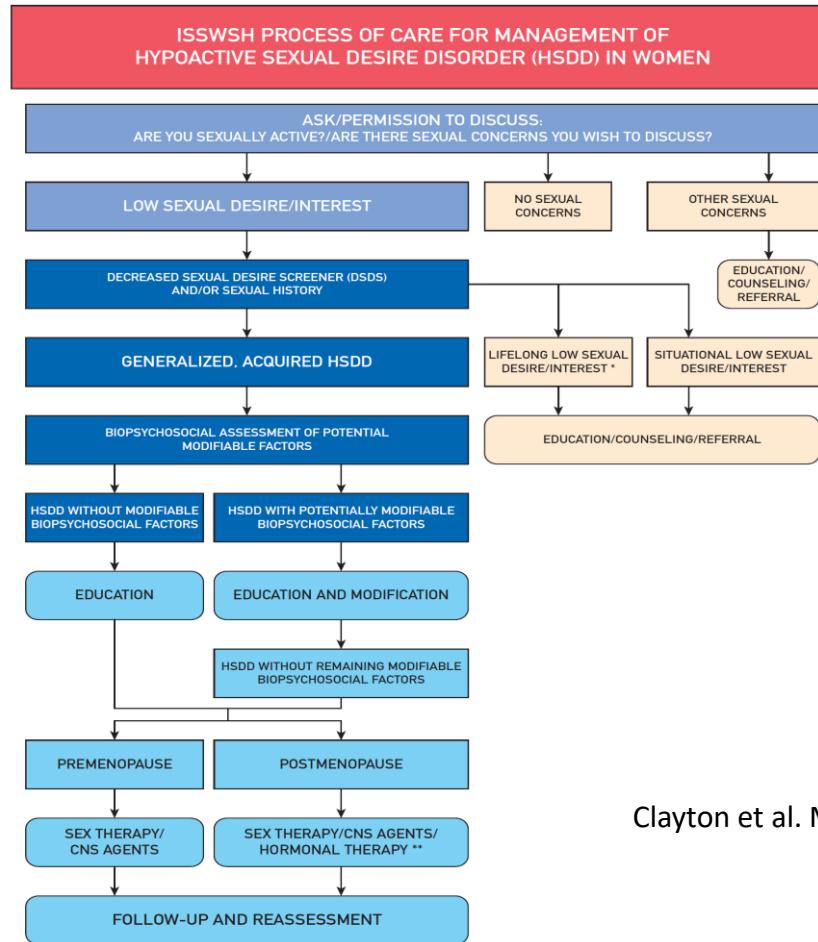


25.8%
of Americans
reported having
NO SEX at all
in the past year

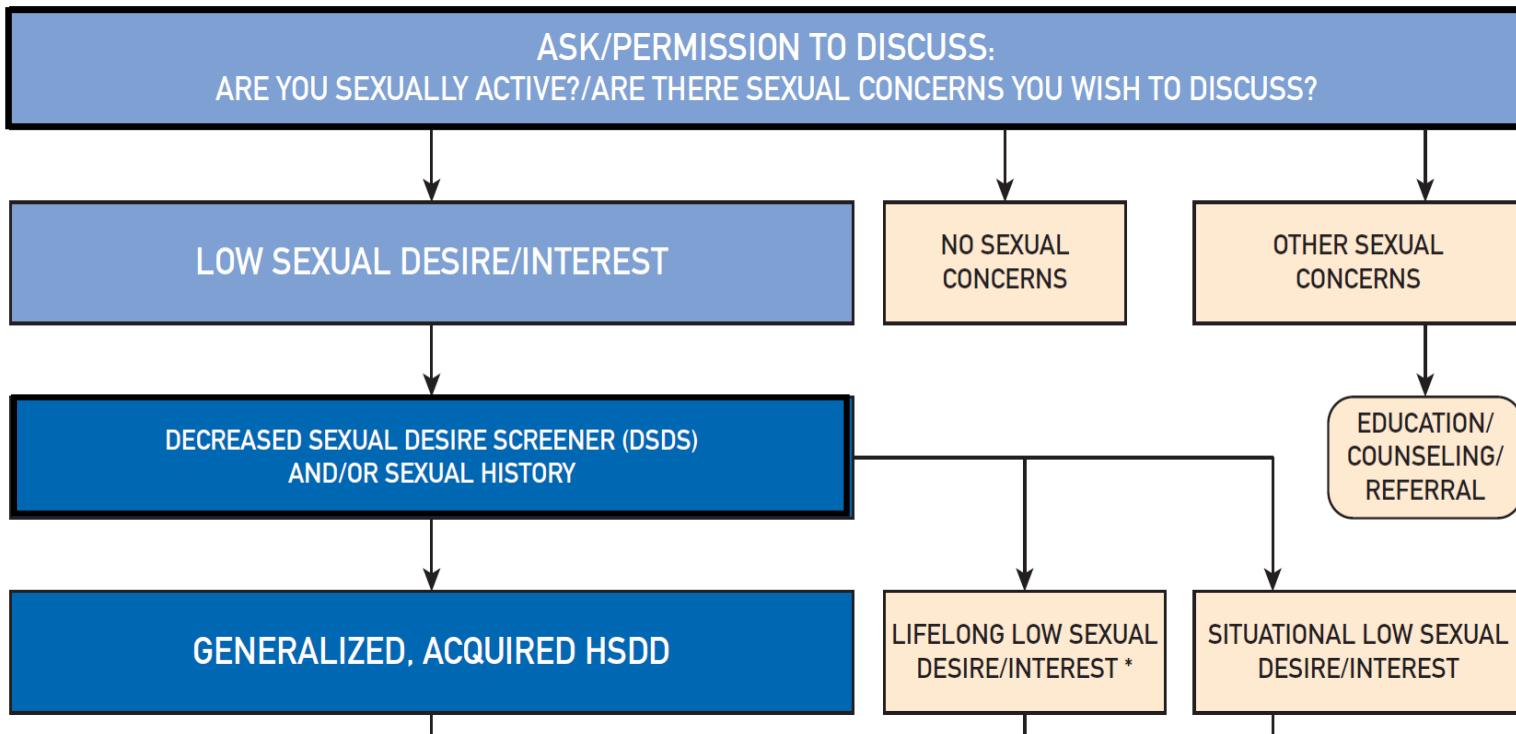
GSS 2021

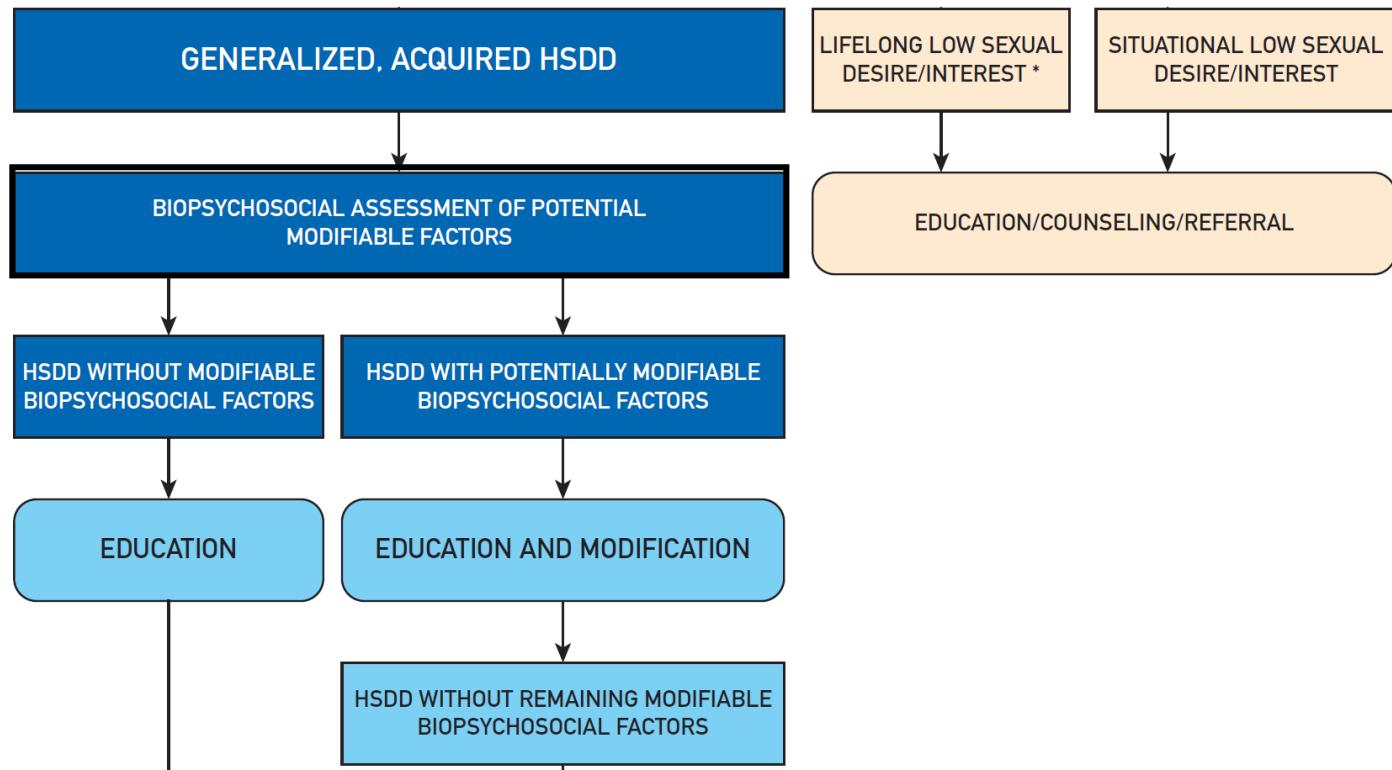
General Social Survey 1989-2014,
n=26,620

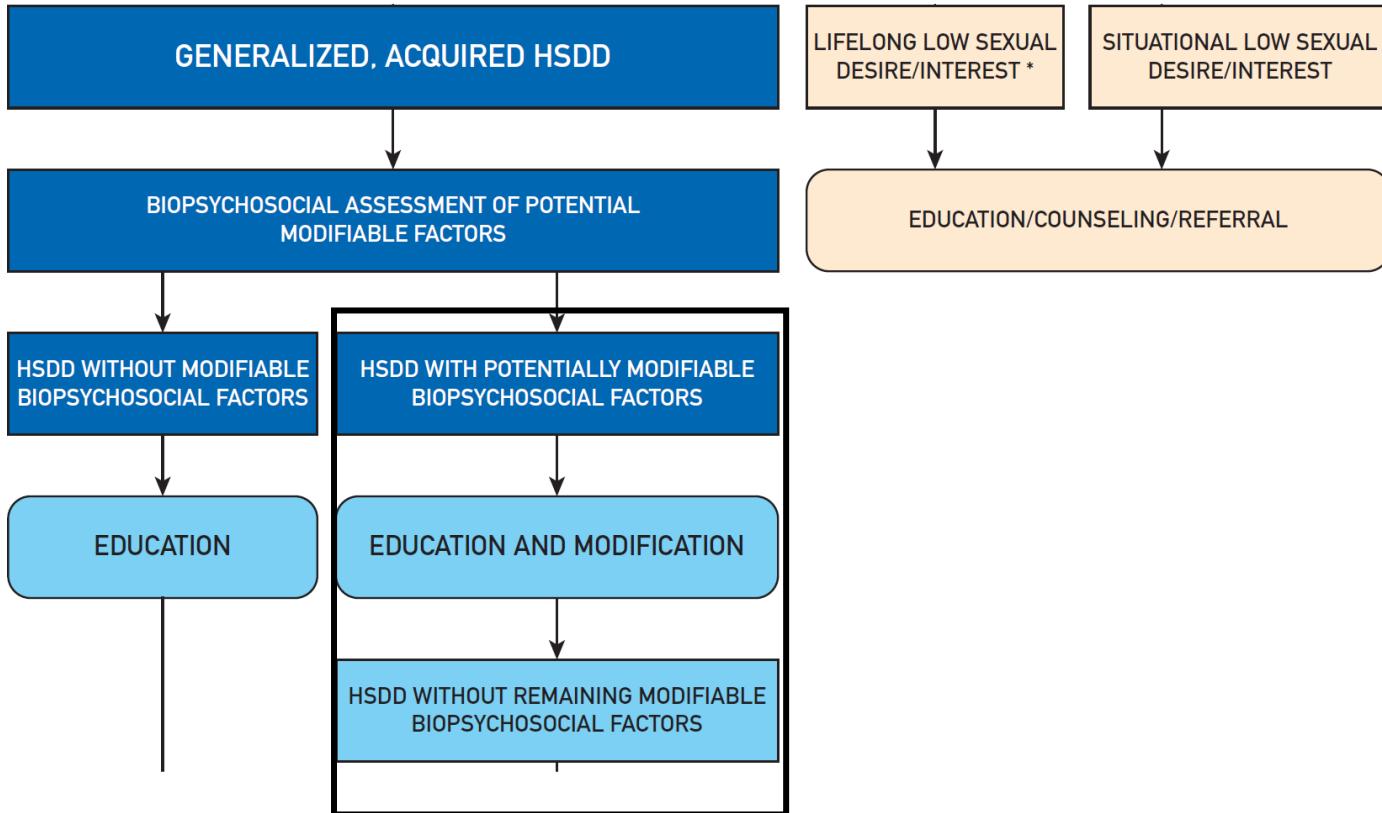
ISSWSH Process of Care for the Management of HSDD in Women

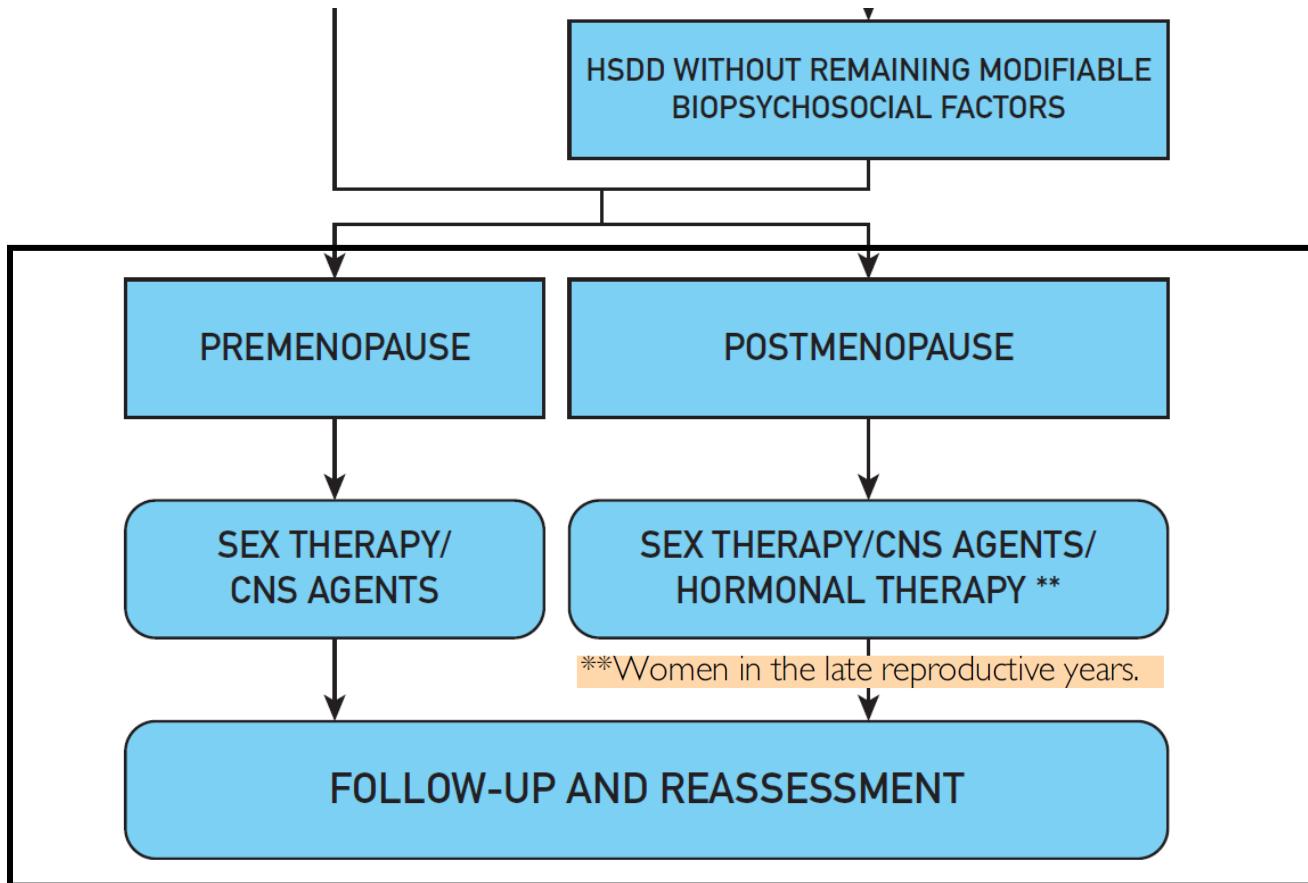


Clayton et al. Mayo Clin Proc 2017; 93:467-487.









Thank You!

•Sheryl.Kingsberg@UHhospitals.org

