

**Women's Health Forum  
Monash University  
December 1 2005**

---

**Sex in the city: Women are from Venus**

**Professor Susan Davis  
Women's Health Program  
Department of Medicine (CECS)  
Monash University**

**Background**

Sexual activity in women involves interest and motivation, ability to become aroused and achieve orgasm, the pleasure of the experience and subsequent personal satisfaction. All components of the female sexual experience are interdependent and thus impairment of any specific aspect may affect others. Sexual problems experienced by women include:

- i) Low interest or motivation to engage in sexual activity (libido),
- ii) Diminished capacity for vaginal lubrication and arousal,
- iii) Difficulty achieving /or absent orgasm, and/or
- iv) Painful intercourse (dyspareunia).

Usually in the context of a sexual relationship these problems are associated with a decrease in the frequency and pleasure of sexual activity and can become a source of tension and distress for the individual and her partner.

The hormones that potentially influence female sexuality include estrogens, androgens, progesterone, prolactin, oxytocin, and glucocorticosteroids. These each interact with numerous chemicals within the brain. Multiple factors determine the outcome of these complex interactions.

**What do if you have experienced loss of sexual interest**

Think about the following things:

Is this causing you personal distress and pressure on your relationship?

How long has this been going on? When do you last feel your libido was normal for you?

What other things have been happening in your life, your relationship or your health that might be contributing to your loss of sexual interest?

Are you depressed?

Could you be iron deficient and therefore just very tired?

Are your periods regular? Are you having menopausal symptoms or vaginal dryness?

In premenopausal women regular cycles are periods every 21 to 35 days. Cessation of periods prior to the age of 40 years requires full assessment.

**Recommendations re: therapy:**

Oestrogen therapy

- Only appropriate for postmenopausal women
- Relieves hot flushes
- Corrects vaginal dryness- sex less uncomfortable
- Little effect on sexual interest

Low testosterone may contribute to:

- Lowered sexual interest
- Lowered arousal
- Reduced responsiveness
- Less sexual satisfaction
- Improves libido

Testosterone therapy:

- Improves libido
- Improves responsiveness and arousal
- Improves overall sexual satisfaction

### **How is testosterone given?**

- No form officially approved for women in all parts of Australia
- Formulations:
  - Implant
  - Transdermal cream ( approved WA)
  - Compounded creams and lozenges (?dose and safety)
  - Being researched: patch, gel, skin spray

### **Is testosterone safe for women?**

- We think so but we are not certain
- NO long term safety studies
- Studies so far only conducted in postmenopausal women using HT or premenopausal women

### **What can we conclude?**

- Testosterone decline is a consequence of normal ageing
- In symptomatic women, treatment improves libido and wellbeing
- Physiological replacement does not appear to have adverse sequelae
- We still lack the diagnostic skill to identify women most likely to benefit

### ***Disclosure***

The author is a consultant to Cellergy, Acrux, Procter & Gamble and Vivus and is an investigator for Procter & Gamble, Acrux, Organon and Vivus.