The Women's Health Research Program

Health Bulletin
October / November 2014

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

This study, published on line by the Journal Climacteric in July 2014, was undertaken as part of the research of Ms Ensieh Fooladi for her PhD, with Professors Susan Davis, Robin Bell and Dr Andrea Whittaker.

The study aim was to explore why women might seek treatment for their sexual problems as well as their expectations of treatment, and whether their expectations were met. Women with the complaint of sexual difficulties, seeing a specialist endocrinologist for the first time were invited to take part in an in-depth interview on the same day as, but prior to, their medical consultation. Follow-up phone interviews then took place 3-4 months later.

Seventeen women, aged 26-70 years, participated in the study. Four major themes emerged from the women's narrative stories of their experiences and expectations.

These included:

1. personal psychological distress associated with the sexual problems they were experiencing;
2. concern about the adverse effect of their sexual problem on the relationship with their sexual partner;
3. a belief in a relationship between their sexual problem and 'hormone deficiency'; and
4. an expectation that they would be offered a treatment, which would result in positive physical and sexual changes.

Professor Susan Davis, Director, Women's Health Research Program.

Our findings highlight the high degree of psychological distress that can result from women's sexual concerns and the need for effective treatment options for affected women.

The FDA in America has decided female sexual function needs discussion

The Food and Drug Administration (FDA) is holding a public forum and Scientific Workshop on the issue of Female Sexual Dysfunction (FSD) and treatment options at the end of October. This is in response to the criticisms of the FDA having a gender bias in terms of approving treatments for sexual dysfunction. The FDA has approved 26 therapies for men and none for women.

The objective of the event is for the community to state their concerns/ perspectives and to discuss current approaches to the treatment of FSD.

Several issues have blocked approvals for treatments of FSD. These include lack of recognition of the personal distress FSD causes women, lack of agreement as what to measure when assessing the effectiveness of treatment for FSD, lack of agreement as to what ▸

change indicates a meaningful improvement when a woman is treated for FSD and how long is long enough to study a treatment to be sure it is 'safe'.

Drugs approved to treat male erectile dysfunction have been judged on the ability of a man to achieve an erection and whether the erection is sustained to enable intercourse and orgasm. These are objective measures. The most common sexual complaints in women are low desire and impaired arousal. These are subjective components of sexual function that can only by 'measured' by each woman's self-report. So called normal arousal and desire will vary between women. There is no desirometer/arousalometer to be used other than questionnaires women complete. Herein lies one significant obstacle. What change in desire or arousal is sufficiently meaningful to designate treatment success?

One might suggest frequency of sexual activity would be a good measure. But the pattern/frequency of sexual activity is mostly dictated by the more desirous partner, or may be established by the frequency of opportunities, or simply an established pattern in a long term relationship that would not change even if the woman's desire increased.

The FDA workshop is October 27-28th. It will most probably receive a fair bit of media attention, so watch out for snippets on the news.

Get involved in Research

A New Study for Women Taking Tamoxifen to Treat Breast Cancer

Women taking tamoxifen as part of their breast cancer treatment program are invited to participate in this study

Tamoxifen is a highly effective medication used to treat women with hormone sensitive breast cancer – it prevents recurrence and prolongs survival. However it promotes uterine cell growth, and when used for many years, has been associated with an increased rate of uterine cancer.

We have been funded by the NHMRC to conduct a study to assess whether the medication metformin will prevent uterine cancer in women taking tamoxifen.

We are seeking women who are taking tamoxifen therapy, are postmenopausal and under the age of 75 to participate in our study.

Each woman joining the study will have an ultrasound to look at her uterus and ovaries performed by an expert gynaecologist. Any woman found to have an abnormally thickened uterine lining will be investigated further. Women will then be randomised to take metformin or placebo tablets twice a day for 12 months, after which they will again have an ultrasound, and if necessary, a biopsy – at no cost to them.

Women who participate in the study will benefit by having monitoring of their uterine lining while on tamoxifen, which is not part of standard care, and insulin/glucose testing.

Participants will be seen at the Women's Health Research Program at the Alfred Centre (Alfred Hospital) Melbourne, but will stay under the care of their own breast cancer doctors through the study, and continue on their own treatment plan. We have streamlined the study to minimise demands on participants.

If you wish to take part in the study you can contact us by email: *med-pecam@monash.edu* or phone 03 9903 0833 or 03 9903 0836.

Women's Health Research Program

womenshealth.med.monash.edu.au
womens.health@monash.edu
Tel: 03 9903 0827
Fax: 03 9903 0828