

Baseline Characteristics of the First 209 Premenopausal Women with Hypoactive Sexual Desire Disorder (HSDD) Enrolled in the *HSDD Registry for Women*

Nancy Maserejian, ScD*; Eric Gerstenberger, MS*; Megan Connor, MPH*; Jan Shifren, MD†; Glenn Braunstein, MD§; Sharon Parish, MD‡; Raymond Rosen, PhD*

* New England Research Institutes, Inc., Watertown, MA, USA; † Massachusetts General Hospital, Boston, MA, USA; § Cedars-Sinai Medical Center, Los Angeles, CA, USA; ‡ Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY, USA

INTRODUCTION

Hypoactive sexual desire disorder (HSDD) is defined in the DSM-IV as a deficiency or absence of sexual fantasies and desire for sexual activity, which causes marked distress or interpersonal difficulty and cannot be better accounted for by another non-sexual Axis I disorder or result solely from the direct physiological effects of a substance or medical condition, in the judgment of the clinician. Epidemiological studies of sexual desire have relied solely on self-reports of desire and distress, rather than a clinician's use of standard diagnostic criteria. Thus, the clinician faced with a premenopausal patient indicating sexual problems has limited evidence-based knowledge to help understand the possible psychophysiology of the diagnosis.

The *HSDD Registry for Women* is designed to investigate the natural history and clinical course of acquired, generalized HSDD in women. This presentation summarizes baseline sociodemographic, lifestyle, and health characteristics of premenopausal women enrolled during the first eight months of the Registry, and describes the factors that these women perceived to be involved in the onset and persistence of their HSDD.

METHODS

- An interim cross-sectional analysis of 209 premenopausal women enrolled in the *HSDD Registry for Women* during the first 8 months of the study. The Registry is a longitudinal study of women with clinically-diagnosed HSDD from clinical sites throughout the U.S. Recruitment of 1000 women with a new diagnosis of HSDD as determined by clinician assessment is scheduled to occur over 18 months at 40 sites. Data are collected from participant questionnaires and clinician medical history forms.
- Women (ages > 18 years) with newly (within 3 months of enrollment) clinically-diagnosed HSDD. Confirmation of the diagnosis was made by a validated instrument, the Decreased Sexual Desire Screener (DSDS), administered by a qualified clinician.
- This analysis includes the first 209 premenopausal women enrolled during the first eight months of the Registry's recruitment period (recruited from 15 clinical sites, as of February 12, 2009). Menopausal status was determined by the participants' answers to a series of questions on menstrual bleeding, age, oophorectomy, hysterectomy, endometrial ablation, menopausal symptoms, and medication use.
- Descriptive statistics on select baseline characteristics of the first 209 premenopausal women enrolled, as assessed by questionnaires and medical history review forms.

INTERIM RESULTS

Demographic/Relationship Characteristics

This early sample of premenopausal women with clinically diagnosed acquired, generalized HSDD represented a range of sociodemographic backgrounds. Women generally (87.6%) rated their HSDD as moderate to severe, commonly (54%) of 1-5 years duration, and, as expected, reported frequent distress (mean 2.9 ± 0.7 , on the Female Sexual Distress Scale-Revised [FSDS-R] scale of 0-4). Characteristics of their demographics, relationships and sexual desire problems are summarized below.

Age (y), mean \pm SD (range)	36.7 \pm 8.8 (19, 55)
Race, n (%)	N (%)
White, non-Hispanic	152 (72.7)
Black, non-Hispanic	34 (16.3)
Hispanic	18 (8.6)
Other	5 (2.4)
Education, n (%)	
High school or less	24 (11.5)
Some college/associate's degree/vocational school	93 (44.5)
Bachelor's degree	56 (26.8)
Graduate degree	36 (17.2)
Total household income (U.S. dollars), n (%)	
<\$50,000	79 (37.8)
\$50,000-100,000	85 (40.7)
\geq \$100,000	45 (21.5)
Marital Status, n (%)	
Married or living with partner	163 (78.0)
Divorced/widowed/separated	13 (6.2)
Single, never married	28 (13.4)
Any children aged 0-18 y in household, n (%)	123 (59.1)
Currently has a partner, n (%)	201 (96.2)
Relationship happiness, n (%)	
Unhappy	65 (32.3)
Happy	61 (30.3)
Very happy	74 (36.8)
Duration of current relationship, n (%)	
Less than 1 year	10 (4.8)
1-5 years	56 (26.8)
5-9 years	50 (23.9)
10-20 years	61 (29.2)
> 20 years	24 (11.5)
Not in a relationship currently	8 (3.8)
Desire problems present with previous partners, n (%)	
Yes	60 (28.7)
No	122 (58.4)
No previous partners	27 (12.9)
Duration of desire problem, n (%)	
Less than 6 months	11 (5.3)
6-11 months	29 (13.9)
1-5 years	113 (54.1)
More than 5 years	56 (26.8)
Time waited before seeking treatment for desire problem	
Less than 6 months	16 (7.7)
6-11 months	34 (16.3)
1-5 years	111 (53.1)
More than 5 years	48 (23.0)
Frequency of distress over desire problem in the past month, on scale of 0 (rarely) to 4 (always), mean \pm SD	2.9 \pm 0.7

Medical Characteristics

The table below presents baseline medical characteristics from the first 209 premenopausal women enrolled in the Registry as of Feb 2009. Of the current comorbidities, depression (16%), migraine headaches (12%), and urine leakage (9%) were most common.

Current medical conditions	N (%)
Psychiatric conditions	37 (17.7)
Depression	34 (16.3)
Anxiety	4 (1.9)
Other	5 (2.4)
Migraine headaches	25 (12.0)
Hypertension, dyslipidemia, or high cholesterol	21 (10.0)
Asthma	18 (8.6)
Urinary incontinence	18 (8.6)
Thyroid condition	14 (6.7)
Four or more current medical conditions	17 (8.1)
Prescription hormonal medications currently used for reasons other than birth control, n (%)	19 (9.1)
Non-prescription hormone preparations currently used, n (%)	3 (1.4)
Other prescription medications, current use for:	
Sleeping problems	30 (14.4)
Depression	39 (18.7)
SSRI	28 (13.4)
Other antidepressant	15 (7.2)
Thyroid condition	14 (6.7)
Stomach ulcers, reflux or heartburn	11 (5.3)
Anti-inflammatories (steroidal or non-steroidal)	6 (2.9)
Five or more current prescription medications, n (%)	6 (2.9)
Non-prescription medication, current use for:	
Sleeping problems	27 (12.9)
Pain	134 (64.1)
Premenstrual syndrome	44 (21.1)
Allergies	53 (25.4)
Current hormonal contraceptive use, n (%)	
Oral contraceptive	44 (21.1)
Depo-Provera	5 (2.4)
Other	15 (7.2)
None	146 (69.9)
Trouble conceiving, ever	36 (17.2)
Miscarriage or stillbirth, ever	52 (24.9)
Elective termination of a pregnancy, ever	42 (20.1)
Body mass index, mean \pm sd	27.3 \pm 6.8
Alcohol consumption (drinks/day in a typical week over the past year)#	19 (9.2)
Never drinker	61 (29.5)
0	98 (47.3)
0.1-1	29 (14.0)
\geq 1	
Physically abused, ever, n (%)	32 (15.3)
Sexually abused, ever, n (%)	44 (21.1)

Perceived Contributors to Decreased Desire

The factors that these 209 premenopausal women most commonly perceived to be contributing to their decreased sexual desire problem were stress or fatigue (66.0%), and dissatisfaction with their personal physical appearance (41.1%). Partner problems, such as dissatisfaction with the partner's attractiveness (12.0%), partner's ability to function sexually (8.1%), sexual techniques (14.4%), or the overall relationship with the partner (20.1%) were also cited. Almost one-third (32.5%) of women noted that some other sexual issues (e.g., inability to orgasm, pain during sex) may be contributing to decreased desire. Half of the women currently on antidepressant medication (20/39, 51.3%) thought that the medication was contributing to their decreased sexual desire.

CONCLUSIONS

The 209 premenopausal women enrolled during the first 8 months in the *HSDD Registry for Women* had moderate to severe HSDD at baseline, often occurring alongside other sexual and health concerns. Most women were in a stable relationship and felt happy with the overall relationship. Although partner factors were thought to contribute to the decreased sexual desire, stress or fatigue and personal self-image were more commonly perceived to contribute. Over time, the *HSDD Registry in Women* will provide further information regarding the natural history, clinical course and correlates of HSDD trajectories in a well-characterized, longitudinal sample of women.