

Mental Health and Well-Being in Premenopausal Women with Hypoactive Sexual Desire Disorder: Preliminary Baseline Findings from the *HSDD Registry for Women*

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OBJECTIVE

Hypoactive sexual desire disorder (HSDD) may be affected by, and may in turn affect, mental health status. An association between self-reported decreased sexual desire and decreased mental health and well-being has been shown in previous community-based studies.¹ However, little is known about the prevalence of mood difficulties or other mental health problems in women diagnosed with hypoactive sexual desire disorder (HSDD).

Our objective was to use interim baseline data from the *HSDD Registry for Women* to begin to describe the mental health and subjective well-being in premenopausal women with clinically-diagnosed HSDD. To examine this relationship, we analyzed interim baseline data from 209 women participating in this registry cohort study of clinically-diagnosed HSDD, where as per the DSM-IV criteria, the sexual dysfunction was not solely attributable to a pre-existing mental health problem. In particular, we aimed to assess:

- (1) How premenopausal women with HSDD and past or current mood difficulties differed from those without concomitant mood difficulties, and
- (2) How they differed based on the past or current use of antidepressant medications.

MATERIALS & METHODS

Study Design

- Interim cross-sectional analysis of the first 209 premenopausal women enrolled in a longitudinal registry study of women with HSDD, the *HSDD Registry for Women*.
- The Registry will continue to recruit women from 40 clinical sites across the U.S. over 18 months, to total 1000 women with a new diagnosis of HSDD.

Participants

- Premenopausal women aged 18 years or older with a confirmed diagnosis of HSDD by a qualified clinician within 3 months of enrollment, enrolled as of February 12, 2009.
- Confirmation of the diagnosis was determined by a validated instrument, the Decreased Sexual Desire Screener (DSDS), administered by a qualified clinician.
- As per DSM-IV criteria, the sexual dysfunction could not be better accounted for by another Axis I disorder or due solely to another medical condition or substance.

Statistical Analysis

- We describe the baseline mental health and well-being characteristics of premenopausal women enrolled during the first eight months (N=209, recruited from 15 clinical sites).

Measures

- Participants completed validated questionnaires, including:
 - Patient Health Questionnaire (PHQ-9), which provides validated diagnostic classification of major depressive disorder, other depressive disorders, and anxiety disorder
 - Two-Item Conjoint Screen (TICS) for substance use disorders
 - Quality of life questionnaire (SF-36)
 - Validated measures of sexual function (Female Sexual Function Index) and associated distress (Female Sexual Distress Scale-Revised, Question 13), and relationship factors.
- Clinicians completed medical history reviews to obtain data on comorbidities and medications.

Classification of Depressive Symptoms and Antidepressant Medication Use

- Women were classified as having current symptoms of depression or antidepressant use if any of the following criteria were met:
 - PHQ-9 score indicated depression (including major depressive disorder or any other depressive disorder),
 - Self-reported current use of any prescription antidepressant medication taken for treatment of depression, and/or
 - Clinician-reported current diagnosed depression.

PRELIMINARY RESULTS

In these interim analyses of early Registry participants, the 209 women were first separated into two groups: (1) no current symptoms of depression or antidepressant use, or (2) current symptoms of depression or antidepressant use.

- Women in the second group were then further divided into two groups relative to antidepressant use: 1) no current antidepressant use if they reported never or past use of antidepressants, and 2) current antidepressant use if they reported current use of any prescription antidepressant medication.
- Preliminary analyses further separated women without current symptoms of depression into those who (i) never had a diagnosis of depression and never used antidepressants, and (ii) had a past diagnosis of depression or past antidepressant use; these groups were found to be similar in preliminary analyses and were subsequently combined for all analyses.

Figure 1. Venn diagram for classification of current symptoms of depression and/or antidepressant medication use (N=80)

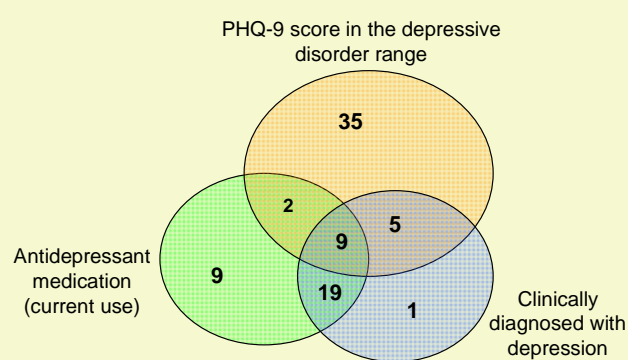
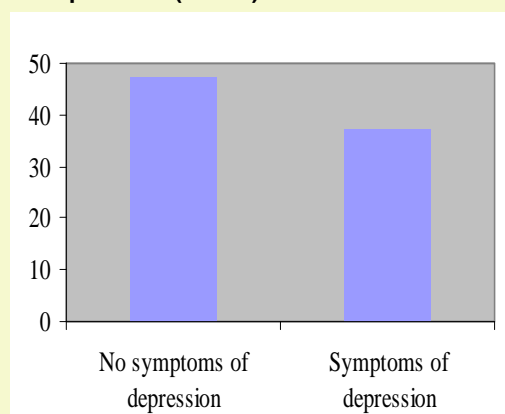


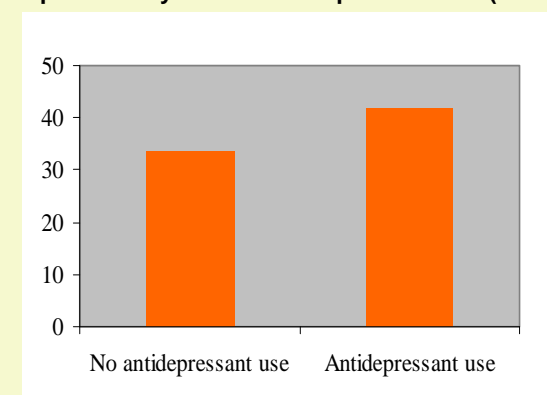
Figure 1 depicts the depression criteria met among the 80 women classified as currently having symptoms of depression. Forty-four percent (n=35) of the women meeting PHQ-9 criteria for depression symptoms had not been clinically diagnosed with depression, nor were they taking antidepressant medications at the time of study entry.

Figure 2. Interim SF-36 mental health scores at baseline for women by current symptoms of depression (N=209)



Mental health status as measured by the SF-36 mental health component summary score indicated lower subjective mental well-being among women with symptoms of depression ($p < 0.001$, **Figure 2**). Mental health scores were lowest among women with symptoms of depression who were not currently taking antidepressant medications (**Figure 3**).

Figure 3. Interim SF-36 mental health scores at baseline among women with symptoms of depression by current antidepressant use (N=80)



Relationship and Lifestyle Factors at Baseline

- Although few women rated their global subjective health as "fair" (3%) or "poor" (2%), 14% (n=30) met PHQ-9 criteria for major depressive disorder, 10% (n=21) for other depressive disorders, and 5% (n=10) for an anxiety disorder.
- Using the Two-Item Conjoint Screen, 11% (n=22) of all women screened positive for substance use disorder.
- Regardless of depression status, most participants reported moderate to severe HSDD, commonly existing for over one year.
- Forty percent of women with depression symptoms reported they were unhappy in their current partner relationship vs. 28% of women without symptoms of depression.
- Women with symptoms of depression had a lower frequency of sex with their partner than women without symptoms of depression (18% vs. 6% respectively reported never having sex; 31% vs. 22% reported sexual frequency of once per month, $p=0.03$).
- Among the group with symptoms of depression, 23% described trouble forming and/or maintaining relationships vs. 10% of non-depressed women ($p=0.03$), and women with symptoms of depression were more likely to be single (20% vs. 10%, $p=0.04$).

CONCLUSIONS

This interim analysis of the first 209 premenopausal women enrolled in the *HSDD Registry for Women* indicates that premenopausal women with HSDD in clinical practice settings may often present with depressed mood and lack of well-being, despite the fact that the HSDD was not judged to be due to a pre-existing mental health condition. It is unclear from these preliminary cross-sectional data whether there is a causal association between the HSDD and observed mood difficulties. Future analyses from the *HSDD Registry* will address whether treatment of HSDD results in improved mood and well-being in these women.

Reference: (1) Shifren JL, Monz BU, Russo PA, Segreti A, Johannes CB. Sexual problems and distress in United States women. *Obstetrics & Gynecology* 2008;112(5):970-978.

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