



Where's our pink viagra?

If sexual desire and an interest in having sex are a thing of the past for you, you're not alone. **Bettina Arndt** examines the number one sexual problem among Australian women.

IT'S EASY TO FIND WOMEN who have gone off sex. They are everywhere. A Melbourne pharmaceutical company, Acrux, recently advertised for women experiencing low libido to take part in the trial of a new drug. They received more than 4000 volunteers from all over Australia. "We had many, many more women than we could possibly use," the company's managing director, Dr Igor Gonda, commented.

Lack of sexual desire is the number one sexual problem plaguing women today. Over half (55 per cent) of all women experience lack of desire, according to a 2003 survey of almost 20,000 Australians, published by Melbourne's La Trobe University. Yet many of these women have had healthy libidos in the past.

Women such as Susan*, 44, a Sydney mother of three, who says she's fed up with sex having dropped off her radar. She used to be hot to trot. She loved sex, thought about it a lot. Now, though, "I have zero interest in having sex. In the past few years, my sex drive has changed dramatically." And she misses it.

She still has regular sex with her husband – maybe once a fortnight – but it is now rarely her own idea and she has to persuade herself to get interested. "I think, is this it? Do I have to put up with this for the next 20, 30, 40 years?"

So, where's our pink Viagra? It's been seven long years since Viagra put new life into sexually ageing men, but there's still no magic pill for women. Millions of dollars have been spent by pharmaceutical companies all over the world, but the results are disappointing.

While Viagra and similar drug products which increase pelvic blood flow have revolutionised prospects for impotent men, it is now clear that increasing activity in the loins isn't going to do it for women. Four years ago, the pharmaceutical giant Pfizer gave up research using Viagra with women after discovering that even though these drugs resulted in greater pelvic blood flow, many women didn't even notice. Pumping women's genitals full of blood simply didn't make them frisky. "There's a disconnect in many women between genital changes and mental changes," says Dr Mitra Boolel, the leader of the Pfizer research team.

Something else was needed to throw the switch. At the moment, the best candidate is testosterone, which works very effectively for some women, yet as a hormone, it will never have the direct, rapid effect Viagra has on men.

While we think of testosterone as the definitive male hormone, in women it is produced by the ovaries and synthesised

in other regions of the body from DHEA and DHEAS, hormones that are secreted by the adrenal glands. Testosterone levels gradually decrease with age – women in their 40s have blood testosterone levels which are on average half of those of women in their 20s. With women who show this drop in testosterone, restoring levels back to normal can provide a boost to their libido.

"It doesn't help all women. About one in two women show benefit, but for some it makes a substantial, really meaningful change," says Dr Susan Davis, professor of women's health at Victoria's Monash University, who is a world leader in research on the hormone. Dr Davis is overseeing 80 research study centres in Europe, the US and Australia, supported by the drug company Procter & Gamble, which has shown testosterone boosts libido in post-menopausal women (including those who are surgically menopausal, due to removal of their ovaries).

It is extremely important to carefully measure testosterone levels to determine appropriate levels, says Dr Davis, adding

libidos and women with high levels who have poor libido," she says, stressing that hormone levels are only one part of a complex range of factors contributing to low desire.

Yet she's been using testosterone as part of a range of treatments for 10 to 15 years and finds it makes a real difference for some women. "It doesn't make you want to jump anybody, but women often have more sexual thoughts, feel more willing to engage in sex and have more energy, a sense of wellbeing," she says, adding that this can be a big deal for women distressed about their low libido.

It was depression that led Yvonne, 52, a Melbourne academic, to seek out Dr Susan Davis. She'd read a newspaper article reporting that Dr Davis had found depression in menopausal women is sometimes caused by low testosterone levels. And sure enough, Dr Davis found Yvonne's levels were very low and put her on the testosterone cream Androfeme.

"I felt like I used to feel when I was 20," reports Yvonne. "My energy levels were up. My sex drive went boing! The

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that this is no easy task, given the changes that occur with age.

"If you are treating a 50-year-old, do you bring her up to the normal range for a woman of her age or treat her to bring her up to the normal range for a younger woman? No one has sorted this out."

Sydney sex therapist Dr Margaret Redelman, who has been assisting with the trials of testosterone, agrees the issues are confusing. "I have seen women with very low testosterone levels with good

testosterone fired me up." The change was amazing. Within a week, she'd noticed not only a shift in her mood, but her dampened sex drive was up and running. "I had always enjoyed having a really high libido. Now it was back!" And six years later, she is still reaping the benefits.

Dr Davis is carefully monitoring her progress, but Yvonne is determined to stay on the treatment. "I don't want to give it up. I feel fantastic," she says.

Researchers such as doctors Davis >>>

and Redelman have come under attack from critics who claim drug companies have invented problems such as low sexual desire to create new markets. In a *British Medical Journal* article published recently, Dr Leonore Tiefer, clinical associate professor at New York University's School of Medicine, accuses drug companies of hyping up female sexual problems to boost future sales.

Dr Redelman believes this belittles the real distress experienced by many women in this situation. "Women are desperate," she says. "They enjoyed their sexuality, they love their partner and want to have a good sex life, but it doesn't happen. They feel resentful and angry that an aspect of their life that they enjoyed is lost to them."

And the drug companies know that women are lining up for something to help them. The Acrux drug trial referred to earlier, which attracted a flood of women from all over Australia, involved a new testosterone spray which has not yet been released. The results of the trial were encouraging, with the women using the spray experiencing significantly more pleasurable sex and very few side effects. (Too much testosterone can lead to masculinisation, including excess body or facial hair, oily skin, acne, scalp hair loss and enlargement of the clitoris.)

The spray treatment is soon to receive a large-scale trial in the US, to properly evaluate effectiveness and safety issues.

Dr Davis sees it as critical that all the testosterone treatments receive this rigorous evaluation. The US Food and Drug Administration recently decided more study was needed before Intrinsa, a testosterone patch for women, could be released on the market. That's fair enough, says Dr Davis, but she points out that Viagra was released in the US without the long-term safety information now being asked of the female products and with a very similar level of effectiveness – an interesting double standard.

The only testosterone treatment approved in Australia for use in women is Androfeme, a testosterone cream from Western Australia, approved only for use in that state. Yet other methods being used for women include testosterone pellets that are surgically implanted in abdominal fat, tablets, lozenges and injections originally developed for men.

Meanwhile, the search for sexual wonder drugs for women goes on. More precisely targeted drugs are on the drawing board, which don't light up the entire nervous system in the blind hope of hitting pleasure buttons, but home in on parts of the brain that are directly connected with arousal and orgasm. There's a group of scientists studying specific areas of the

brain involved in female orgasm, working on the assumption that female sexual response has more to do with what happens between the ears than between the legs.

One of these scientists is Dr Gemma O'Brien, a physiologist at the University of New England, NSW. Her research on the neurobiology of orgasm focuses on the role of oxytocin, "the cuddle hormone", which she feels might prove a key player in desire and arousal. Dr O'Brien believes there may be a genetic reason why certain women enjoy sex less than others.

"Many genes regulate all the different things that happen during sex. Maybe some women have less active genes for producing oxytocin, or for driving desire."

Since oxytocin is important for partners to connect, she suggests that if we could switch on the oxytocin genes, a woman's interest in sex with her partner might return.

Another researcher, Dr Khytam Dawood, from the University of Chicago in the US, has just published a study on Australian twins which found up to half the variation between women in their ability to orgasm was due to genetic factors.

Meanwhile, the waiting rooms of Australian sex therapists are full of women seeking their lost libidos.

Newcastle clinical psychologist Dr Sandra Pertot has been a sex therapist for more than 30 years. She finds that by far the largest group seeking sex therapy are women who rarely feel any desire for sex, she asks.

Yet is it really possible that half of all women have something wrong with them? asks Dr Pertot, or could it be normal for women to go off sex? That's the question she sought to answer in her recent book *Perfectly Normal: A Woman's Guide to* >>>



Living with low libido

1. **STOP FEELING GUILTY:** You haven't chosen to have low libido.
2. **EXPAND YOUR IDEAS ABOUT WHAT SEX DRIVE IS:** It isn't always a physical desire for sex.
3. **FIND YOUR REASONS TO SAY "YES" RATHER THAN "NO":** What's in it for you to have sex?
4. **EXPLORE ALL THE CUES THAT HELP YOU SAY YES:** Your emotional, cognitive, sensual and environmental triggers.
5. **RECOGNISE WHAT TURNS YOU OFF:** Not every woman likes breast stimulation or prolonged intercourse.
6. **CHANGE YOUR IDEAS ABOUT WHAT GOOD SEX IS:** Sometimes quiet, brief sex is satisfying.
7. **CHALLENGE UNREALISTIC EXPECTATIONS:** Not initiating sex is not a sign that you don't love your partner or find him attractive.
8. **TALK CALMLY AND CONFIDENTLY WITH YOUR PARTNER ABOUT YOUR DIFFERENCES IN WANTS AND NEEDS:** Work together as equals to develop a "good enough" sex life.

– DR SANDRA PERTOT, sex therapist

Living with Low Libido (Pan Macmillan). Her conclusion? She says it is perfectly understandable that so many women experience low libido. The reason lies, at least in part, in differences in male and female drive. Female sexual drive is less robust than the male's, more easily distracted and dampened by stress, fatigue and hiccups in the relationship.

In contrast, male desire is comparatively resilient and less dependent on the right conditions. The result is that everyday life often takes a toll on female libido, while men's drive remains relatively unaffected.

A survey on The Weekly's website says it all. Eighty-five per cent of the 800 respondents say it is the man who is most likely to complain about not getting enough. Sixty-two per cent of the women say their partners want more sex than they do. These differences add to strain on the relationship.

"It's the only thing we come to grief over. It's been a source of unhappiness in our marriage," says Harriet, 45, a Melbourne mother of three who has been married nearly 30 years. She thinks she'd be happy having sex once a week, perhaps once a fortnight, but she really hasn't a clue. Her husband, John, is always at her for more sex, so she never gets the chance to find out about her own desire. "I have no idea how long it would be before I'd feel,

'Oh, that would be nice,'" she says wistfully.

Her husband is a happy man on Tuesdays and Sundays, because she's negotiated these as green-light days, to ease the tension the rest of the week. Yet it is a constant issue between them. "He thinks it's natural to have this great desire like he does and that there's something missing in me, and if we could just fix that we'd be happy," says Harriet.

There is no question there are more

women to sustain a robust sexual drive as they move through the different stages of their lives, says Dr Pertot.

It is just life, says Dr Pertot, who argues for acknowledging there are good reasons why women's libido takes a battering and there should be help for couples adapting to the changes. Her book argues low libido shouldn't be seen as a sexual dysfunction. In order to have a

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women with low desire than men, says Dr Pertot, who often finds men have difficulty accepting this. She explains that when a woman is tired, anxious, upset or depressed, so tuned out from sex, she is likely to experience attempts at arousal as annoying. "If a man touches the woman's breast or genitals as a way of expressing affection and she is preoccupied, she may feel extremely irritated," she says. "She is not being cranky, frigid, unreasonable or unloving in not wanting this type of touch, yet he often interprets it this way."

Basic biological differences, including hormonal changes, mean it is rare for

good sex life, each woman and her partner need to focus on what she *can* do, rather than what she can't, enjoy what they are sharing together, rather than bemoan what is missing, and treat each other kindly and with respect.

Yet Dr Pertot is all for an effective drug treatment to boost female libido. "It would be great if women could just pop a pill," she says. "But I don't think that is likely to be the answer for most women with low libido." She may well be right. ■

* All names of case studies have been changed in this story. For more information on testosterone treatment, visit <http://womenshealth.med.monash.edu.au>

Just do it!

Lesley's husband expects a lot of sex. When they drop below three or four times a week, he grumbles about being on short rations. "He's kind of a baby about sex. He uses it as his little comfort. It relaxes him at the end of a really gruelling day at work," says Lesley with a chuckle.

Lesley is no doormat. This feisty Sydney woman runs her own catering business and has no hesitation in taking on her lawyer husband, Frank, when he tries to rule the roost. Yet she's willing to offer a little comfort sex, even if she doesn't really feel like it. She often has sex when she's not in the mood. "Probably one out of every three times I actually feel like it. Usually my brain tells me I'm not interested, but I know if he persists, I have a good time," she says.

That's the key. She doesn't have the urge, but it still ends up feeling good. And that's not what sex therapists would have once predicted. More than 30 years ago, sex experts such as New York's Dr Helen Singer Kaplan pronounced that sexual desire, the urge to have sex, must always come first. Unless men and women experience sexual desire, they are not able to build the arousal that leads to orgasm. So in order to avoid unfulfilling sex, the message from the experts was: don't have sex unless you really feel like it.

Yet if couples were to only have sex when they are both in the mood, our sexual averages would plummet. That isn't the way it works.

Although in most couples the less interested partner ultimately determines the sex supply, the more highly

sexed – usually the male – pushes the pace upwards. That's why, in most marriages, men are more likely to be doing the persuading, with women giving in.

Yet if women who let themselves be seduced into sex still end up having a good time, what's the problem? That's the radical idea being promoted by sex therapist Michele Weiner-Davis in her best-selling book, *The Sex-Starved Marriage* (Simon & Schuster). Michele found herself counselling couples experiencing huge tension in their marriages as a result of one spouse – usually the wife – not being interested in sex.

As she talked to these couples, Michele discovered that many of the reluctant lovers reported that when they did have sex, it ended up feeling good.

"Some people rarely or never find themselves fantasising about sex or feeling sexual urges, but when they are open to becoming sexual with their spouses, they often find the sexual stimulation pleasurable and they become aroused. Once aroused, there's a desire to continue," she says.

Plenty of women experience this different route to arousal and orgasm, according to research by Professor Rosemary Basson from the University of British Columbia in Canada. Provided there's a "willingness to be receptive", the rest follows.

So Michele Weiner-Davis' advice to the low-desire spouse is to "just do it!". Desire is a decision, she says. You have to make it happen. "Knowing why you're not so interested in sex won't boost your desire one bit. Doing something about it will."