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Female Viagra: Would you take it?



"Not a quick fix and lots of potential side effects, so at this early stage I would not consider taking it, would you?" - Susan



Female Viagra: Would you take it?

A new pill promises to help women who are distressed by low libido, but experts say female desire is too complex for such a simple fix.

When Viagra was first launched in America in 1998 it promised to transform lacklustre sex lives. In the UK, doctors warned the government that the clamour for the drug could quadruple demand on the National Health Service's pharmaceuticals budget.

While that crisis may have been avoided, demand for the blue pill has certainly made its manufacturer, Pfizer, wealthy. Last year alone, Viagra sales globally made Pfizer \$2.4 billion.

Earlier this year, a US pharmaceutical company launched a drug that's being described as "female Viagra". Addyi (flibanserin) has been developed to help women who experience low sexual desire, and the US Food and Drug Administration (FDA) formally approved it in August. This made it the first FDA-approved treatment for a common form of female sexual dysfunction called hypoactive sexual desire disorder (HSDD).

A common problem

HSDD is described as a "persistent absence of sexual thoughts, fantasies, responsiveness and willingness to engage in sexual activity that causes personal or relationship distress and can't be accounted for by another medical condition or substance". This issue is said to affect up to one in 10 women in the US, according to Sprout Pharmaceuticals, the manufacturer of Addyi.

Susan Davis, a professor of women's health at Monash University in Melbourne, says that 30-40 per cent of women in Australia experience loss of sexual desire, adding that it can occur at any age.

"Reasons are varied but can include an unhappy relationship, sexual abuse or being on antidepressants. Some forms of oral contraceptive pill can also be a cause," Davis adds.

"But there's low desire and then there's low desire that causes distress. Lots of women aren't interested in sex and for them that's no big deal. Other women aren't interested in sex and that bothers them because they used to enjoy intimacy with their partner and they want to rekindle that."

How it works

While the drug is currently only available in the US, Sprout Pharmaceuticals says it's currently working with regulatory bodies around the world to make Addyi more widely accessible.

The non-hormonal oral pill is taken once a day at bedtime and aims to balance chemicals in the brain that correlate to desire. A month's worth of Addyi is expected to cost about the same as a month's supply of Viagra. In the US this equates to a monthly patient co-payment of between US\$30 and \$75.

The pink pill has been studied in more than 11,000 women and Sprout Pharmaceuticals says tests showed "improvements in desire for sex, reducing distress from the loss of sexual desire and increasing the number of satisfying sexual events".

However, in some women, Addyi can cause dizziness, sleepiness, nausea, fatigue, insomnia and dry mouth. When women used the medication and drank alcohol (which is strongly advised against), more severe side effects included hypotension (or severely low blood pressure) and even fainting (or "syncope", which is a temporary loss of consciousness).

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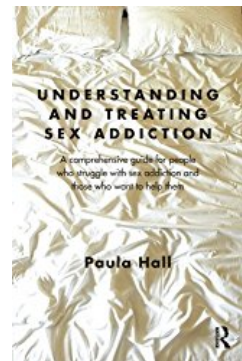
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Managing expectations

Davis says having availability of drugs such as Addyi to help women who want to improve low sexual desire is important, but she says the comparison to Viagra is wrong.

"People are talking about Addyi as 'pink Viagra' but drugs of that type treat men who are unable to achieve or maintain an erection by enhancing penile blood flow. Viagra is not a desire drug," she says.

"However, Addyi has been shown to increase sexual desire – not to the point that women are chasing down their partner for sex, but it does improve sexual interest and responsiveness. It will have a small but significant benefit for some women but it's not going to work for everyone."

However, Dr Christopher Fox, national chairperson of the Society of Australian Sexologists, is concerned that the expectations around Addyi will cause further disappointment for some women

"Sex drive isn't a physical thing – it's psychological and social and Addyi is medicalising what may not be just a physical problem," he says. "It's got the potential to stop addressing the underlying issues because people will say 'there's a pill to fix that'."

A loss of sexual desire is about the relationship, the busyness of people's lives and creating the environment for healthy sexuality to occur, he adds, and a drug isn't going to cure all this.

"And you have to wonder whether we're 'problematizing' something that may not be a problem. Low sexual desire is only a problem when a person is demanding more sex than the other person is prepared to give.

"There's this misconception and people think they should be having sex multiple times a day and that it should be mind-blowing – rather than realising good-enough sex is OK," Fox says. "I'm not saying women shouldn't try Addyi but it's not a panacea."

Davis agrees that anyone trying Addyi should keep an open mind. "The benefits are that it can improve desire and women will feel more positive about their intimacy," she says.

"The downside is that perhaps nothing happens. It won't take you back to when you were 18. It's not a youth pill and the effects are subtle, not amazing."

How to deal with low sexual desire

How else do the health professionals help women who are distressed by low sex drive?

Improving communication: "Foreplay occurs hours before the sexual act, with communication," Fox says. "You need to build a scaffold to hold up the sex and intimacy platform. Small changes can help men and women want to be intimate." This can include love notes, texts and other erotic prompts.

Testosterone cream: Testosterone has an effect on desire and arousal, increasing genital blood flow and frequency of orgasm. It can be given to women with lower than normal levels of testosterone and is applied daily to the buttocks, thighs, underarms or neck.

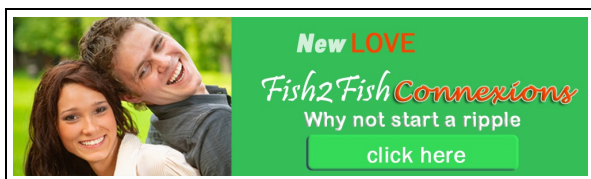
Contraceptive pill: The ovaries make testosterone and our levels increase at ovulation. If a woman doesn't ovulate she won't make enough testosterone. Taking the Pill can also lower testosterone, so women may need to change their contraceptive medication.

Antidepressants: These can lower sexual function significantly. Changing antidepressants where possible may help.

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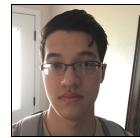
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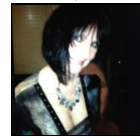


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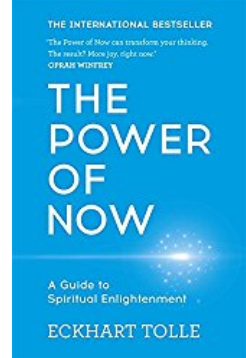
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