

# Sexual Dysfunction Association

Suite 301 Emblem House, London Bridge Hospital, 27 Tooley Street, London SE1 2PR  
Helpline 0870 774 3571  
Website [www.sda.uk.net](http://www.sda.uk.net)  
Email [info@sda.uk.net](mailto:info@sda.uk.net)



## Lack of sex drive or libido

Sexual drive is the biological force that makes us seek out and behave sexually. About 30% of women have no sex drive at all. Some women may only experience this at certain times during their life, e.g. during pregnancy/childbirth, breastfeeding, and menopause or at times of crisis, upheaval or illness in their lives. For others it can be a chronic situation that causes them distress.

The symptoms of lack of sex drive or libido are no desire to initiate or participate in sex, lack of receptiveness to sexual activity and absence of any sexual thoughts or desire or daydreams. The need to be cuddled and loved is not lost, it's just that the interest or need for intercourse has diminished; this can cause problems within a relationship as the partner may often also feel neglected and unloved.

## So what causes loss of desire?

Desire is a focused drive and makes us act in a certain way when we are sexually aroused. Desire is not static, it changes over the years. Many things can cause loss of sexual desire; it can be a physical problem, a psychological problem, or a combination of both.

Some physical reasons that may result in a lack of desire are medical or surgical interventions, hormone disorders and certain medical conditions such as diabetes, heart disease, multiple sclerosis, Parkinson's disease and depression. Other factors that may affect sexual desire are changes in contraception methods, tiredness, stress, mood disorders (such as anxiety), obesity or poor body image, relationship with partner, past traumatic sexual experiences and excessive alcohol or drug use. Lack of time or opportunity for sexual expression can lead to loss of desire. It may also be due to something very simple such as over familiarisation or boredom with your sexual routine, or something that you find off putting about your partner (e.g., body odour, not shaving or even dirty fingernails).

Every woman will have a unique set of circumstances causing her loss of desire, and likewise the treatment plan should be individually tailored to meet her set of needs. No one type of treatment will be suitable for all; therefore an accurate understanding of the exact nature of the problem needs to be ascertained in order to treat that woman accordingly. If you are in a relationship and have a partner, you may be asked to invite your partner to come along to the sessions. Wherever possible, treatment should involve the couple. Involving the partner in the process can help you feel supported and help you to realise that you are not 'doing it all yourself'. You will also be most welcome as a single person whether or not you have a current partner.

## **How is loss of desire managed?**

A detailed medical, sexual and social history should be obtained initially. You may find it extremely embarrassing at first to reveal these things to a stranger, but as the consultation progresses you will become more relaxed and understand the need for close and careful questioning. Depending on who you see and what your particular problem is, you may also be examined (with your consent) and you may need a blood test to check hormone levels. Other simple tests may also be done, such as urine testing and blood pressure checks, which may reveal diabetes or hypertension, both thought to possibly contribute to sexual dysfunction. Treatment of any underlying medical condition that might be causing or contributing to the problem should always be tackled first; this in itself may help to alleviate some of the symptoms of loss of desire. The different types of treatment that you might expect may vary depending on who you see for your problem and either sex therapy or medical treatments may be offered.

## **What is sex therapy?**

Sex therapy helps people learn more about their bodies and feel at ease with the range of sexual feelings that they encounter. Cognitive behavioural approaches may be used as part of the programme of treatment. This approach deals with basic (incorrect) assumptions which some people may have about sex. Hopefully therapy will help you change those feelings that you want to change and enable you to accept those that you want to accept.

Sex therapy takes place in a supportive atmosphere in which individuals or couples can talk freely about their sexual, emotional and relationship issues with a specially trained professional who is knowledgeable and comfortable with human sexuality. Sex and relationship therapists have academic, clinical and supervised training and experience in sexual matters and treatments. It is therefore important to make sure that the sex therapist is qualified and abides by the codes of ethics of an appropriate professional body. Look for a therapist who is a member of the Institute of Psychosexual Medicine ([www.ipm.org.uk](http://www.ipm.org.uk)) or the British Association for Sexual and Relationship Therapy ([www.basrt.org.uk](http://www.basrt.org.uk)).

## **What happens in sex therapy?**

You will be asked all about your problems and how they affect you or your relationship. You may start on different types of programmes (sexual growth programmes, Sensate Focus) which are designed to be a framework for learning more about how your body responds sexually and about your feelings. You will be given lots of information on why sexual problems arise and the common reasons for them.

If you have a partner, you may also be asked to start a programme called Sensate Focus. This is a series of sensual touching exercises that you complete at your own pace at home; it is designed to improve both the sexual and the non-sexual communication of the couple. You will not be asked to do anything that you are not comfortable with. Sex therapy has been shown to be helpful in all areas of female sexual dysfunction.

## Medical treatments for loss of desire?

Testosterone is produced naturally in the female ovaries and adrenal glands and it is linked to female sexual function. The loss of sexual desire can be associated with a testosterone drop. When a woman gets her ovaries surgically removed (oöphorectomy), she experiences an immediate decline in testosterone. Several studies have shown a benefit of testosterone therapy in postmenopausal women but mainly in those using oestrogen. In the UK, the only licensed preparation for women for many years was subcutaneous implants or pellets to be put under the skin using local anaesthetic. Testosterone patches for women are now available. These have the advantage that women can start and stop treatment whenever they want.

Oestrogen levels fall after the menopause and can cause vaginal dryness and painful sex which in turn can lead to lack of desire. Oestrogen replacement or hormone replacement therapy (HRT) may be helpful.

Tibolone is a type of HRT which has some effects similar to testosterone and may help with lack of libido after the menopause.

While women can find sexual problems difficult to talk about and isolating, various options are available. If possible, share your concerns with your partner and try to agree whether you would both be willing to seek help together. You will normally be welcome as a couple or as an individual when you ask for help from your GP, local hospital clinic or a therapist in the private sector. Always ensure that the clinician from whom you seek help will be able to ensure that you have a thorough check-up of both physical and psychological factors.

## Further reading

Sexual Health and the Menopause. eds Tomlinson JM, Rees M, Mander T. 2005. Royal Society of Medicine Press and British Menopause Society Publications Ltd.

## An invitation

..... to enrol as a friend of The Sexual Dysfunction Association. For a small annual subscription you will know that you are contributing to a charity that helps overcome the problems of male and female sexual dysfunction. If you are interested please telephone or write for an application form or complete our on-line registration form.

Date of issue: 17 September 2007

