

New clinic is focused on women's sex lives

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Irene felt betrayed by her body.

After 16 years of marriage, she still was very much in love with her husband. But hormone imbalances, a miscarriage, childbirth and the daily stresses of life deadened her libido and turned her off totally to sex.

"I'm still young, but it felt like my body was cheating me and I couldn't do anything about it," said the 47-year-old, who didn't want her last name used. "It was like trying to touch someone's hand who is paralyzed. There was no stimulation at all."

Irene is far from alone, despite the message the not-so-"Desperate Housewives" might be sending these days. Studies suggest female sexual dysfunction, which has several forms, affects between 30 percent and 50 percent of American women.

The buzz over Viagra and other male disorder medications has overshadowed research and treatment into women's sexual problems for years.

While the field of female sexual medicine is gaining prominence, it's still being met with very little support from insurance companies and policy-makers.

In an attempt to address the female side of the equation, one of the city's largest urology practices has opened a clinic this week dedicated solely to treating women with sexual dysfunction.

Female sexual dysfunction



Female sexual dysfunction is a recognized medical condition in which a woman experiences a chronic change in her sexual response that causes her distress. About 40 million American women, or 43 percent, complain they have lost interest in sex or it is not as enjoyable as it used to be.

Four types of FSD

- **Hypoactive sexual desire disorder:** the woman doesn't feel 'in the mood' for sexual activity
- **Arousal disorder:** the woman has trouble becoming vaginally lubricated and/or her sexual sensations are diminished.
- **Orgasmic disorder:** the woman has difficulty achieving orgasms or doesn't have them at all
- **Pain disorder:** the woman experiences pain during intercourse

Sources: Urology San Antonio, Journal of the American Medical Association

HARRY THOMAS/STAFF

The Urology San Antonio Center for Female Sexual Medicine is designed to diagnose, treat and study sexual dysfunction in women while also working with their partners in the process.

Support groups, couples education and sexual therapy is offered in addition to medical treatment for conditions that can lead to sexual problems, said Mickie Autry, a certified urologic nurse practitioner who is co-director of the new center.

Dr. Juan Reyna, president of Urology San Antonio, acknowledged the field is "in an infancy and getting to our adolescence" in terms of understanding and treating female sexual problems.

"Any one medicine is not

going to cover it," he said.

Reyna often illustrates the difference between treating sexual problems in men versus women with an analogy:

Finding what works for men can be as easy as finding a light bulb's "on" switch. But helping women is more like dealing with a complicated airplane control panel.

That's because men's sexual problems often stem from blood flow and vascular issues easily corrected with medications. Women's disorders, on the other hand, are more elusive and tied to the delicate dance among hormones, desire, self-image, stress and sensory issues.

Some are opposed to the "medicalization" of sexual issues that used to be viewed as normal changes or mere consequences of age. But experts stress that the condition exists only when a woman experiences a chronic, notable change in her sexual response that causes her distress.

If a woman is not uncomfortable with the response, there's often no reason to consider treating it, said Dr. Joan Meaney, a board-certified urologist with the center.

But it's also time for doctors to stop telling women complaining of sexual problems that "it's all in their heads," she said.

"Until recently, the medical community believed that female sexual dysfunction was primarily a psychological or emotional problem and gave little attention to the problem's medical causes,"

Meaney said. "Now, doctors practicing in the field ... understand that hormone imbalance, pelvic pain, neurological problems and even cardiovascular conditions such as diabetes and hypertension play an important role in a woman's sexual function."

It took Irene and her husband years to fully comprehend the toll taken on her body by extreme hormone shifts over the years. Irene experienced severe mood swings tied to her menstrual cycle, and injections of the hormone progesterone finally made her feel "human" again.

But the injections also affected her sex drive, and the couple's frustration over their lack of intimacy ultimately landed them at the local clinic.

After some lab work — about \$1,000 of which was not covered by insurance — doctors determined Irene was deficient in testosterone, often thought of as a male hormone, but an important predecessor to sexual desire in women.

On Autry's recommendation, she recently began taking dehydroepiandrosterone sulfate. The supplements, known as DHEA, are thought to help produce testosterone and estrogen, and Irene said she's noticed a considerable increase in sexual desire and sensations.

"There's a big difference now — it's like my body finally woke up," she said.