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# Electronic Mail Message

Date: 29-Jun-2000 01:59pm  
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TO: allensu ( allensu@A1 )  
CC: Irwin Goldstein ( igoldst@bu.edu )  
Subject: Female Sexual Dysfunction

Dear Dr. Allen:

I don't know if you remember me, but we met and spoke briefly at the FSD meeting last October.

I have been thinking about the industry guidelines for FSD and have some concerns that I would like to share with you. The recent media attention paid to female sexual complaints or what is increasingly being called FSD is worrisome to me in that it appears that we are creating a new entity or condition called FSD which exists independently of the specific dysfunctions of desire, arousal, orgasm and sexual pain. Referring to women with sexual complaints as having FSD is no different from using the old term, frigidity. We worked hard to eliminate frigidity from our lexicon since it was often used perjoratively- as a way of demeaning or mocking women. More to the point, the term frigidity lacked specificity- did the woman have little sexual interest? a sexual arousal problem? lack of affection or inclination to be sexual with her current partner- who thereby labelled her frigid? etc. You can see the problem! Well, I'm afraid that FSD may be used in the way- as a non-specific and eventually pejorative way of labelling women. . .

In the industry guidelinesm section II -Definition of Female Sexual Dsyfunction: .the first sentence states, "Although the definition of FSD continues to evolve, it currently consists of four recognized components.....This sentence is ambiguous in several respects. There is no single definition of FSD- and it is unclear whether all or simply some of the "components" must be present to warrant the diagnosis of FSD. While it is admittedly difficult- but not impossible!- to separate the diagnosis of desire disorders from arousal disorders, it is not hard to diagnosis orgasmic problems or sexual pain complaints.- and these complaints do not always (or even often) co-vary.

To summarize- FSD is a nonspecific diagnosis

Unless specific diagnoses are recognized and specified, FSD will become a term not dissimilar from frigidity- as lacking reliability and valid referents.

While not now pejorative, it will come to be used pejoratively.

The second point I would like to discuss with you is the issue of valid endpoints for clinical trials. The emphasis is placed on the number of successful and satisfactory sexual events or encounters over time. While I recognize the value of having "countable" events as one measure of efficacy, I worry that having these as the ONLY acceptable primary endpoints is overly reductive and dismissive of women's experience. There are very many women do engage in sex for totally non-sexual reasons- think of the women living in conditions of domestic violence who routinely acquiese to intercourse to placate or fend off a powerful male. They do not feel the slightest hint of sexual desire, yet they engage in high frequency sex- perhaps even with arousal and orgasm. On the other hand, think of the many single, older, separated, and widowed women who have rich internal fantasy lives and who are aware of internal sensations of vasocongestion

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and genital tingling, but who don't engage in partner sex (because there may be no partner) and who do not masturbate- because of the negative associations it holds for them. Observable behavior is not always indicative of internal experience.

I would propose that thoughts, fantasies and sensations are useful endpoints to consider in addition to masturbation or intercourse frequency- while not "countable" in a statistically precise way, we can certainly determine if they increase, decrease or remain unchanged as a result of a drug trial.

However, I am most concerned about the first issue, particularly since the media seems to have seized on FSD as a new and troubling phenomenon. I do not want like to see women diagnosed with FSD rather than with a SPECIFIC female dysfunction when we have worked so hard to define and describe valid criteria for diagnosing female sexual disorders.

I would be happy to discuss either of these issues with you at your convenience.

Cordially,

Sandra Leiblum

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