

# Getting Back In Touch With Your Desire



DR. SANDRA SCANTLING  
INTIMACY, SEX  
& RELATIONSHIP

**DEAR DR. SCANTLING,**  
*I'm 43 and have always had a good sex drive until I had my ovaries removed this past August. I love my husband, but since the surgery, I couldn't care less about ever having sex again! I'm glad I had the surgery, because I don't have any more abdominal pain, but*

*I'm feeling pretty down. My doctor said I just need to give it more time, but I've waited more than six months, and things aren't getting any better. We haven't had sex in all that time. I don't have any other medical problems. I hear there's a new "female Viagra" called LibiGel. Can you tell me something about it and if you think it might help. What's wrong with me, anyway?*

— SAMANTHA, WETHERSFIELD

**DEAR SAMANTHA,**

One part of the explanation is that you were plummeted into premature menopause overnight. Instead of having years to adjust to naturally decreasing levels of estrogen and testosterone, you lost about 50 percent of your androgen (testosterone) production in one fell swoop when your ovaries were removed (the other 50 percent of your testosterone is produced by the adrenal glands). One day your sexual activity was fine, and then the day after surgery, your life dramatically changed.

We hear a lot about estrogen and menopause, but testosterone is an important (yet often overlooked) subject. Many people associate testosterone with male desire, but it's the "hormone of desire" for women. If you haven't already

done so, I highly recommend reading Dr. Susan Rako's classic "The Hormone of Desire: The Truth About Testosterone, Sexuality, and Menopause." Rako tells us how testosterone deficiency is a quality-of-life issue. It is not only critical to sexual interest and sexual pleasure; it also contributes to healthy cell metabolism, bone production, muscle tone, sensory perception, emotional well-being and a host of other functions. So it makes sense that you might feel "pretty down."

The problem is that, up to this point, the only FDA-approved testosterone replacement available for androgen-deficient women has been small doses of creams, gels or injections originally formulated for men. In 2006, about 1.4 million prescriptions for "off-label" testosterone were written in the U.S. for women, so there's a significant demand. But females are not just small males.

For many years, the pharmaceutical companies have been trying to obtain FDA approval for a testosterone product designed for women. In 2004, the FDA advisory panel rejected Intrinsa, a testosterone patch for women developed by Procter & Gamble. It is approved for use in France, Germany, Italy, Spain and the United Kingdom. But the FDA was looking for longer-term safety data after the celebrated removal of Vioxx (the pain medication) from the American market.

There's recently been a lot of "buzz" about LibiGel, the product you're asking about. Although it has been referred to as the "female Viagra," it doesn't work like the erectile-dysfunction drugs. LibiGel is a bio-identical testosterone gel developed by BioSante Pharmaceuticals and designed for post-menopausal women with reduced sexual desire, arousal,

pleasure and satisfaction. It's a prescription drug applied in metered doses to the upper arms once a day.

We don't know when LibiGel will be on the market. Right now, it's in Phase III clinical trials for safety and efficacy. Initial results are expected by the beginning of 2009, and if the data are positive, the company will file an application with the FDA.

What we don't know about LibiGel is what we didn't know about Intrinsa — what are the long-term risks? For that answer, we'll need to wait and see.

These are exciting times for women's sexual health, but we have to be careful not to put all our "eggs" into the medication basket. We are more than an assortment of hormones. Pfizer spent eight years trying to develop Viagra for women without the hoped-for success. Objectively, women became more lubricated, and there was evidence of increased genital blood flow, but women didn't report increased sexual pleasure. Either the women didn't know they were more lubricated, or they didn't seem to care. In any event, it wasn't enough to make a difference in their reports of sexual satisfaction.

We've suspected for some time that females are sexually complex beings. Instead of one switch that turns us on, we have an entire control panel. Instead of trying to fit all females into a one-size-fits-all male model, we are being faced — again and again — with the wondrousness of female sexual functioning.

For women like you who are young and healthy and have experienced a sudden change in your sexual satisfaction, testosterone replacement may be enormously helpful (assuming it is not medically contra-indicated, and you've

carefully discussed the risks and benefits with your doctor and partner).

But while you're waiting for your urge to return, how about doing some touching with your husband? Whoever said that you have to feel an overwhelming sense of desire to express affection? (Didn't you say you love him?)

As time goes on, all of our sex hormones will decline. It's part of the aging process. But fortunately, our capacity to love one another is not hormone-dependent. It's hard to re-establish intimacy after surgery or any major stress, but it's one of the healthiest things you can do, for the both of you.

So, I recommend that you touch sensually, until you feel more motivated to touch in more explicit ways. Perhaps you might take yoga or massage classes to reconnect with your body, and one another. Practice some basic pelvic floor exercises to improve your awareness of the muscles involved in sexual pleasure. Start slowly, but bridge the hiatus as soon as you can.

If you're feeling so blue that you can't reach out, make an appointment to talk with a professional you trust. Testosterone is part of the story, but only one chapter. Thanks for your question. Best wishes.

— DR. SCANTLING

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