Provisional Report by the DSM-V Workgroup on Sexual and Gender Identity Disorders: Towards DSM-V

Hypoactive Sexual Desire Disorder

Lori A. Brotto, PhD
University of British Columbia
Diagnostic Criteria for 302.71 Hypoactive Sexual Desire Disorder

A. Persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity. The judgment of deficiency or absence is made by the clinician, taking into account factors that affect sexual functioning, such as age and the context of the person’s life.

B. The disturbance causes marked distress or interpersonal difficulty.

C. The sexual dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Specify type:
   Lifelong Type
   Acquired Type

Specify type:
   Generalized Type
   Situational Type

Specify:
   Due to Psychological Factors
   Due to Combined Factors
Problems with how sexual desire is defined

- Sexual behavior frequency as an index of desire
- Relevance of sexual fantasies
- Poor relationship between fantasies and sexual satisfaction
- Many different desires (incentives) for sexual activity
- Desynchrony between how clinicians and women define (low) desire
Other classification systems and HSDD

- International Classification Committee 2003 (AUAF)
  - Women’s Sexual Interest/Desire Disorder
  - Absent or diminished feelings of sexual interest or desire, absent sexual thoughts or fantasies and a lack of responsive desire. Motivations (here defined as reasons/incentives) for attempting to become sexually aroused are scarce or absent.

Other classification systems and HSDD

- The New View, Tiefer 2001
  - Sexual problems due to socio-cultural, political, or economic factors
  - Sexual problems relating to partner or relationship
  - Sexual problems due to psychological factors
  - Sexual problems due to medical factors

Tiefer et al., 2000
Other classification systems and HSDD

- Hartmann, Heiser, Ruffer-Hesse, Kloth, 2002

- Sexual Desire Disorder
  - In combination with sexual arousal disorder
  - In combination with orgasmic disorder
  - Associated with depressive symptoms
  - Associated with low self-esteem
  - Associated with partner conflict
Specific issues with current DSM-IV-TR definition of HSDD
The meaning of “persistent and recurrent”

- Not operationalized
- Overpathologizing of normal variations in sexual desire
- Cultural nuances
- Are severity and frequency meaningful?

- Consideration: 6 months duration and 75% frequency
Sexual fantasies

- Low frequency of non-triggered sexual fantasies
- Desynchrony between qualitative and quantitative assessments of sexual fantasies

Consideration: sexual fantasy as one marker of low sexual desire (not necessary one)
Women provide many reasons for sexual desire and sexual activity

Desynchrony between sexual activity frequency and sexual satisfaction

Consideration: desire for sexual activity as one marker of low sexual desire
Distress

- Population based study findings on frequency of low desire vs low desire + distress
- Personal distress vs interpersonal distress
- Implications of removing distress as a criterion

Consideration: include distress as a dimensional specifier
The disturbance causes interpersonal difficulty

- Couple-level dysfunction not considered currently

- Consideration: include relational influences as a dimensional specifier
The judgment of deficiency is determined by the clinician

- Perhaps the only aspect of the HSDD definition worth preserving

- Moreover, judgment of dysfunction should be influenced by the person
Not better accounted for by another Axis I Disorder (except Sexual Dysfunction)

- Unclear distinction between sexual desire and arousal
Problems with “hypoactive”
Problems with “desire”

Consideration:
- Sexual Interest/Arousal Disorder
- Sexual Arousability Disorder
Proposal for DSM-V
Sexual Interest/Arousalal Disorder
Sexual Arousability Disorder

- 3 of 4 of the following symptoms must be present for at least 6 months and during 75% or more of sexual encounters
  - Absent/reduced interest in sexual activity
  - Absent/reduced sexual thoughts or fantasies
  - Does not initiate sexual activity and is not receptive to a partner’s initiation
  - Inability to attain or maintain sexual excitement* and to have pleasure during the sexual experience
What is sexual excitement*?

- Will need to be defined clearly
- Needs to address variability
- May include pleasure, satisfaction, etc.
- Includes the construct of “subjective sexual arousal”
Specifiers

- Interpersonal/relational component (0-3)
- Distress (0-3)
- With organic factors (0-3 or)
- Lifelong vs acquired
- Generalized vs situational
Implications for Arousal Disorder

- “Subjective sexual arousal disorder” will be subsumed under this category
- Should this category include genital arousal dysfunction?
- Sexual Interest/Arousal Disorder
  - With perceived physical arousal impairment
  - Without perceived physical arousal impairment