As a mental health professional, do you see any reason for concern about doctors prescribing a drug to women who have low sexual desire?

Dorothy Horton, PsyD, answers your questions in her latest Ask Doctor Dee column.

December 3, 2015 By Dorothy Horton

Q: As a mental health professional, do you see any reason for concern about doctors prescribing a drug to women who have low sexual desire?

A: My biggest concern is that attempting to treat low sexual desire with Addyi (flibanserin), or any other drug, negates the reality that women's sexual desire is deeply affected by issues in their lives that create stress and distance between them and their partners in intimate relationships.

Despite flibanserin's ability to improve a woman's desire for sex, reduce her distress from the loss of sexual desire and boost the number of sexual episodes that she may have, women's sexual desire is a very complex response. There are many variables responsible for a woman wanting physical intimacy with her partner. A quick fix may overlook underlying issues that contribute to a lack of sexual desire for her partner.

What's more, flibanserin doesn't address cultural values that promote ignorance and shame in women about their sexuality, and that create unrealistic expectations about what women should want by legislating how they should participate in sex.

Also, I think many times women may feel less desire because they're plagued with anxiety and guilt because of so many societal expectations about sex. If they lose interest in sex with a partner who used to excite them, this can become a chronic psychological condition that just taking a pill—with worrisome side effects to boot—won't cure in the long-term.

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