LAWLEY

TESTOSTERONE SOLUTION FOR WOMEN

DECREASED SEXUAL DESIRE SCREENER (DSDS)

Initial screening tool to assist in the assessment of Hypoactive Sexual Desire Dysfunction (HSDD).

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AF1DSDSPAD0522-04

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HYPOACTIVE SEXUAL DESIRE DYSFUNCTION (HSDD)
NOTES FOR PHYSICIAN

HSDD manifests as any of the following for a minimum of 6 months:

- Lack of motivation for sexual activity as manifested by:
  - Decreased or absent spontaneous desire (sexual thoughts or fantasies); or
  - Decreased or absent responsive desire to erotic cues and stimulation or inability to maintain desire or interest through sexual activity;
- Loss of desire to initiate or participate in sexual activity, including behavioural responses such as avoidance of situations that could lead to sexual activity, that is not secondary to sexual pain disorders;
- And is combined with clinically significant personal distress that includes frustration, grief, guilt, incompetence, loss, sadness, sorrow, or worry.

HSDD may be lifelong or acquired and generalized or situational.[1]

Sexual history taking should always be conducted in a culturally sensitive manner, taking account of the individual's background and lifestyle, status of the partner relationship, and the clinician's comfort and experience with the topic.[2]

Explain that sexual problems are common and facilitate screening by assuring the patient that you, the physician, are comfortable discussing sexual issues.

To normalize and legitimize sexual concerns, you may introduce a direct screening question with a "ubiquity statement".

The start of ubiquity statements may include medical, social, and life-cycle issues such as, *"Many women with diabetes…"* or *"Many women going through menopause have concerns about sexual functioning; what about you?"*

You may follow with an open-ended invitation such as, *"Tell me about it"* or by asking, *"Are you sexually active?"* Whether the patient answers "yes" or "no," continue by asking a direct screening question such as, *"Are there sexual concerns you wish to discuss?"*

If a woman reports low desire, it is important to assess the presence of distress related to low desire, which is integral to the definition of HSDD. If HSDD is present, the ISSWSH Process of Care should be followed.[1]

If her sexual problem is arousal, orgasm, or pain, other clinical evaluations and interventions such as education, counselling, or referral should be considered.[1]

References:
1. Clayton AH, Goldstein I, Kim NN et al. The International Society for the Study of Women's Sexual Health Process of Care for Management of Hypoactive Sexual Desire Disorder in Women.Mayo Clin Proc 2018;93(4):467-487.
2. Althof SE, Rosen RC, Perelman MA et al. Standard Operating Procedures for Taking a Sexual History

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DECREASED SEXUAL DESIRE SCREENER (DSDS)[1]

Patient Name:

Date:

Results are to be discussed with your health care provider.

Each question is answered Yes or No.

1. In the past, was your level of sexual desire or interest good and satisfying to you? ◯ Yes ◯ No
2. Has there been a decrease in your level of sexual desire or interest? ◯ Yes ◯ No
3. Are you bothered by your decreased level of sexual desire or interest? ◯ Yes ◯ No
4. Would you like your level of sexual desire or interest to increase? ◯ Yes ◯ No
5. Please mark all the factors that you feel may be contributing to your current decrease in sexual desire or interest:
   a. An operation, depression, injuries, or other medical condition ◯ Yes ◯ No
   b. Medications, drugs, or alcohol you are currently taking ◯ Yes ◯ No
   c. Pregnancy, recent childbirth, or menopausal symptoms ◯ Yes ◯ No
   d. Other sexual issues you may be having (pain, decreased arousal, or orgasm) ◯ Yes ◯ No
   e. Your partner's sexual problems ◯ Yes ◯ No
   f. Dissatisfaction with your relationship or partner ◯ Yes ◯ No
   g. Stress or fatigue ◯ Yes ◯ No

1. Clayton A, Goldfischer E, Goldstein I, et al. Validity of the decreased sexual desire screener for diagnosing hypoactive sexual desire disorder. J Sex & Marital Ther. 2009;39:132-143.PR-1006.00

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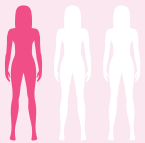
Every Menopause Journey is Unique

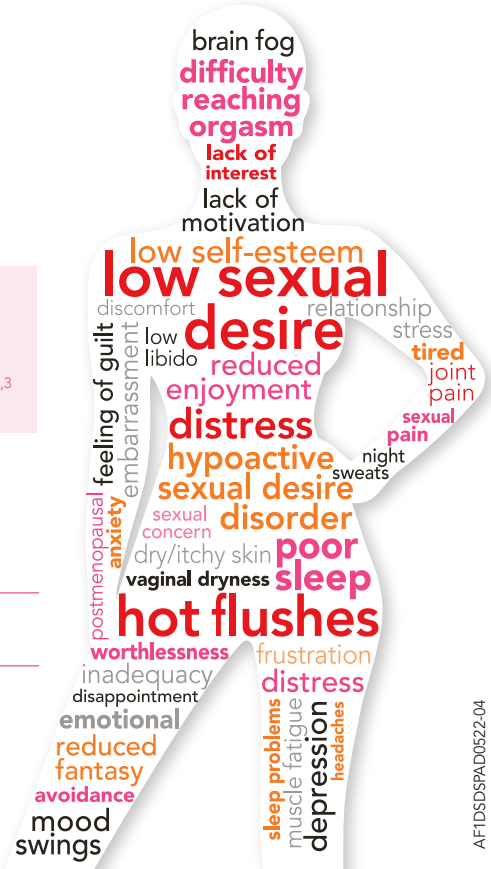
Low Sexual Desire is Common



1 in 3 women between the ages 40 - 64 will experience HSDD* which can severely impair relationships, mental health, social functioning and overall quality of life.[1,2,3]

Let's Talk...

1. Many women going through menopause have concerns about sexual function; is this a concern for you?	☐ Yes	☐ No
2. Are you happy to discuss your concerns with your doctor?	☐ Yes	☐ No
3. When was your last menstrual period?	☐ Less than 12 months	☐ More than 12 months



* Hypoactive Sexual Desire Disorder (HSDD) is low sexual desire which is distressing

References: **1.** Simon JA. Climacteric 2018:5:415-427. **2.** Worsley R. J Sex Med 2017;14(5):675-686. **3.** Fooladi E. Climacteric 2014;17:674-681.

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DECREASED SEXUAL DESIRE SCREENER (DSDS)[1]

Note to Health Care Provider: The Decreased Sexual Desire Screener[1] (DSDS) is a brief, validated tool designed to assist in the identification of premenopausal patients who may suffer from acquired, generalized Hypoactive Sexual Desire Disorder (HSDD). The DSDS is not a screener validated for self-diagnosis by the patient. Instead, the DSDS may be used by an HCP as part of a comprehensive clinical examination during which the patient's current medical status and history and all other relevant factors are evaluated.

Review and verify with the patient each of the answers she has given.

The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision characterizes Hypoactive Sexual Desire Disorder (HSDD) as a deficiency or absence of sexual fantasies and desire for sexual activity, which causes marked distress or interpersonal difficulty, and which is not better accounted for by a medical, substancerelated, psychiatric, or other sexual condition. HSDD can be either generalized (not limited to certain types of stimulation, situations, or partners) or situational, and can be either acquired (develops only after a period of normal functioning) or lifelong.[2]

The patient MAY qualify for the diagnosis of acquired, generalized HSDD if

- She answers "YES" to questions 1–4, and your review confirms "NO" to all the factors in question 5.

The patient MAY qualify for the diagnosis of acquired, generalized HSDD if

- She answers "YES" to questions 1–4 and "YES" to any of the factors in question 5; clinical judgment is required to determine if the answers to question 5 indicate a primary diagnosis other than acquired, generalized HSDD. Co-morbid conditions such as arousal or orgasmic disorder do not rule out a concurrent diagnosis of HSDD.

The patient does NOT qualify for the diagnosis of acquired, generalized HSDD if

- She answers "NO" to any of questions 1–4.

Additional information:

- The DSDS was validated in a sample of 263 premenopausal women.
- Use of the DSDS (by a clinician who was not an expert in female sexual dysfunction) to diagnose acquired, generalized HSDD was compared to the use of a standard diagnostic interview conducted by a clinician considered to be an expert in female sexual dysfunction.
- Diagnostic assessment by the DSDS and a standard diagnostic interview were in agreement 85.2% of the time (with 83.6% sensitivity and 87.8% specificity of the DSDS).

References:

1. Clayton A, Goldfischer E, Goldstein I, et al. Validity of the decreased sexual desire screener for diagnosing hypoactive sexual desire disorder. J Sex & Marital Ther. 2009;39:132-143.
2. Changes under DSM-5 have combined HSDD and Female Arousal Disorder (FAD) into Female Sexual Interest and Arousal Disorder (FSIAD). Acquired, generalized HSDD is diagnosed using the DSM-IV-TR criteria.

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TESTOSTERONE FOR WOMEN

Effective | Affordable | Available

Indication: The management of Hypoactive Sexual Desire Dysfunction (HSDD) in postmenopausal women.

PBS Information: Non PBS listed.
Available nationally as a private prescription.

For more detailed information:

Please review full AndroFeme® 1 Product Information before prescribing at lawleypharm.com.au/products

References: 1. Worsley R. J Sex Med 2017;14(5):675-686. **2.** Fooladi E. Climacteric 2014;17:674-681 **3.** Clayton A. J Sex Marital Ther;39:132-143

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1-in-3 women (aged 40 - 64) experience low sexual desire with distress[1]

Assessment

If you don't ask... Recognising HSDD[2]

Low self-esteem
Sadness
Worthlessness
Inadequacy
Frustration
Disappointment
Embarrassment
Avoidance

...they won't tell

Screening

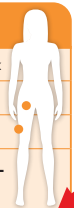
Decreased Sexual Desire Screener (DSDS)[3]

- In the past, level of sexual desire / interest has been good & satisfying
- Now, decreased sexual desire and interest
- Now, distressed by reduced desire and interest
- Would like an increase in sexual desire and interest

Manage modifiable factors

Treatment

Application site	**Upper outer thigh or buttock**
Starting dose	**0.5mL (5mg) daily**
Maximum dose	**1mL (10mg)**
Dose adjustment	**Titrate up or down by 0.25mL increments depending upon symptom response.**



Testing

Prior to initiating testosterone therapy measure baseline
Total Testosterone
&
Sex Hormone - Binding Globulin (SHBG)
If SHBG is high investigate

Monitoring & Follow-Up

The primary indicator of efficacy is symptom improvement in sexual function as reported by each woman.

Timeline	SHBG/Serum Testosterone	Efficacy/Safety review	Dose Modification (if required)
3-6 weeks	✓		✓
12 weeks	✓	✓	✓
6 months	✓	✓	

- Improvement in sexual function; onset 4-8 weeks; peaking at 12 weeks.
- Therapy beyond 24 months should be an informed decision by physician and patient.
- Measuring T: used to monitor for possible overuse, but not as the primary guide for management.

Affordable

100 days

50mL tube using 0.5mL once daily.

≈ $30 a month

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