Managing men with low libido

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It is important to assess whether a complaint of low libido represents dissatisfaction with innate libido, a decrease in libido or a discrepancy between the man and his partner.

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Desire, horniness, machismo and libido are difficult terms to define. What is medically normal for male libido has not been determined, but most health professionals have a sense of 'normal' based on factors such as their own cultural expectations, the man's age and health, and often the man's appearance and social and relationship status. Sex drive has a natural bell-shaped biological distribution, so 5 to 10% of the population will fall at the low or high extremes of the curve. From nature's viewpoint, libido is about wanting to have sex often enough to impregnate a partner for the survival of the species. Nature does not require sexual meaningfulness, recreation or finesse. However, human beings do.

When a man presents with low libido it is important to assess whether the problem is dissatisfaction with innate libido, a decrease from previous libido or a discrepancy in libido between the man and his partner, female or male. Clinical indicators of sexual desire are shown in the box on page 64 (left). The diagnostic criteria for hypoactive sexual desire disorder (HSDD), according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR), are outlined in the box on page 64 (right).[1]

Desire discrepancy is one of the most common sexual difficulties seen by sex therapists and one of the most complex to manage because of the multiplicity of factors involved and the reluctance or difficulty of individuals to change, even when they want the end goal. Acquired situational HSDD is more common than lifelong generalised HSDD.[2]

CLINICAL INDICATORS OF SEXUAL DESIRE

- Sexual fantasies and thoughts
- Seeking and initiating sexual activity
  - frequency of masturbation
  - frequency of initiating interpersonal sexual activity
- Personal perception of the frequency of one's sexual activity

EPIDEMIOLOGY OF LOW LIBIDO

The true incidence of male low libido or desire discrepancy where the male has the lower sex drive in the relationship is unknown and is possibly underestimated.[3] The Global Study of Sexual Attitudes and Behaviors of almost 14,000 men from 29 countries found a prevalence of HSDD in men of 5%.[4] The Men in Australia Telephone Survey (MATeS) of 5990 men aged over 40 years reported that 37% had reduced sexual interest compared with previous levels: 25% in the 40 to 49 years age group and 58% in the over 70 years age group.[5] In contrast, a German community survey found a prevalence of low sexual desire of 2 to 15% across these age groups.[6]

In general, individuals with a low innate sex drive are not overly concerned for themselves as they are simply 'not hungry' for sexual activity. Men present for help when they experience a negative change from previous functioning or a partner complains. Anecdotally, around 30% of desire discrepancy cases have the male as the lower sex drive partner. However, this is not a fixed position, and an individual can be the lower sex drive partner in one relationship and the higher sex drive partner in another. The shame and humiliation attached to being the lower sex drive male partner makes the situation more hidden, and men reluctant to seek help.

The 'lazy lover syndrome' can present as desire discrepancy or low libido, but is in fact disinterest or a feeling that it is 'too much bother' to make love with that partner. These men usually masturbate at a 'normal' frequency and do not have low libido. Pornography overuse, affairs and idiosyncratic masturbation styles are common findings.

CAUSES OF LOW LIBIDO

There are myriad factors that affect libido, including poor-quality lovemaking, sexual boredom, sexual trauma such as childhood sexual abuse (which is even more hidden in men than in women), fertility issues, infidelity, dislike of the partner, a poor relationship and life stresses. Sexual comorbidity is common with libido problems, and it is important to identify any primary condition.[7] It could be that premature ejaculation, erectile difficulty or pain, as in Peyronie's disease, has led to decreased libido, or was it the other way around?

Medical conditions that can affect libido include depression, thyroid disease, anaemia, androgen insufficiency, hyperprolactinaemia, any chronic condition, chronic tiredness, lethargy and pain. Medications such as antidepressants, antipsychotics, antihypertensives, antiandrogens and cancer treatments can also have sexual consequences. Recreational drugs such as alcohol, marijuana and heroin can reduce sex drive, and cocaine can impair sexual performance in men. Anabolic steroid use often causes significant and permanent changes in sexual behaviour. It has been associated with both increased

DEFINITION OF HYPOACTIVE SEXUAL DESIRE DISORDER[1]*

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) lists the diagnostic criteria for 302.71 Hypoactive Sexual Desire Disorder (HSDD) as:

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.

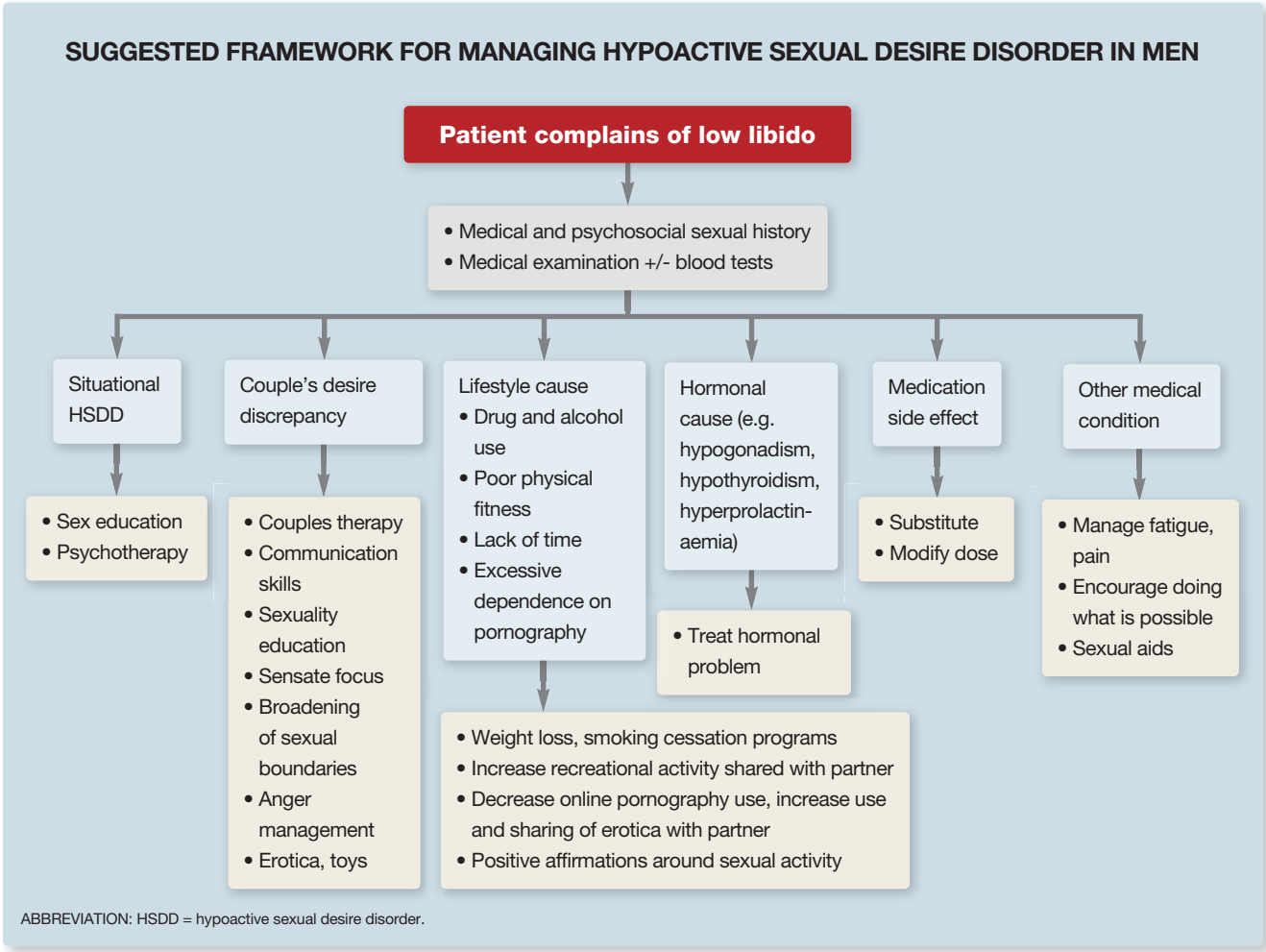
C. The sexual dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition.

Specify type:
- Lifelong type
- Acquired type

Specify type:
- Generalised type
- Situational type

Specify:
- Due to psychological factors
- Due to combined factors

* Anecdotally, HSDD criteria are not expected to change in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), due to be released in May 2013.



and decreased libido, and a hypogonadal state characterised by diminished levels of serum luteinising and follicle-stimulating hormones, testicular atrophy and decreased sperm production.[8]

Hormones and neurotransmitters are essential for good sexual health. Testosterone and dopamine increase sexual desire, and oestrogen, prolactin, cortisol and serotonin decrease it.[9] Although it is clear that a minimal level of testosterone is needed for libido (and erectile function), the relation is not linear and there is much controversy surrounding what constitutes a 'normal' testosterone level at different ages. Serum testosterone levels gradually decline with age but more significantly with chronic health conditions and obesity.[10,11] Studies have found that a significant incidence of sexual dysfunction does not occur until serum testosterone levels are below 7.8 nmol/L, suggesting a need for further clarification.[12,13]

MANAGEMENT OF HSDD

The management of HSDD is complex and takes time. A suggested framework for managing HSDD in men is shown in the flowchart on this page.

A detailed medical and psychosocial sexual history is essential. There is no room for shyness in asking about specifics, such as fantasies, extramarital activity and methods of masturbation. It is vital to clarify the motivation for seeking help, as it may not be to save the relationship. One can go around in circles forever if a man wants a partner of the opposite sex to the current partner and does not disclose this in therapy. Couples therapy is unlikely to be productive if there is an active ongoing affair.

Comorbid sexual difficulties and any sexual and relationship issues of the partner have to be addressed. It may not be possible to ameliorate a longstanding situation if a couple have reached a platonic stage in their relationship or have contempt for each other. Anger is often a major factor in HSDD. However, sometimes loss of desire for the partner is an appropriate and sane response, and it is helpful for health professionals to acknowledge this.

ONLINE RESOURCES FOR MEN ON HEALTH AND SEXUALITY

Australian Men's Shed Association (AMSA): http://www.mensshed.org

Andrology Australia: http://www.andrologyaustralia.org

Foundation 49: http://www.49.com.au

MensLine Australia: http://www.mensline.org.au

Prostate Cancer Foundation of Australia: http://www.prostate.org.au

For some time-poor men, sex may be just one more task to do. Most men have a mental 'sexual script', which may include unrealistic expectations such as 'I have to last "X" long', 'I have to bring my partner to orgasm every time' and 'I am responsible for the entire scenario'. For these men, it may be easier to masturbate and avoid partner intimacy. However, sex and relationship therapy that helps couples to communicate better and to re-ignite recreational sexual fun can be very rewarding.

The medical history will direct the need for specific tests and medical interventions. Basic investigations may include a full blood count, measurement of serum glucose, prolactin and testosterone, thyroid function tests and, when appropriate, measurement of prostate-specific antigen levels, and will be determined by the patient's history and presentation. Serum testosterone level is often measured to reassure the patient. Testosterone replacement has been found to be sexually beneficial only in hypogonadal men with a total serum testosterone level less than 12 nmol/L.[14] There is no benefit in supplementing testosterone in a man with 'normal' serum testosterone levels, beyond a temporary placebo effect.

Depression must always be excluded in secondary loss of libido, and antidepressants reviewed. It is important to establish baseline sexual functioning before starting, substituting or adjusting the dose of antidepressants. Patients often misuse antidepressants if they think they are causing sexual problems. Depression and libido are inversely related, as are antidepressants and libido, although slowing of orgasm is a more common side effect of antidepressants.[15] Bupropion, a selective dopamine and noradrenaline reuptake inhibitor that is not associated with sexual side effects, may be an option for some patients with depression.[16,17]

In managing HSDD, it is important to encourage regular sensual and sexual experiences and to create a routine space for sexual expression, in a context of comfort and confidence. Interpersonal sexuality is not just about libido but encompasses intimacy, appreciation, love and relaxation. Men with low libido need to be supported in learning to be more expressive of sexuality, even if not libidinally driven. They should be encouraged to touch, kiss, dance, masturbate and view erotica more. Their partners also need to be assessed as couples can establish negative patterns of behaviour around sexual activity that maintain the status quo. The essence of treating low libido is to eliminate as many negative thoughts and behaviours regarding sex as possible and to replace them with positive ones. Sex therapy is a supportive way to help men with low or lowered libido and their partners to find more desirable sexual expression.

Online sources of information and help for men about health and sexuality are shown in the box on this page. MT

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