

Female sexual dysfunction 'excuse by drug firms to sell pills'

Pharmaceutical firms accused of trying to turn women's loss of desire into a condition treatable with pills

- [Sarah Boseley](#), health editor
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Can loss of sexual desire in women be treated by pills, or is relationship counselling a better bet? Photograph: Kevin Fitzgerald/Getty Images

Drug companies are today accused of attempting to turn the loss of sexual desire that some women experience into a medical condition that can be treated by pills.

Although [drugs](#), from antidepressants to variants of Viagra, have been found ineffective, the companies are charged in [an article in the British Medical Journal](#) with inappropriately trying to create a market for pills to treat a condition that is as much psychosocial as biological, and which may need the intervention of a relationship counsellor as much as a doctor.

Ray Moynihan, a journalist and lecturer at the University of Newcastle in Australia, argues in the BMJ that a variety of drug companies have tried to construct a scientific basis for medical treatment for women's loss of libido, running surveys that purport to find that it is widespread and devising ways to diagnose the condition.

Extravagant claims have been made for the numbers of women affected, says Moynihan, who carried out his research for a new book called [Sex, Lies and Pharmaceuticals](#).

In 1999, it was claimed that 43% of women suffered from sexual dysfunction. Two of that survey's authors disclosed financial ties to the drugs industry.

A 2005 survey funded by [Pfizer](#), manufacturer of Viagra, concluded that a third of women in southern Europe lacked interest in sex and 40% in south-east Asia failed to reach orgasm.

But, says Moynihan, the figures are grand totals. "When you look at the proportions of women experiencing these sexual difficulties 'frequently', the numbers collapse."

Drug companies have produced questionnaires to enable clinicians easily to diagnose dysfunction in women – the latest being the "sexual desire screener" from Boehringer Ingelheim, which is promoted as giving a result in just a few minutes.

The firms are also educating doctors in the problem: Moynihan says he discovered that Pfizer funded a half-day course for doctors across the US which claimed that up to 63% of women had sexual dysfunction and that testosterone and sildenafil (Viagra) might be helpful, along with behaviour therapy.

Pfizer declined Moynihan's request for an interview but gave him a statement saying it had "conducted a number of studies over the past 15 years designed to understand the causes and nature of FSD [female sexual dysfunction] and its impact on women".

The drugs, however, have not worked well. Boehringer Ingelheim's drug flibanserin – an antidepressant – was intended to help tackle a lack of desire.

In the runup to licensing, one company expert said on TV this year that sexuality was "more about the brain" than anything else, while another said about 30% of women had the "desire disorder".

But in June the drug failed to get the licence in the US after trials showed it worked no better than a placebo.

In a [commentary, Dr Sandy Goldbeck-Wood, a specialist in psychosexual medicine in Camden and Ipswich, said the loss of desire for sex made many women profoundly unhappy](#) but it took a great deal for them to consult a doctor because of the embarrassment, shame or hopelessness they felt. "Faced with a woman in tears whose libido has disappeared and who is terrified of losing her partner, doctors can feel immense pressure to provide an immediate, effective solution," writes Goldbeck-Wood.

It is not surprising if they reach for a pill or a patch, she says. "It is easy to see how the pressure for immediate solutions, combined with our biological bias and offers of research funding, leads to the kind of collaboration with the drug industry that has worked well for other illnesses, despite its relative inefficacy in this area." But women should not be left without help. "Many factors can contribute to low libido, few of them treatable with drugs," she writes.

"We owe these women something more respectful than ineffective medication or patronising false reassurance."