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- Sexual Medicine Society of North America
- AUA , Chicago, April 28, 2023
- Session: What is Normal?

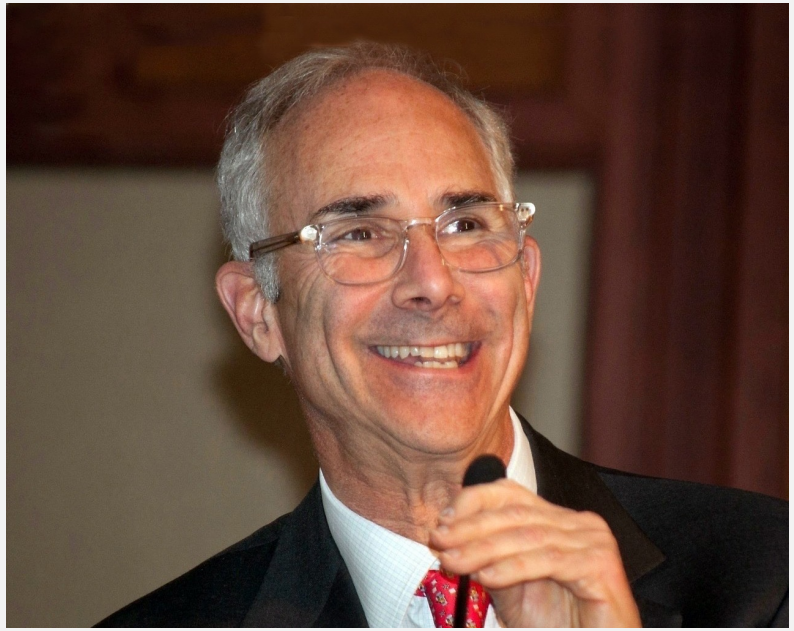
**TOPIC: "LIBIDO LEVELS IN MEN & WOMEN"**

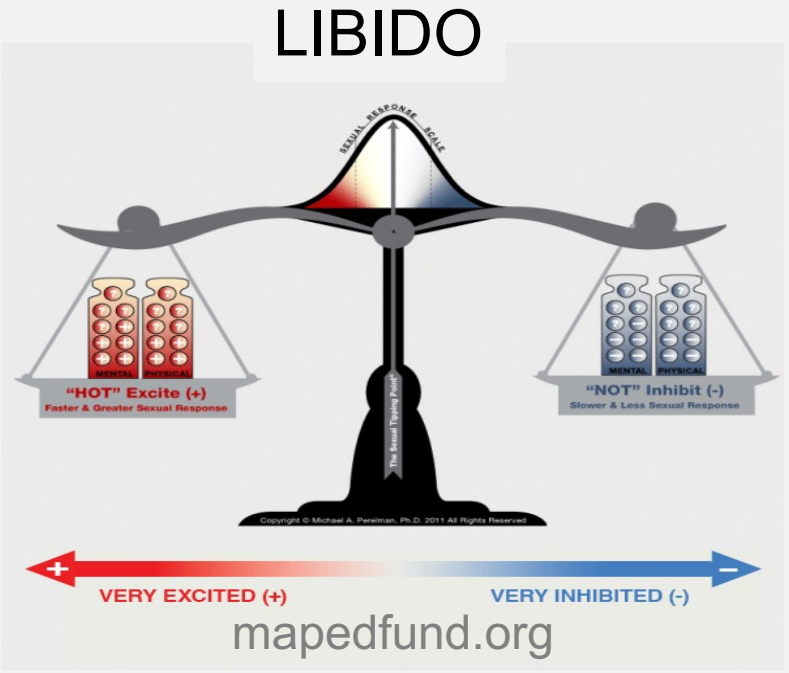
This presentation & supplemental materials are available for free download at MAP Education & Research Foundation (mapedfund.org)

**QUESTION**: What are normal libido levels in men and women?"

**ANSWER**: "There is no definitive standard for 'normal' levels of sexual libido, because factors such as age, biological sex, hormone levels, mental health, relationship status, cultural background, and personal beliefs can all influence one's sexual drive."

**This can all be illustrated using the Sexual Tipping Point® Model**





# WHY?

- **Libido:** Freud borrowed the Latin word for primitive urges and broadened its meaning to include the life instinct, as well as sexual impulses.
- **Most of us use the word “libido” as a synonym for "sex drive or “sexual desire," and I will use all these terms interchangeably.**

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- **Normal, means conforming to a type, standard, or regular pattern,**

  **characterized as: usual, typical, or routine.**
- **But what kind of Normal: Statistical, Legal, Medical, Chronological, Cultural** (Geography, Religion, Private/Public Morality, Absolute/Relative Standards)

**WE DO KNOW SOME ANSWERS!**

# When A Patient Asks, "What's Normal?" Or "Am I Normal?"

- **If a patient asks: "What's Normal libido, during a regular check-up, or a consult, for a non-sexual disease: Respond, "Why do you ask?"**
- Since there are different types of "normal," for you to respond honestly you need to ask some personal questions.
- Depending on their responses, **initially try to reassure the patient, using appropriate data from relevant studies.**
- Maintain rapport, but based on your available time, discern if this will be a quick chat, or if their response indicates a diagnosable sexual disorder. Then practice to your own competence, comfort and interest level, and follow-up accordingly… sometimes with a sex therapy referral as needed.
- **Bottomline: If they are happy and content with the frequency and nature of their sex life there is rarely a reason to do anything but support them, and and advise it is one of the many variations of "normal."**
- **People are different, and context is important.**
  - Some use sex to relax, vs those needing to be in the right mood, and free from stress, t to even contemplate and/or engage in sex.
  - Know that disparity in frequency preference is one of the most common sex therapy CC.

  - If, the patient says: " My Libido Is Not Normal," as a CC, the 2nd part of this talk will discuss what to do differently.

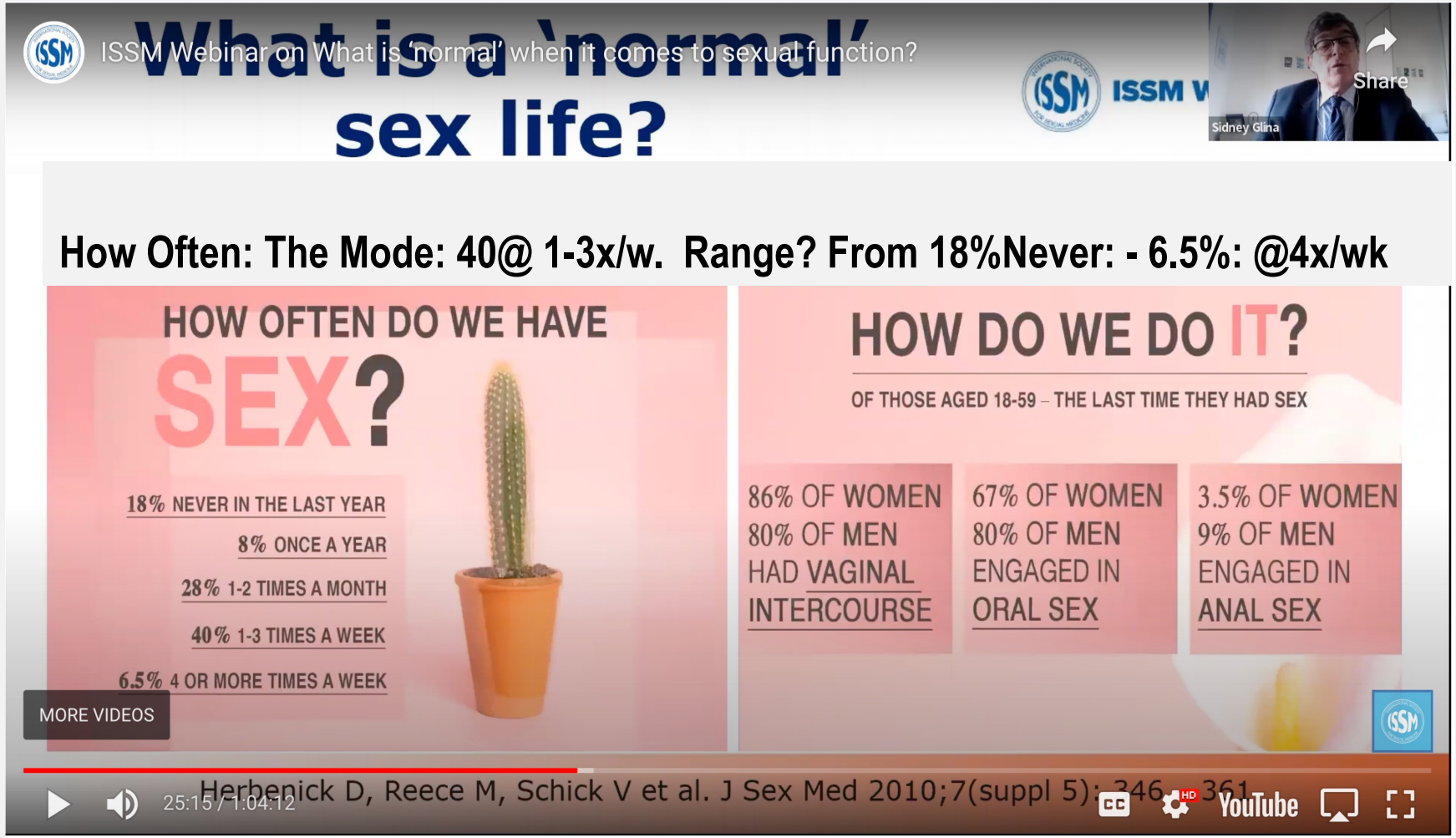
# Enhance your answer by knowing a few studies about people's sex lives.
# Studies typically use self-reports or diaries to assess sexual desire, fantasies & behavior.

- The International Index of Erectile Function (IIEF): validated questionnaire used to assess sexual function in men*.
- Female Sexual Function Index (FSFI): Evaluates female sexual function, including sexual desire; the desire domain contains two items evaluating sexual thought frequency and desire intensity*
- Male Sexual Function Index (MSFI): This 25-item assessment measures male sexual function across five domains: desire, erectile function, ejaculatory function, satisfaction, and overall sexual function. The desire domain comprises three items evaluating sexual desire level, sexual thought frequency, and sexual activity frequency*
- Sexual Desire Inventory (SDI): This 14-item questionnaire gauges sexual desire in both men and women, examining aspects such as frequency, intensity, and responsiveness to sexual cues*
- Brief Sexual Function Inventory (BSFI): This concise questionnaire evaluates sexual function in both genders, with five items including a sexual desire assessment*
- Sexual Interest & Desire Inventory-Female (SIDI-F): This 13-item questionnaire assesses sexual desire and interest in women, exploring aspects like frequency, intensity, and responsiveness to sexual cues*
- Sexual Interest & Desire Inventory-Male (SIDI-M): This 14-item questionnaire gauges sexual desire and interest in men, examining aspects such as frequency, intensity, and responsiveness to sexual cues*
- Decreased Sexual Desire Screener (DSDS): This five-question assessment evaluates sexual thought frequency, sexual desire level, and distress associated with low sexual desire*.



*See the last slide for full references.

# BUT, DO THESE QUANTITATIVE STUDIES, THAT MEASURE SEXUAL THOUGHTS AND BEHAVIOR, REALLY HELP US UNDERSTAND LIBIDO?




Such metrics are useful, but one **problem with frequency as a surrogate for desire** is all the different reasons people have sex, and think about sex, are not just driven by libido, as shown by Cindy Mestons' sex lab in Austin, Texas.*

**13 of the 20 reasons reported by the men and women she studied had little to do with libido!**

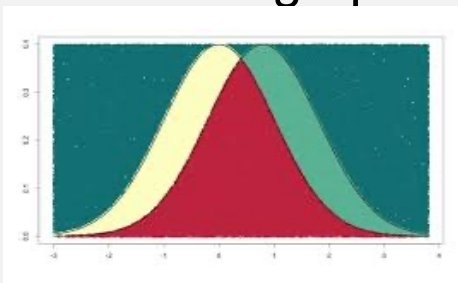
1. I feel attracted to the person.
2. I want to experience physical pleasure.
3. It feels good.
4. I want to show my affection for my partner.
5. I want to express my love
6. I feel sexually aroused and want the release.
7. I feel horny.
8. It's fun.
9. I am in love.
10. I love being swept up by the moment.
11. I wanted to please my partner.
12. I want the closeness/intimacy.
13. I want the pure pleasure.
14. I want an orgasm/orgasm
15. This is exciting,
16. I wanted to feel connected to the person.
17. The person's physical appearance turns me on.
18. Love this setting.
19. This person really desires me.
20. This person makes me feel sexy.

# Statistical studies reporting sexual thoughts and behavior frequency, and their underlying **metrics used to measure libido are useful, but are only surrogates for understanding "sexual desire?"** **Yes, No, Maybe?**

* Significantly more men than women report lifetime masturbation, in the past month, and greater masturbation frequency. However, a major change over the last 50 years shows how women are increasing masturbatory frequency and have large generational differences*.

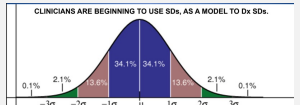
- Males do think about sex more than females. **But these are comparative population studies, best described as overlapping distribution curves with different modes*.**
- **What does that tell us about individuals or etiology? Answer: NOTHING!**

- The **red AUC** shows the large overlap_ any given man/women is a point in this graphic below:



- Is that outcome genetics/epigenetics, hormones, cultural?
- Are men more visual and therefore more consistently and easily stimulated from "neutral" to "turned on?"
- **It's not clear.** It varies with age. Many teenage boys seem to be almost exclusively thinking about sex day and night. But at 74 that is not true for me, and how about you?

**We must return to the importance of different types of "Normal", not just statistical!**



# Chronological Norms: Aging's Impact On Sexuality

**Two good, but slightly dated studies on sex and aging are:**

- The National Social Life, Health, and Aging Project conducted in 2005-2006:
  - **Surveyed a representative sample of U.S. adults aged 57 to 85*.**
- An overview of the literature on sexual well-being in older adults.
  Found In The Annual Review of Sex Research, 30(1), 88-119*.

Their Key Findings Overlap:

- 73% of people aged 57-64 reported being sexually active
- 53% of people aged 65-74 reported being sexually active
- 26% of people aged 75-85 reported being sexually active

**Sex decreases with each decade, and and the decline was steeper for women then men*.**

- **The majority of sexually active older adults, who engage in sexual activity,** do so a few times per month to weekly
- **Variety of sexual activity was correlated with satisfaction.**

**Sexual activity specifics were not well defined whether masturbation, coital, oral, manual etc. as the study's primary focus was understanding sexual health/activity among older adults in a broad sense**



*References

# Medical Norms: Disease Has An Impact On Sexual Desire

## People often have less sexual desire if they have an illness or chronic pain.

- Diabetes can cause sexual dysfunction, including diminished sexual desire, especially with poor glycemic control. As of 2021, around 10.5% of the US and 9.3% of the global population had diabetes*.
- Cardiovascular diseases can impact sexual desire due to reduced blood flow, fatigue, or the psychological burden of chronic illness. Heart disease, the leading cause of death in the USA, affects 30.3 million adults or 12.1% of the population. Globally, nearly 17.9 million deaths occur annually due to cardiovascular diseases*.
- Hypothyroidism: An underactive thyroid may result in decreased sexual desire from hormonal imbalances. US prevalence is about 4.6% in adults; globally, it affects 2-3% of the population*.
- Depression can significantly impair sexual desire. As of 2017, around 17.3 million US adults (7.1% of the population) experienced a major depressive episode. Globally, the World Health Organization estimated approximately 264 million people suffered from depression in 2020*.
- Cancer, Arthritis, Vaginal dryness, hormonal changes all increase in prevalence along with increasing age. Not all with these diseases experience negative sexual desire impacts, as disease severity, individual factors, and treatment effects (both positive and negative) influence the extent.



*References

# Treatments For Those Diseases Also Impact Sexual Desire

- Diabetes: Some medications for diabetes, such as antihypertensive drugs and lipid-lowering agents, can reduce sexual desire. For instance, beta-blockers can contribute to sexual dysfunction in 1-14% of patients
- Cardiovascular diseases can negatively impact sexual desire due to the nature of the disease and side effects of medications. For example, beta-blockers and diuretics, commonly prescribed for hypertension, can cause sexual dysfunction in some patients. The prevalence of sexual dysfunction in hypertensive men treated with beta-blockers is estimated to be 15-25%
- Hypothyroidism can cause a decrease in sexual desire. However, when treated with thyroid hormone replacement therapy, such as levothyroxine, most people experience a significant improvement in their sexual function. It is difficult to provide a precise percentage of the impact of hypothyroidism treatment on sexual desire, as it varies depending on individual response to therapy and the correction of hormone levels.
- Depression: Antidepressant medications, especially selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs), can cause a decrease in sexual desire in some patients. Sexual side effects are estimated to occur in 30-70% of patients taking SSRIs Some antidepressants may have a lower risk of sexual side effects.
- Psychotherapy, such as cognitive-behavioral therapy (CBT), may also help improve depressive symptoms and, allow less medication to be used and subsequently, less sexual function.
- Response to treatments and medications vary but CA treatments were not even included above.

# Cultural Norms: Geographic, Religious, Etc- Public & Private Morality

- Identifying as religious correlates with reporting lower levels of sexual desire and engaging in less sex compared to non-religious counterparts.
- **Some religious traditions promote positive sexual attitudes, but morality and "thou shall nots," are correlated with religiosity and rules that control sexual impulses- especially for women.**
- Societal norms and gender roles do shape sexual desire: **women report lower levels of sexual desire, despite different cultural communities exhibiting distinct sexual scripts and values.**
- Privately (sometimes with alcohol and drugs) a person decides "who cares," but that often results in sexual behaviors which later increase shame and thoughts of **"OMG, how could I." Subsequent shame, guilt, etc will then inhibit sexual desire at least for a time.**
- **Media, (including social media) influences beliefs and attitudes about sex**. In western societies, some people hold the view that **if something exists in nature, it' "normal,"** regardless of its statistical rarity. **Perceived expansion of sexual behaviors and thoughts has become a highly politicized issue in the United States, especially concerning human rights and sex issues.**
- **The internet's impact on sexual desire is a topic that continues to be debated.**
  - For instance, a recent study revealed that over **80% of college students (male & female) surveyed, reported finding "breath play" or "choking" pleasurable**. **Anyone besides me, surprised by that?**
  - **In recent times, discussions around ethical non-monogamy and polyamory have re-emerged as a hot topic in the US, after gone out of fashion in the late 1970s.**

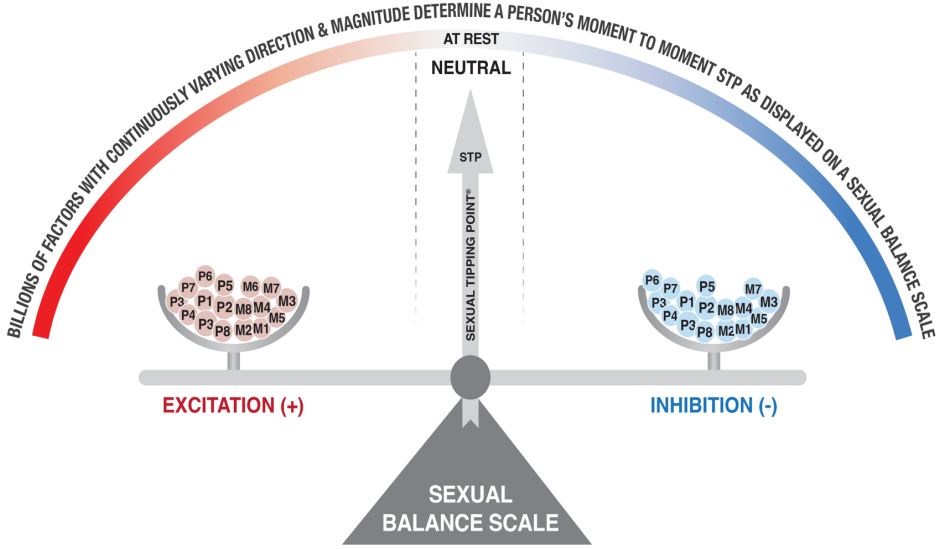
# If The Patient's Question Is The CC: "I Am Worried My Libido Is Not Normal," Your Process Will Be Somewhat Different From The Previous Suggestions

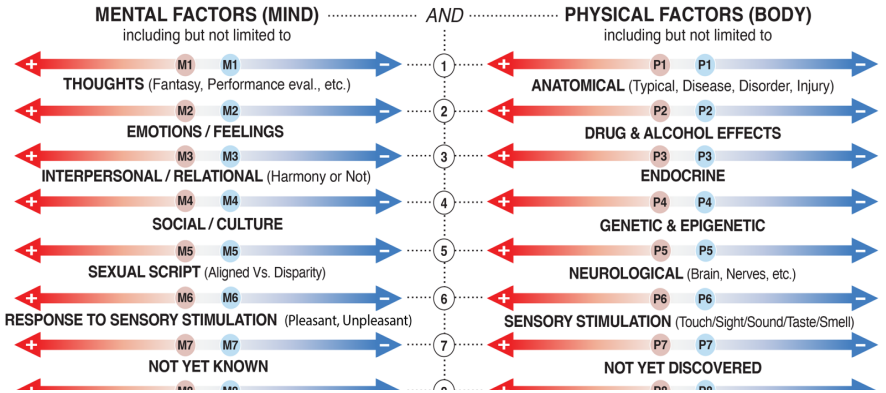
## YOUR ANSWER: "Let's Talk About It"

- Assessing sexual desire is not a binary process, as desire is a continuous spectrum response, dependent on billions of variables which vary from person to person, sometimes continuously.

- Using the **Sexual Tipping Point** ® model's 16 primary factors will help you identify some of the billions of potential variables that influence any sexual response including desire.

- Screeners may help, but it is best to have a model in mind to guide you through proper evaluation of the patient and understanding the meaning of the question to the patient.



# THE SEX STATUS: A FOCUSED SEX HISTORY IS KEY TO IDENTIFYING CRITICAL STP FACTORS

- How to Identify key STP factors?

**THE ANSWER IS A SEX STATUS.**

- The sex status is not

  a questionnaire or a test.

- It is a flexible, focused

  history taking method

  to uncover the key biomedical - psychosexual & cultural factors.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32 Y.O. MAN W/ VERY LOW LIBIDO & ED SINCE DIVORCE

-Poor erections w/ partners, can mast with erect & ejac.

-HX: Ex-wife in open court: “you were my worst ever.”

-Avoids dating, 2x saw prostitutes: fear of failure.

-F had told him of his own sex problems-- worried him.

-Depressed and taking an SSRI since divorce.

-Already quit a brief sex therapy: “sensate focus”

-STP, therapist conferred with MD, & >SSRI + Welllbutrin. Cognitive behavior therapy, coaching, **HOPE!**

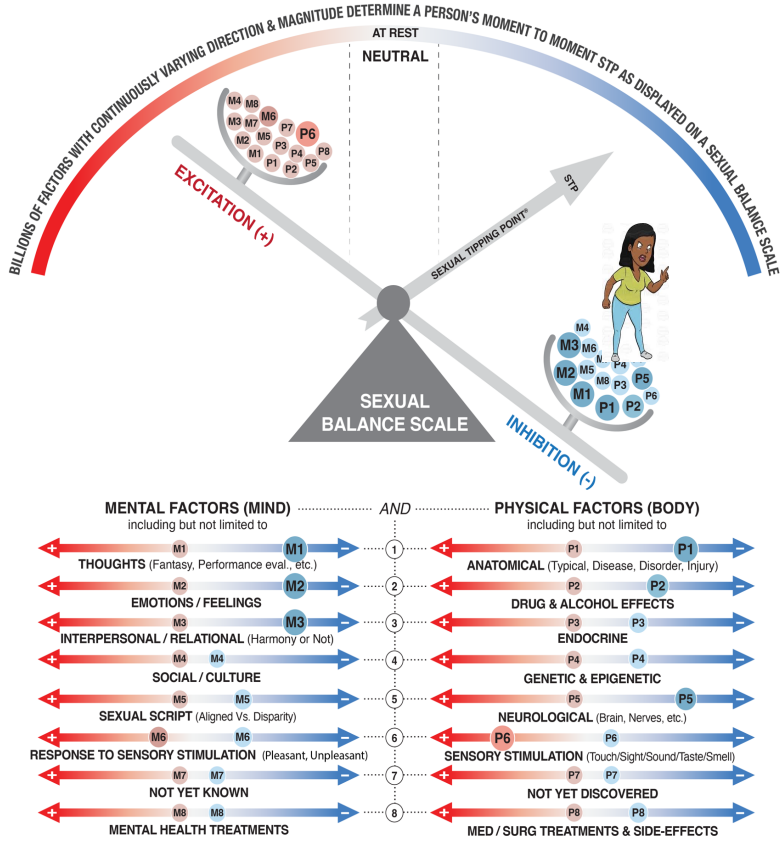
-Mast freq, had him engage in sex acts, no coitus at first.

-Sex education: Importance of direct friction and fantasy, focusing mind on erotic, and away from the non-erotic.

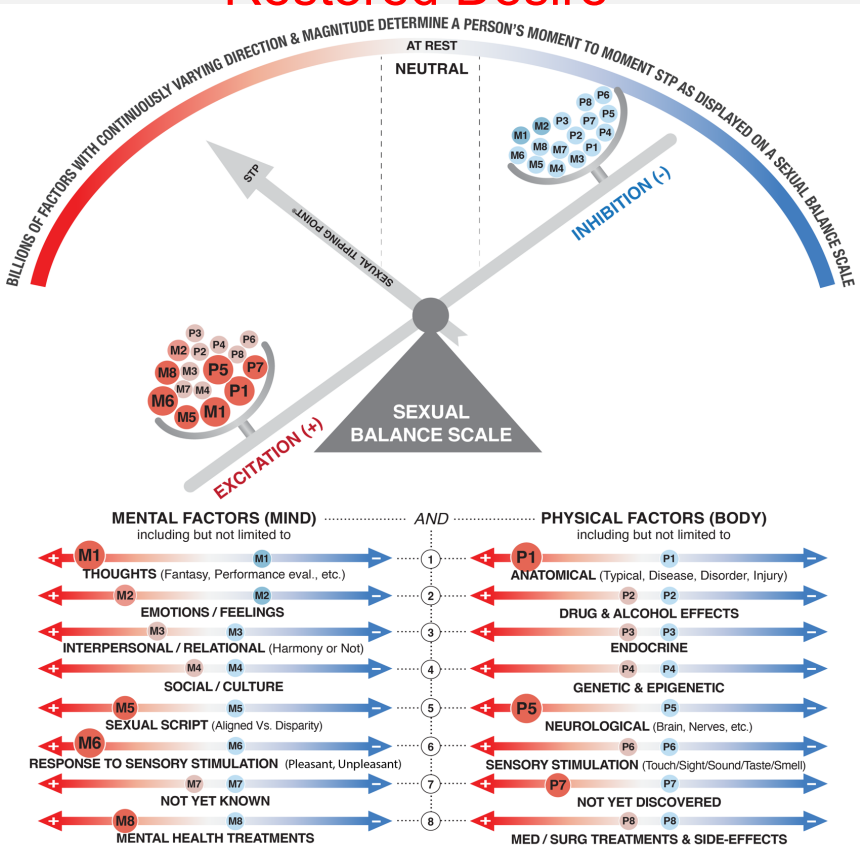
-12 weekly sessions and two spaced follow-ups.

-OUTCOME: 6 mo. later, off meds, gf, 2x week coitus.

Very Low Desire



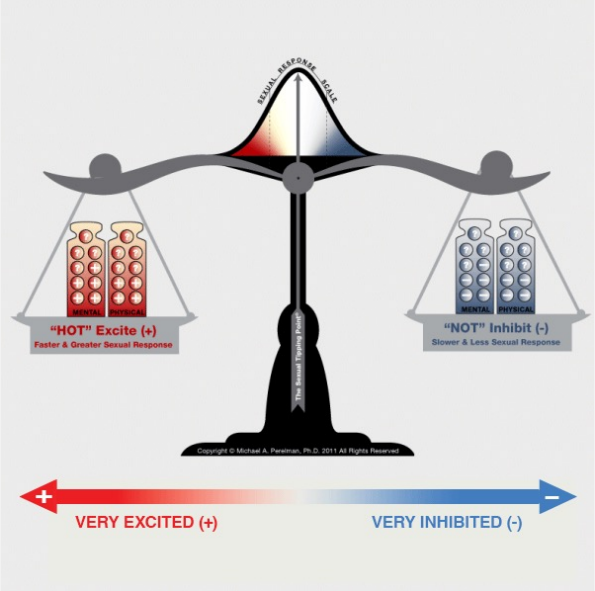

Restored Desire



# What's The Take-Away From This Talk?

**First:**
There are many types of normal, and sexual desire is always determined by Biomedical-Psychosocial & Cultural Factors.

**Second:**
An individual's sexual desire at any given moment in time, is determined by the net sum of those factors.




**Third:**
Reassure the patient of their normalcy when possible and inspire hope if treatment of a disorder is being recommended.

**Fourth:**
When treating, use the STP model and explain to the patient the initial factors that are being targeted and why.

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