SEXUAL DYSFUNCTION

Psychological inputs to sexual dysfunction

New data published in the *Journal of Sexual Medicine* has provided supportive evidence for associations between sexual dysfunction and psychological conditions such as anxiety and depression. In one study, Burri *et al.* studied 930 female twins and established a strong association between female sexual dysfunction (FSD) and anxiety sensitivity—the ‘anxiety about anxiety’, our perceptions of our own potential or future anxiety responses to events.

Monozygotic twins scored more similarly than dizygotic twins for both conditions, suggesting that genetic factors are partly responsible for both of these traits, and multivariate analysis revealed that genetics account for about 75% of the link between anxiety sensitivity and FSD.

“In other words, anxiety and FSD are genetically very similar,” says lead researcher Qazi Rahman. “This might be explained by shared genes—genes that cause anxiety might be the same ones that cause FSD—or perhaps they are simply the same construct and the definitions of FSD are all wrong!”

“...screening for sexual dysfunction should be adequately incentivized...”

Interestingly, the genetic link between sexual distress and FSD was shown to be much weaker, despite the fact that the presence of sexual distress is a diagnostic requirement for FSD. Rahman and colleagues postulated that sexual distress could thus be a consequence of FSD rather than a cause.

The implications of this work are both nosological and clinical. Conditions such as FSD, sexual distress, and anxiety sensitivity might need to be redefined and, at the same time, physicians should perhaps reconsider treatment options for these disorders. “Established

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treatments for anxiety might, for example, be more beneficial and cost-effective than *de novo* treatments for FSD itself,” explains Rahman.

In a separate study, two Australian investigators confirmed, for the first time, a bidirectional relationship between depression and sexual dysfunction. Having performed a systematic review and meta-analysis of the published data, Atlantis and Sullivan established that patients with depression had a 50–70% increased risk of developing sexual dysfunction. The risk of depression in patients with known sexual dysfunction was even higher (130–210% increased risk). On this basis, the study authors recommended that patients with sexual dysfunction should be routinely screened for depression and vice versa.

“In Australia, most GP consultations take about 7 minutes, which leaves little time for screening,” says Evan Atlantis. “Thus, screening for sexual dysfunction should be adequately incentivized in patients with depression, and vice versa, otherwise GPs will never change their practices.”

Although further research is needed to fully understand the etiological mechanisms behind links between anxiety, depression and sexual dysfunction, data from these two studies suggest that clinicians should be made aware of associations between these conditions and steps should be taken to ensure that patients are screened accordingly.

“Future research could lead to changes in clinical guidelines,” Atlantis continues, “but without adequate financial incentives, screening for these conditions—which takes about 10 min—will not likely be put into practice.”

Melanie Clyne

Original articles Rahman, Q. *et al.* The etiological relationship between anxiety sensitivity, sexual distress, and female sexual dysfunction is partly genetically moderated. *J. Sex. Med.* doi:10.1111/j.1743-6109.2012.02710.x | Atlantis, E. & Sullivan, T. Bidirectional association between depression and sexual dysfunction: a systematic review and meta-analysis. *J. Sex. Med.* doi:10.1111/j.1743-6109.2012.02709.x