FACT SHEET 5: MEDIA AND "FEMALE SEXUAL DYSFUNCTION"

THE STANDARD, ALL-PURPOSE NEWS ARTICLE AND THE NEW VIEW CAMPAIGN'S REBUTTAL

Media coverage of FSD tends to be repetitious and uncritical (the "Standard Article"). Below, we offer the Standard along with the New View way of telling the story of female sexual "problems" and their solutions.

THE STANDARD STORY BEGINS: WHAT IS THE PROBLEM?

Louise (age 27 or 40 or 68) notices a loss of interest in sex. She worries about this because she'd often read that sexual satisfaction is central to a lasting relationship. Her gynecologist, however, finds nothing wrong. Online, she finds a new female sexual health clinic where she is diagnosed with low hormones (or poor genital blood flow or an unknown physical problem) and given testosterone (or Viagra, DHEA, OTC creams, or "natural" supplements). Her libido is restored and she has no problems with her new treatments.

- **New View Alternative #1**: Louise attributes her reduced desire for sex to a new baby (or new job, hospitalized mother, nasty boss, or unexplained persistent shoulder pain). Her partner agrees that this is not the best time to be sexual and they decide to express affection and sensuality in other ways.

- **New View Alternative #2**: Louise attributes her reduced desire for sex to her partner's changed work hours (or drinking, sexual technique, hygiene, or temper tantrums). She expresses her feelings appropriately and they have numerous heart-to-hearts. They agree to work on their relationship and sex improves.

- **New View Alternative #3**: Louise, who lives alone, stops masturbating when her desires fade and accepts this change in her life.

- **New View Alternative #4**: Louise goes to a sexual health clinic and is given testosterone (or Viagra, DHEA, OTC fluids, gels, or supplements). She develops an adverse drug reaction, requiring many tests and visits to clarify and resolve.

THE STANDARD STORY CONTINUES: SHOW ME THE RESEARCH!

It's shocking how research on women's sexuality has been neglected compared to that on men. Furthermore, look how men have wonderful sexuality treatments like Viagra while comparable treatments for women languish.

- **New View Alternative**: Actually, the truth is the other way around: studies on male sexuality languished while, beginning in the 1960s, research produced a expanded and complex picture of women's sex lives, including discoveries of clitoral pleasure, the importance of masturbation, and sexual problems caused by abuse, ageism, body image issues, and homophobia. Then, beginning in the late 1970s, a burst of physiological research on the penis produced penile implants, injections, and medicines to enhance erections. Some of the men who used the new drugs were pleased, but a surprising number found no long-term benefit.

THE STANDARD STORY CONTINUES: WHEN IN DOUBT, CRY "SEXISM"!

The fact that more drugs have been approved to treat men's than women's sexual problems shows the male chauvinism of scientists and the sexist bias of the FDA.

- **New View Alternative #1:** The sex drugs approved for men are taken as needed while the drugs recently tested on women are designed to be taken for weeks and months and thus, fortunately, the safety standards have been higher.

- **New View Alternative #2:** The stereotype that men consider erections the central aspect of sex led to drugs with genital effects, ignoring sexual desire or pleasure. These vasoactive drugs have the same effects on women's genitals, but women generally don't report enhanced sexual satisfaction.

THE STANDARD STORY CONTINUES: IT'S A PUBLIC HEALTH EPIDEMIC!

Research shows that female sexual dysfunction is widespread - 43% of American women in one JAMA study.

- **New View Alternative**: Prevalence estimates depend on how "problems" are defined. Some studies define sexual problems narrowly – specific symptoms, subjective distress, and a duration of several months. These studies show fewer than 10% of women report such sexual problems. Studies that define problems broadly or vaguely, don't ask about distress, and use industry questionnaires and checklists report epidemic levels of "sexual dysfunction." Medical research contains hidden marketing in methods and interpretations of the data.

THE STANDARD STORY CONTINUES: THE INEVITABLE SCOURGE OF MENOPAUSE!

Women need estrogen and testosterone for sexual response. After menopause, when sex hormones decline, most women have sexual problems.

- **New View Alternative**: Many women experience no changes after menopause; some women are more affected by hormone changes than others. Claims that hormones are the universal source of sexual desire or satisfaction are wrong.

THE STANDARD STORY CONCLUDES: WHAT DO WOMEN WANT?

At long last clinicians are addressing this important area of life. Women will stop hearing that their problems are "all in their heads" and get some real choices.

- **New View Alternative**: Drug companies, using multimillion dollar marketing budgets for slick TV ads and campaigns disguised as "medical education," are promoting drugs as the best solution to women's sexual dissatisfaction. Health activists must help the public resist this deceptive message. The choices offered by drug companies are not real options. At best they are band-aids; at worst they can do serious harm. Women need independent information, good partners and diverse models of sexual life. What's sauce for one goose may not suit another.

Prepared for FDA meeting on Female Sexual Dysfunction White Oak, MD, Oct 27-28, 2014 by the New View Campaign (newviewcampaign.org)