

# Studies in JSM you must know about

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Editor-in-Chief

The Journal of Sexual Medicine

**Relevant**  
**Rigorous**  
**Reproducible**  
**Readable**



Goals of any Medical Journal

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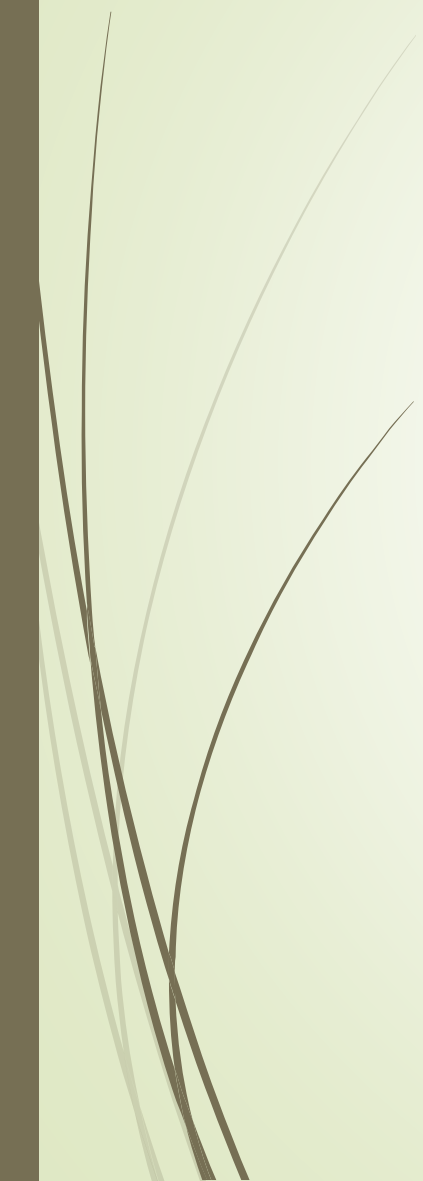



# State of the Journal

- Submissions (840 in 2015)
- Impact factor (3.15)
- Ranked 17/76 in U+N journals
- Ranked 1<sup>st</sup> among sexual medicine journals
- 67% rejection rate (19% submitted to OA journal)
- Turnaround time = 21 days
- YOUR JOURNAL



# Electronic Journal Capabilities

- Interactivity – enhancing the journal experience
  - Downloadable content
  - Referencing searching within manuscript
  - Photos = Videos
  - 3D graphics
  - Audio commentaries
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# Endorsement of Models Describing Sexual Response of Men and Women with a Sexual Partner: An Online Survey in a Population Sample of Danish Adults Ages 20–65 Years

- ▶ Annamaria Giralardi, MD, PhD, Ellids Kristensen, MD, and Michael Sand, PhD
- ▶ *J Sex Med.* 2015;12:116-28.

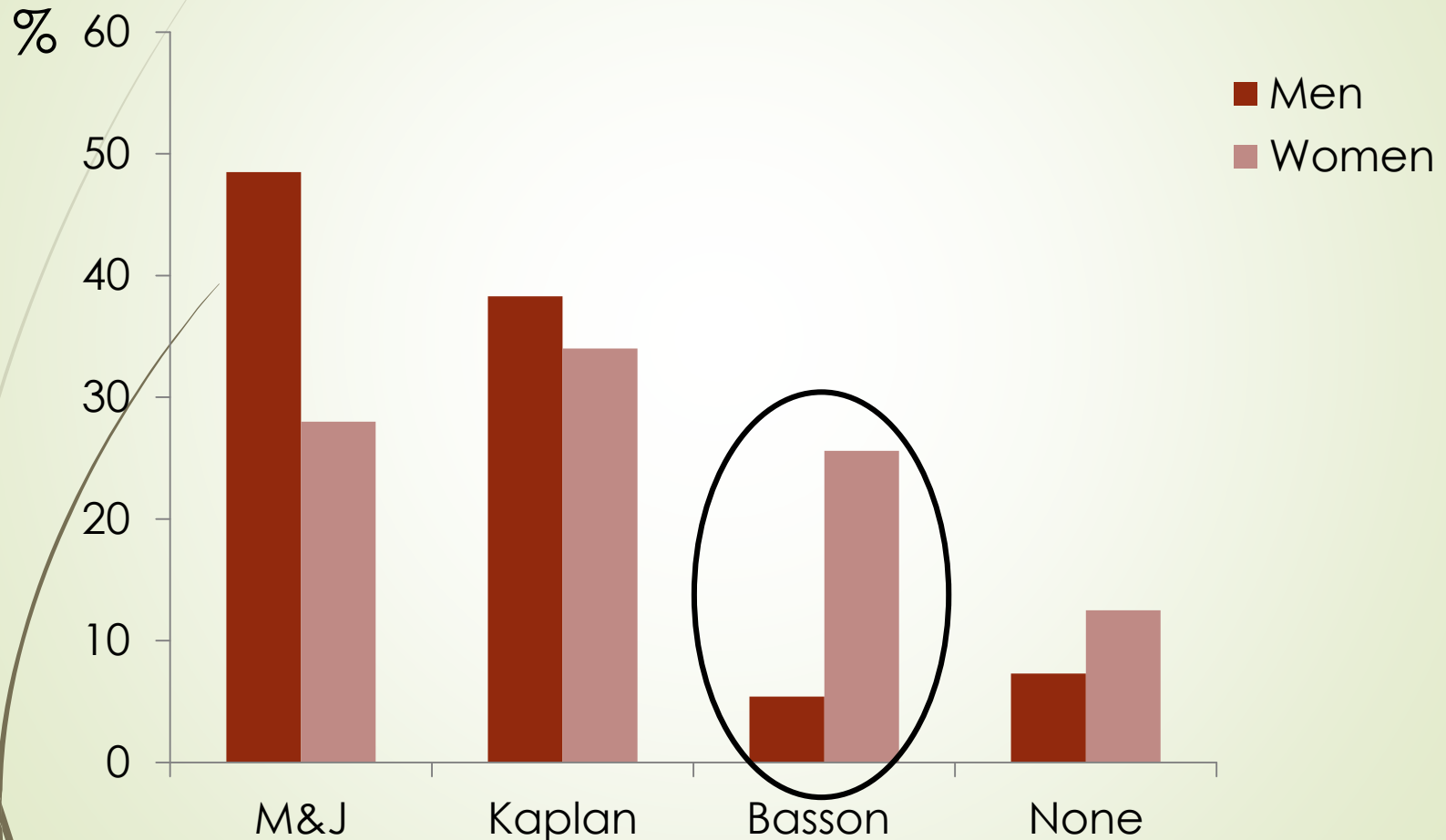
**Which model is best?**

# Methods

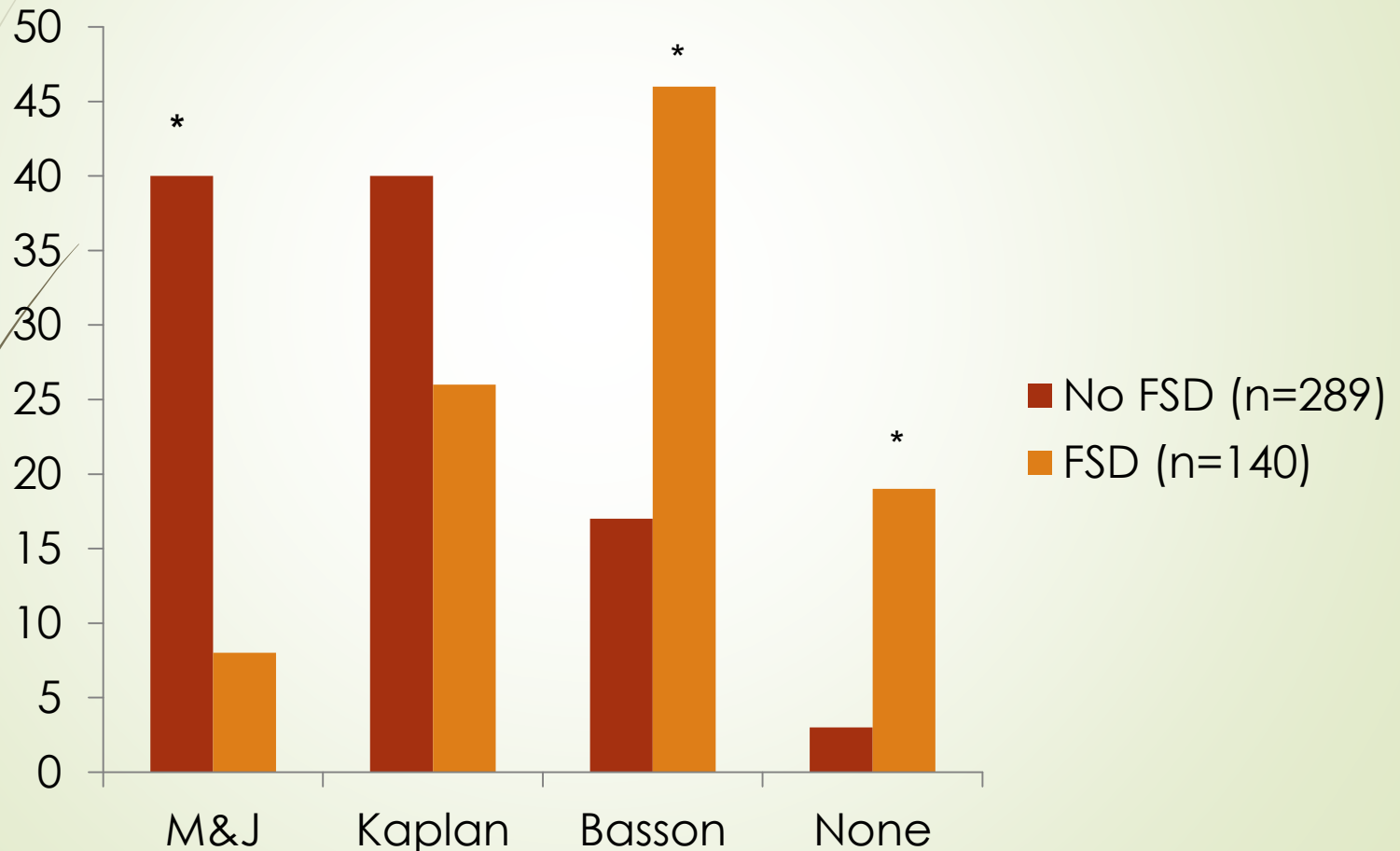
- 1996 Danish women aged 20-65 years mailed 84-item questionnaire, 573 responded (29%)
- 2004 Danish men aged 20-65 years mailed a 91-item questionnaire, 499 responded (25%)
- Parameters assessed
  - Demographic data
  - Perceptions of models of sexual response
  - Sexual function (FSFI ♀), (IIEF-15 domain ♂)
  - Sexual distress (FSDS ♀)
  - Satisfaction with sexual life



# Models endorsed by men (n=410) & women (n=465)



# Effect of Female Sexual Dysfunction (FSD) (FSFI $\leq 26.55$ )



\* p=0.001



# Conclusions


- Majority of men and women endorse the M&J or Kaplan model.
- Choice of the M&J is correlated to being a man, Basson to being a woman
- In both men and women with sexual dysfunction, significantly more choose the Basson model or none of the models, but men still prefer the other models.
- There is no difference in women with/without dysfunction choosing the Kaplan model
- Basson model is correlated to being dissatisfied with sexual life and for women with living together with partner.
- No correlation to length of relationship, sexual abuse, depression, smoking, BMI and frequency of sexual activity

**No model fits all**



# Clinical implications

- Focus on different types of desire – receptive desire is also desire
- Focus on different models within the couple
- Sex therapy focus on intimacy rather than genital response to prevent performance anxiety.
- May suit women better than men, who still focus on the genital response



## ORIGINAL RESEARCH—ENDOCRINOLOGY

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### Is There a Correlation Between Androgens and Sexual Desire in Women?

Sarah Wählin-Jacobsen, MD,\* Anette Tønnes Pedersen, MD, PhD,<sup>†</sup> Ellids Kristensen, MD,\*\*  
Nanna Cassandra Læssøe, MD,\* Marika Lundqvist, MSc,<sup>§</sup> Arie S. Cohen, MSc, PhD,<sup>§</sup>  
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DOI: 10.1111/jsm.12774

**J Sex Med 2015;12:358–373**



# Methods

- Cross-sectional investigation of 560 healthy women, aged 19-65 years
- Female Sexual Function Index (FSFI)
  - Total score of desire domain
- Hormonal measurements of:
  - Total and free testosterone
  - Androstendione
  - Dehydroepiandrosteronsulfate (DHEAS)
  - Primary androgen metabolite: androsterone glucuronide (ADT-G).
  - Androstendione / total testosterone\*

\* Estimated enzymatic activity of 17 $\beta$ -hydroxysteroid dehydrogenase

# Correlation between hormonal level and sexual desire, adjusted for age

	Sexual desire Total cohort (n = 560)	Sexual desire No use of HC/HRT* (n = 346)
Total testosterone, nmol/L	ns	ns
Free testosterone, nmol/L	p < 0.05	p < 0.05
Androstendione, nmol/L	p < 0.01	p < 0.01
DHEAS, nmol/L	ns	p < 0.01
ADT-G, nmol/L	ns	ns
Androstendione/ total testosterone ratio	ns	p < 0.05



# Age Stratification Results

- ▶ Both total and free testosterone, androstenedione and DHEAS statistically significantly correlated with sexual desire in women aged 25–44 years with no use of systemic HC.
- ▶ In women aged 45-65 years, androstenedione ( $p=0.001$ ) and androstenedione:total testosterone ratio ( $p<0.001$ ) positively correlated with sexual desire
- ▶ ADT-G was not correlated with sexual desire in any of three age groups.
- ▶ Sexual desire declined with age ( $p< 0.001$ ,  $p=0,024$ ) in both pre- and postmenopausal women.






# Conclusion

- Biosynthesis of testosterone is decreased in women who experience low desire.
- First study to show correlation androgen precursors and desire
- Speed of transformation of androstendione to testosterone may influence older womens sexuality



# Clinical Implications

- ▶ Androgens are important to women's sexual desire, especially for women aged 25–44 years.
- ▶ Possible relevance to measurement androgens (total and free testosterone, androstenedione, and DHEAS) using mass spectrometry in women complaining about a lack of sexual desire in this age group



# Psychological Treatment Trials for Hypoactive Sexual Desire *Disorder*

- ▶ Robert E. Pyke, MD, PhD; Anita Clayton, MD
- ▶ J Sex Med 2015;12:2451-2458.



# Study Aim and Methods

- ▶ Aim: evaluate published controlled trials of CBT and MMT (Mindfulness Meditation Training) for sexual desire disorders
- ▶ Perspective: sexual medicine standards of control paradigms, risk/benefit ratios, clinical significance
- ▶ Medline – 10 years; evaluate study quality via 10 metrics and efficacy as mean change, proportion of responders and remitters



# Benefit-Risk Issues

- ▶ Behavioral measure should ground improvements in HSDD to the patient's sexual life
- ▶ Benefit should measure, on well-validated outcome endpoints, sexual desire and distress, sexual activity
- ▶ Validated instruments for measuring harms of HSDD such as marital discord and failing relationships, are not available.
- ▶ Thus treatments for HSDD should have minimal or no side effects to show positive risk-benefit ratio.
- ▶ Favors psychological therapies – however. controlled research has not supported any form of psychological therapy



# Results

- ▶ Three controlled trials support CBT
- ▶ Two controlled trials support MMT
- ▶ Reports of trials each lacked several scientific requirements:
  - ▶ Hierarchy of endpoints with planned primary endpoint
  - ▶ Sufficient information on endpoint to reproduce it
  - ▶ Randomization
  - ▶ “Open label” nature and lack of blinded rates
  - ▶ Adequate control – waitlist?
  - ▶ Accepted measures of benefits and harms
  - ▶ Compliance data
  - ▶ Outcomes of clinical relevance: meaningful benefit, clinical significance, proportion of responders and remitters on well-validated measures



# Conclusions and Implications

- ▶ Psychological treatments for HSDD are not yet supported by adequate clinical trials.
  - ▶ Current scientific and regulatory standards for drug trials should be applicable to psychological treatment.
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