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The rose study: placebo-controlled randomized withdrawal trial of flibanserin for hypoactive sexual desire disorder in premenopausal women

E. Goldfischer¹, R Pyke², J Mikl³. ¹Hudson Valley Urology, Poughkeepsie, USA; ²Boehringer Ingelheim Pharmaceuticals Inc, Ridgefield, USA

Introduction: Hypoactive Sexual Desire Disorder (HSDD) is a common problem. This is the first randomized treatment withdrawal trial in premenopausal women with HSDD. It is assessing the efficacy and safety of a centrally acting non-hormonal agent, flibanserin.

Methods: Premenopausal women with generalized, acquired HSDD for >6 months were entered if they were in a stable, monogamous, heterosexual relationship for >1 year, successfully completed the e-Diary For HSDD Trials© daily for 4 weeks of screening, and had no interfering medical problems. After a 24 week open-label flexible dosing phase, those subjects meeting enrichment criteria, were randomized to double-blind, placebo-controlled treatment for another 24 weeks. Co-primary endpoints were change in desire score and monthly satisfying sexual events.

Results: Of 1156 women screened, 738 were treated; 67.1% completed the open-label period.

Conclusion: Randomization has been completed for the Rose study, a placebo-controlled randomized withdrawal trial of a centrally acting non-hormonal agent, flibanserin, for generalized, acquired HSDD in premenopausal women.

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Group therapy for women with orgasm disorders

C. Gubler Gabban¹-⁴, ¹Ziss, Zurich, Switzerland; ²Asclif, Toulouse, France; ³Isi, Montreal, Canada; ⁴Fsp, Zurich, Switzerland

One woman in four will reach the age of 20, and one in ten the age of 35 without ever having experienced an orgasm, by which time the interest and joy arising from sexuality is greatly reduced. This results in insecurities and a lack of self-confidence that strongly affect one's view of being a woman in the 'proper sense'.

Our learning programme understands that in order to reach orgasm and sexual fulfillment, women need to know how to elicit arousal, to enhance it and to let go in orgasm, combined with the experience of establishing sexual and erotic pleasure. To this extent we introduce various successful therapeutic techniques based on skills the women already possess in order to enrich the erotic experience, thereby leading to increased sexual satisfaction.

Groups known as 'Reaching Orgasm with Pleasure' consisting of eight participants aim to be serious and goal-oriented, sensual, joyous and voluptuous as well as effective. Participants learn the essentials of the sexual function of the body, how to recognize and to advocate their sexual needs, combined with an exploration of the influence of personal and societal value systems which may prevent erotic enjoyment. During group the women practice self perception of the body, breathing and muscle tension along with movement and rhythm which are requisite for the experiencing of voluptuousness.

Further support is provided in the form of exercises, practiced at the participants own home along with the possibility of experiencing an inspiring and supportive exchange among the groups own members.

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Case study of women using patch medication testosterone

R. Hallam-Jones¹, L Wilson². ¹Nurse Sheffield United Kingdom; ²Porterbrook Clinic, Sheffield, United Kingdom

Is there any help for the surgically menopausal woman who develops hypo-sexual desire disorder (or is this Britain a male only national health service for sexual difficulties)?

Female Sexual Dysfunction (FSD) has in the past often been viewed mainly as a psychological or relational difficulty. As our understanding of some of the possible physical aetiology, and with the beginning of specific researched physical treatments, it is vital that nurses understand more about the assessment, treatment options and the complexity of these disorders. HSDD in surgically menopausal women, is the first of these issues to need consideration by nurses (Senagore2003). It will bring new considerations for practitioners as it involves the possible need to link with other professionals for a total care package.

Intrinsa a thin, clear patch worn on the abdomen, was applied twice a week, which delivered a low dose of testosterone (300 micrograms/24 hours) and achieved serum testosterone concentrations compatible with premenopausal levels. The testosterone used in this patch is identical to testosterone produced naturally in all women.

The results for Mary were that she felt back in control of her body because she had been given adequate information about the treatment and understood what it was doing. She was glad to have the use of the appropriate medication and her increased confidence was obvious. The treatment had been effective and was a socially-acceptable treatment option for her. She appeared to have had no side effects.