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Pharmacotherapy or Psychotherapy?: Effective Treatment for FSD Related to Unresolved Childhood Sexual Abuse

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Childhood sexual abuse (CSA) is the form of sexual victimization most correlated with sexual dysfunction in adulthood (Atkeson, Calhoun, Resick, & Ellis, 1994; Sarwer & Durlak, 1996; Laumann, Paik, & Rosen, 1999). The goal of this study was to address the sexual ramifications of unresolved CSA and consider the effectiveness of vasoactive pharmacotherapy, specifically sildenafil, for the treatment of women with unresolved CSA. The sample included 35 women (mean age, 45 years) who presented to a sexual health clinic and who were not of childbearing potential. Of the sample 7 women (23%) had a history of unresolved CSA. Following a psychosexual history and medical evaluation, all women were treated with 100 mg of sildenafil, to be used over a 6-week period at home. When home doses were complete, participants filled out the FIEI, a valid and reliable 5-item questionnaire asking about sexual response post sildenafil. Parameters of sexual response included vaginal lubrication, amount and quality of sensation, satisfaction with intercourse, and ability to reach orgasm. Trends were calculated comparing women with and without unresolved CSA history. A minority of women with CSA responded positively to sildenafil.

INTRODUCTION

Research reports that 28% of girls in the United States have been sexually exploited before the age of 14 years and 4.5% were involved in frank incest with their fathers or stepfathers (Vanderkolk, 1987). The experience of sexual victimization is an overwhelming event for most individuals, often with long-

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term and devastating consequences (Russell, 1986). The growing body of investigations regarding the impact of sexual abuse indicates a consistency in the impact it has on the victim's psyche and relationships (Russell, 1984). Childhood sexual abuse (CSA) seems to be the form of sexual victimization most correlated with sexual dysfunction in adulthood (Atkeson, Calhoun, Resick, et al., 1994; Sarwer & Durlak, 1996). According to the National Health and Social Life Survey, incidence of sexual arousal disorder was found to be higher in women with history of CSA (Laumann, Paik, & Rosen, 1999).

Since Viagra (sildenafil) became available, many men and women have come forward seeking prescriptions, even when the source of their sexual complaints were more emotional or relational than physical. Among these were a number of women with unresolved CSA histories. In these cases it seems clear that therapy, not medication, was the treatment indicated. However, very often these women insisted on at least trying the "quick fix" of Viagra as a first line of treatment before considering counseling or therapy.

Because many physicians have been prescribing Viagra to women with primary psychosexual sources of their problems, and because many patients were under the impression that Viagra would attend to these issues, the authors decided to evaluate the effectiveness of this pharmacological treatment in CSA survivors presenting to medical clinics. The goal of this study was to address the sexual ramifications of unresolved CSA and consider the effectiveness of vasoactive pharmacotherapy for the treatment of women with unresolved CSA.

METHODS

The sample included 35 women (mean age, 45 years) presenting to a sexual health clinic with complaints of female sexual dysfunction (see Table 1 for types of sexual complaints).

Women requiring antihypertensive medications or oral nitrates, and women with a history of cardiac disease or cerebrovascular accident (CVA)

TABLE 1. Incidence of Specific Sexual Complaints^a

Complaint	%
No sexual desire or interest	21
Primary sexual arousal disorder	100
Little or no lubrication during sexual activity	60
Unable to maintain lubrication during sexual activity	20
Genital numbness (asleep feeling in the genital area) during sexual activity	30
Difficulty or inability achieving orgasm	87
Pain or discomfort during sexual activity	63
Pain or discomfort following sexual activity	63

^a n = 31.

were excluded from the study. All patients met with a trained sex therapist who completed a psychosexual history which addressed the history of the presenting problem, basic sexual history, relationship status and history, and earlier sexual development. This evaluation was also used to confirm that all patients exhibited symptoms of sexual arousal disorder with or without other sexual function complaints, were comfortable with self-stimulation, and were satisfied with their or their partner's ability to stimulate them sexually.

Of the sample, 7 (23%) women had a history of unresolved CSA. Unresolved CSA status was determined through an initial questionnaire and details were addressed as part of the psychosexual history. Although they were initially prescribed psychotherapy, all patients with unresolved CSA insisted on trying sildenafil first, and pursuing therapy if sildenafil was not effective as a first-line therapy.

Following the medical evaluation, all women were treated with 100 mg of sildenafil to be used over a 6-week period at home. Once they had completed the home doses, patients filled out a brief 5-item questionnaire, the Female Intervention Efficacy Index (FIEI), asking about their sexual experience following the use of sildenafil. Parameters addressed in the questionnaire included vaginal lubrication, amount and quality of sensation, satisfaction with intercourse, and ability to reach orgasm. Validity of the FIEI has been established and reliability was assessed by calculating a Cronbach α coefficient (.81). Trends for women with and without unresolved CSA were calculated and compared.

RESULTS

Study findings are outlined in Table 2. The parameters of sexual arousal considered on the FIEI included vaginal lubrication, presence of genital sensation, quality of genital sensation, satisfaction with intercourse and/or foreplay, and ability to achieve orgasm. Increased vaginal lubrication with the use of sildenafil was reported by 51% of study participants. However, the majority of that group (60%) had no history of CSA and only 29% had unresolved CSA history. The results, with regard to sensation, are similar. Of the total population, 77% reported greater sensation and 61% reported that the sensation was pleasant or satisfying. Of these, the majority were women without an abuse history (91% and 70%, respectively) as compared with women with unresolved CSA history (29% for both quantity and quality of sensation). Intercourse was reported to be more pleasant and satisfying than before by 58% of the total sample. Of women with no CSA history, 70% reported that intercourse was more satisfactory and satisfying and 20% reported that it was pleasant, but not as pleasant as prior to female sexual dysfunction (FSD). Of CSA survivors, only 14% reported intercourse was more pleasant and satisfying and 14% stated that it was pleasant but not like it was prior to their experience with FSD. Further, 14% of CSA survivors

TABLE 2. Postsildenafil FIEI Results

Questionnaire Items	All Women (N = 31)	Women with Unresolved CSA (N = 7)	Women without CSA HX (N = 24)
My vaginal lubrication during intercourse and foreplay was:			
More than before	51% (6/31)	29% (2/7)	60% (14/24)
Less than before	0%	0%	0%
Same as before/couldn't tell a difference	29% (9/31)	71% (5/7)	16% (4/24)
Couldn't tell a difference, but partner could	20% (6/31)	0%	24% (6/24)
Missing data	0%	0%	0%
The sensation-feeling in my genital area during intercourse was:			
More than before	77% (24/31)	29% (2/7)	91% (22/24)
Less than before	0%	0%	0%
Unchanged	23% (7/31)	71% (5/7)	9% (2/24)
Missing data			
If you perceived a change in sensation in your genital area, was it:			
Pleasant and satisfying	61% (19/31)	29% (2/7)	70% (17/24)
Unpleasant/disturbing	0%	0%	0%
Neither pleasant nor unpleasant	16% (5/31)	42% (3/7)	8% (2/24)
Other	16% (5/31)	0%	22% (5/24)
Missing data	7% (2/31)	29% (2/7)	0%
Intercourse and/or foreplay was:			
Pleasant and satisfying	58% (18/31)	14% (1/7)	70% (17/24)
Unpleasant/disturbing	3% (1/31)	14% (1/7)	0%
Unchanged/no difference	13% (4/31)	57% (4/7)	0%
Pleasant, but not like it used to be	19% (6/31)	14% (1/7)	22% (5/24)
Missing data	7% (2/31)	0%	8% (2/24)
My ability to have orgasm was:			
Increased (easier)	68% (21/31)	29% (2/7)	78% (19/24)
Decreased (more difficult)	0%	0%	0%
Unchanged	32% (10/31)	71% (5/7)	22% (5/24)
Missing data	0%	0%	0%

reported that intercourse was unpleasant or disturbing and 57% reported there was no difference in their level of satisfaction. After taking sildenafil, 68% of all women found it easier to achieve orgasm. Of these women, the majority were women with no CSA history (78%). This population also rated their ability to achieve orgasm as remaining the same (22%). This was almost the reverse in the CSA survivor sample, in which 29% reported increased ability to reach orgasm and 71% reported no change. It is important that further studies are carried out in order to effectively evaluate the impact of sildenafil on this population.

The trends reported here indicate that the subsample of women with an unresolved CSA history did not respond as positively to sildenafil as women without such history. The disparity between these two populations is quite

clear. For all the parameters on the FIEI, at least half as many women with as without unresolved CSA histories responded positively to sildenafil.

CONCLUSIONS

Although Goldstein et al. (1998) found that sildenafil resolves the erectile dysfunction, of men with psychogenic erectile dysfunction, the findings reported here may support the idea that women experience sexuality in a different context than men. These results indicate that sildenafil does not resolve sexual symptoms in women with unresolved psychological, emotional, or relational issues related to unresolved CSA.

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