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Slow Progress on an Intimate Women's Problem

Researchers report improvement, but much needs to be done



ILLUSTRATION: TOMASZ WALENTA

By **MELVIN KONNER**

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As many as half of American women report sexual problems, especially after midlife. The complaints—pain, lack of sexual satisfaction, apathy toward sex—are often subtler and harder to address than those of men. Social taboos don't make it any easier, and for many women the subject remains hard to talk about.

There are bright spots. The Food and Drug Administration in 2016 approved the hormone-containing vaginal suppository Intrarosa, based on evidence that it improves sex and quality of life. A trial described in the journal *Menopause* in December showed similar effects for an estrogen gel. And recent reports confirm that Viagra-type drugs and testosterone patches help some women, though the patches remain FDA-approved only for men. The Dutch company Emotional Brain is developing Lybrido, a pill combining those medications.

Addyi, generically known as flibanserin, got a lot of attention recently as the only approved true aphrodisiac for women. It stimulates our main sexual organ: the brain. But like all drugs, it has side effects, and its intended result—increasing desire—has been underwhelming for many women who have tried it.

*Media squeamishness about anatomy is a big part of the problem.**

Why has progress been so slow? Fourteen years ago, the pioneering research of the Berman sisters—Jennifer (a urologist) and Laura (a psychotherapist)—seemed to offer some hope for such sexual problems. I recently talked to the Bermans, who are both sex educators as well, to understand what has happened since their landmark study and what their approach is today.

In their 2003 research, reported in the *Journal of Urology*, the Bermans and colleagues divided 202 postmenopausal or post-hysterectomy women into two groups. One group

got sildenafil (Viagra's generic name), the other a placebo. The drug group reported improved sex in questionnaires, but only if the women had a normal level of sexual desire and no major relationship problems or sexual abuse. Media coverage at the time called them "The Viagra Sisters."

When they started working on these issues, options for older women with sexual dysfunction were limited, but the sisters could see the need. As Laura Berman said, "We supported each other, and we launched a national conversation together"—a research-based practice. Their waiting list had a thousand names.

The Bermans knew that Viagra alone was no female panacea. Instead, they gravitated toward a mixed approach, with drugs and education. "Every case is like a giant picture puzzle with interacting pieces," Laura said. "Viagra is one tool." Jennifer agreed: "There's more to desire than blood flow," which Viagra promotes. Today, for some women living in states where marijuana is legal, she prescribes it for its effects throughout the brain and body—especially for "micromanagers and worriers."

Both sisters—one now practicing in Los Angeles, the other in Chicago—also focus on non-drug remedies. "We treat the whole person—thoughts, feelings, how women engage with their partners," says Jennifer, crediting Laura's influence. That includes basic sex education—for women of all ages. Too many, the Bermans say, believe that only intercourse can solve their sexual problems. But most women's sexual center is not where many men think it is (and media squeamishness about anatomy doesn't help to enlighten them).

Studies also support the efficacy of "bibliotherapy"—self-help books and erotic fiction. Meditation—not just medication—helps too.

Many researchers have abandoned the search for a single magic pill to solve women's sexual problems. For Jennifer, "Today's an exciting time, but frustrating too."

A doctor dealing with a patient's diabetes or high blood pressure tries various things—lifestyle, education and more than one drug. Women's sexual dysfunction deserves a similar approach. A friend sent me a photo comparing two electronic boxes: One, labeled "woman," had many dials and indicators, the other—"man"—one switch. My friend said, "This explains everything." No, but it explains a lot.

** Due to Wall Street Journal editorial policy, I was not allowed to use the following words (among others) in this article: clitoris, vagina, penis, and orgasm. Readers of this and other publications need to know that the clitoris, not the vagina, is the anatomical heart of most women's sexuality. Penile thrusting during intercourse is generally an inadequate way to stimulate the clitoris or produce orgasm (sexual climax) in most women. The clitoris is the only organ with no purpose except pleasure. This footnote was not part of the original column as published of course.*