Sexual Function in Women on Estradiol or Venlafaxine for Hot Flushes: A Randomized Controlled Trial

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1. The authors included women who reported that they were not sexually active in this study. Discuss reasons for sexual inactivity among postmenopausal and perimenopausal women. What is the most common reason for sexual inactivity in this age group?

2. Sexual function was measured at baseline, 4 weeks, and 8 weeks after treatment. Comment on whether or not this is a long enough period to see changes in sexual health following an intervention.

3. Discuss the influence of oral hormonal therapy on sex hormone binding globulin. How does this affect circulating sex hormones such as testosterone? Discuss the role of testosterone in female sexual function. What are “normal” testosterone levels in postmenopausal women and what organ(s) generate it? Is testosterone replacement recommended by the American College of Obstetricians and Gynecologists (review Practice Bulletin No. 119, Female Sexual Dysfunction)? What are potential side effects of testosterone replacement? Are they all reversible?

4. By which mechanisms are estrogen replacement therapy thought to influence sexual function?

5. How do serotonin-norepinephrine reuptake inhibitors (SNRI) and selective-serotonin reuptake inhibitors (SSRI) differ? What is the difference between the two in regard to the impact on sexual function?

6. Discuss the three female sexual dysfunction diagnoses as classified by the DSM-V. Which is the most common disorder among women? How long do women need to be experiencing the disorder and how frequently must it occur?

7. The Female Sexual Function Index was used to measure sexual function in this study. What other questionnaire might have been used? Discuss the advantages and disadvantages of other measures, including ad hoc questionnaires.

8. What was the primary outcome for this study? Was the study powered to detect differences in sexual function? The authors report a post hoc power analysis. How does a post hoc power analysis differ from an a priori power analysis?

9. The authors state that they used a 2-point difference in scores in any given domain as clinically significant. Discuss how a clinically significant difference is determined statistically. Comment on both anchor and distribution based methods of determining the minimally important differences in validated questionnaires.

10. How do you screen for sexual dysfunction in your patients?