

**About Health TV with Jeanne Blake**  
**Sexual Health Concerns in Women**  
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JEANNE BLAKE: Welcome to *About Health* TV. I'm Jeanne Blake. There's been a lot of attention on men's sexual health with the introduction of Viagra. But what about women? Do they too experience what's known as sexual dysfunction? Today we're joined by Dr. Irwin Goldstein, the director of the Institute for Sexual Medicine at Boston University's School of Medicine, and his patient Dr. Lillian Arleque. Thank's for joining us.

DR. GOLDSTEIN: Thank you for having me.

JEANNE BLAKE: Dr. Goldstein, you say yes, indeed, women do live with sexual dysfunction -- we'll clear that term up in 30 seconds, because you don't like it -- and at great numbers.

DR. GOLDSTEIN: Actually, all humans have sexual health problems, and the field of sexual medicine is to study diagnosis and treat men and women with sexual health problems. In studies, when you ask large populations of humans, more women complain of sexual problems than men.

JEANNE BLAKE: I just mentioned that you don't like the word dysfunction, but that's the term that people use. Why do you not like that word?

DR. GOLDSTEIN: Well, patients don't like having a dysfunction. Well, the FDA requires it. If you're going to have therapy, it has to be deemed a condition, a dysfunction, so we have to sort of ultimately work with the FDA to have therapy for people with problems. But at a level of one-on-one, men and women have sexual problems and sexual concerns and we're there to help them.

JEANNE BLAKE: I think that we're so familiar, as I said, with Bob Dole talking about Viagra on television that when you think of a sexual health, I'm going to use the word dysfunction, you think of a man who is impotent. What are the sexual health concerns that women come to you to talk about?

DR. GOLDSTEIN: Well, all people have either problems with desire or arousal, and arousal in man is the erection, which is the Senator Dole condition -- ejaculation, orgasm, or pain. So problems with

desire, problems with arousal – lubrication, swelling – problems with orgasm – inability to or excessive amounts of – and then problems with pain.

JEANNE BLAKE: And you maintain, and this differentiates you from many, many other physicians, that in many patients it's a physical problem and not ...

DR. GOLDSTEIN: I think, to be quite honest, it's relationships, body, and mind, and I am open enough to at least explore the biologic issues.

JEANNE BLAKE: Dr. Arleque, you first saw Dr. Goldstein six months ago after years of looking for someone who would listen to you.

DR. ARLEQUE: Yes. After I had my first child at 29, I started experiencing problems. Up until that point I had what I considered to be a normal sex life, and I was very satisfied with it. But after the birth of my child I had no desire at all and problems with arousal, with lubrication, and things like that. So I thought at first, well, maybe it's just because of the birth, and I waited a little bit of time and I went back to my gynecologist, and she said everything was normal and fine, and since I was getting regular periods that everything was fine. So I pursued it, and within a year I went to two other gynecologists, and they all told me the same thing, that things looked healthy so it must be fine. Actually, one of them insisted that I call a psychologist, because he said that since there was no physical manifestation of a problem that it must be a psychological issue.

JEANNE BLAKE: And that was ... your daughter's how old now?

DR. ARLEQUE: She's 27.

DR. GOLDSTEIN: Big mistake.

JEANNE BLAKE: So you've told us about the first year. I mean, you lived with these questions about your sexual health for 26 years.

DR. ARLEQUE: I had concerns about it, yes I did, and I did everything possible, and every year when I went for my physical to internists or gynecologists, whoever I was seeing at the time, I brought it up, and each time it was the same response.

DR. GOLDSTEIN: The mistake here – sorry, but the mistake here is, because she’s having normal periods her hormones are fine. There is a critical hormone for both men and women called androgens, which the most common one would be testosterone, which is independent of her menstrual periods and can be low, especially in women postpartum, after childbirth. In fact, about a third of the women who see us, and I’ve seen a little over 1,200 women since 1998 when Viagra came out, this empowered women to seek medical help finally from people who at least have experience with sexual medicine. One-third of women we see are women who are postpartum who have very low androgen levels, and we need to do research to figure out why this is so.

JEANNE BLAKE: No doctor ever measured the level of hormones?

DR. ARLEQUE: No, it was, “You’re getting periods, so you’re fine,” and no one ever ... I never had blood work until I went to see Dr. Goldstein. At that time, we found out exactly what it was, that it was very low levels of androgen.

JEANNE BLAKE: After 26 years, a blood test confirmed what you knew.

DR. ARLEQUE: Exactly. But I knew all along that it wasn’t psychological. I knew that something had happened to my body, and people weren’t listening to me.

JEANNE BLAKE: Let’s talk about that, because I think it just shows remarkable either confidence or persistence or all of that to have doctors who we grow up to think know best, to send you to a psychiatrist and you tell them no, I know something is wrong.

DR. ARLEQUE: Right. And so I continued to seek. I read articles, I tried to do everything I could, because I knew, I knew my body. I’m an intelligent woman and there are many intelligent women who know their bodies and know that there was something different, something had happened.

JEANNE BLAKE: How many doctors did you see over the years?

DR. ARLEQUE: Oh, probably ten.

JEANNE BLAKE: And what kinds of things did you try? I mean, did you try anything that they suggested?

DR. ARLEQUE: Well, they said lubricants or psychologists.

JEANNE BLAKE: That's one end of the spectrum or the other.

DR. ARLEQUE: Right.

JEANNE BLAKE: Dr. Goldstein, this must be a fairly typical story.

DR. GOLDSTEIN: There's something that happens to a certain zone in the adrenal gland which manufactures the androgens, which stops synthesizing these androgens. This could be God's will to stop women from being interested in sex so that there's less overpopulation, that they're not interested in sex as they age so that they don't have problems with childbirth as they're older, or there's a lot of Down syndrome and other genetic problems in the child. I don't know the answer, and women aren't probably supposed to be living till age 80 as they're living now in the evolution of the woman. But we're now dealing with women who have sexual problems, whose quality of life is impaired, and we're doctors and we should be able to investigate them, and investigate them we are doing, and we're finding these new syndromes that doctors didn't know before.

JEANNE BLAKE: So when Dr. Arleque came to you last spring, did you ... she walked in ...

DR. GOLDSTEIN: Within five minutes I knew what her problem was, and then, of course, it was to diagnose it, which is by history. Does she see a psychiatrist also, because mind, body, and relationships in everybody. She has a wonderful partner, Wynn, but we have to evaluate all these issues. We do the blood test and specialized tests. We look at her blood flow; we measure the sensation to her labia and clitoral area. We treat this like we treat male sexual problems. There's no reason to not do that.

JEANNE BLAKE: So when Dr. Goldstein told you that he had been able to identify for you what was going on, what was your reaction?

DR. ARLEQUE: I was so relieved. I felt so validated. I felt that I had listened to my own thinking and my own body, and I knew that I was right. I have to tell you, when I went to the parking lot, my husband was waiting and I skipped to the car.

JEANNE BLAKE: That is so cool.

DR. ARLEQUE: He said, "Wow, looks like things really went well." But I just felt so relieved. I felt like a great burden had been lifted from me.

JEANNE BLAKE: Was there a part of you that felt angry, though, that you had really unnecessarily lived with this for so many years?

DR. ARLEQUE: Yes, and that's why I'm here, because I don't want anyone else to have to go through this. People need to be informed and educated. I have a friend who just went to a gynecologist who is postmenopausal and talked about all of these issues, and the doctor said, "Well, that's to be expected," and never did any blood work. So it's continuing, and people need to be educated about it.

DR. GOLDSTEIN: We just had a woman in our office who had a hysterectomy, never told that the uterus could affect sexual problems, both ovaries were taken out, and she can't have orgasm now, she's very dry, very different sexual function. No discussion whatsoever post-hysterectomy, even pre-hysterectomy.

JEANNE BLAKE: Why is that, do you think? I mean, this is ... we know it, we're talking about it. Why don't doctors who are taking care of their patients know this?

DR. GOLDSTEIN: It will change. It will change. People like Lillian and you will make a change, and the best news is, she's doing well on therapy without side effects, God bless her.

DR. ARLEQUE: So it's education that I think is really critical, that women know that there's answers. It's not just something that you live with. You need to be educated and you need to find answers. That's why articles in magazines, or whatever it is, to let people know that there's hope, because the solution is important.

JEANNE BLAKE: How much of the persistence of it being in the closet, so to speak, is that ... I mean, in this country, anyway, we don't talk about sexual health very openly. Do you think that contributes to so many people not knowing about it?

DR. ARLEQUE: Oh, I think it has to. I mean, I had to do a lot of seeking and a lot of reading to even get to know that there was somebody at Boston Medical. But I will tell you, if I had read that it was in San Francisco, I would have traveled there, because I wanted a solution and I was really determined

to get it.

JEANNE BLAKE: Lillian, what was it like for you? You must have a very patient, understanding husband.

DR. ARLEQUE: He is just remarkable. He's just a wonderful guy.

JEANNE BLAKE: But when one person in the relationship is not feeling fully sexual and wanting to be close and intimate, it affects a relationship.

DR. ARLEQUE: It absolutely does, and if we didn't have a very strong, solid relationship, I could imagine that in some relationships it would be the end of the relationship.

JEANNE BLAKE: Were you able to talk about it?

DR. ARLEQUE: Yes, we did. We did the best we could with the information we had and we just loved each other and we just made adjustments as much as we could.

DR. GOLDSTEIN: But the traditional couple with sexual problems, if Lillian is not interested and some women even have an aversion to being touched despite the fact that they love their husband, they just don't want to go into the sexual cycle with another round of failure and frustration, so the interpretation by the husband is that she doesn't love him, and that's where the relationships dissolve.

JEANNE BLAKE: Not every woman who feels the way that Lillian was feeling, the way she's described, is feeling that way because of their hormone levels being off, right?

DR. GOLDSTEIN: In relationships, if you have a sexual problem and it bothers you, go for an evaluation. If it ends up being a relationship issue, we have fully trained sex therapists, counselors, psychiatrists, we'll work with you. If it's a biologic issue, we'll work with you whatever it ends up being. We're treating it like any other medical condition.

JEANNE BLAKE: There can be a physical cause as well, right? I mean, beyond hormones.

DR. GOLDSTEIN: Well, there's medication effect, there's nerve damage from, say, a hysterectomy, which injures the nerves to the vagina. The nerves that go to the vagina pass next to the cervix. There can be vascular conditions from diabetes and high blood pressure, especially in postmenopausal

women. Hormones are a big problem. I'd love you to ask Dr. Arleque how she is doing now and compare the two, because I think your audience has to hear this.

JEANNE BLAKE: Lillian, how are you doing?

DR. ARLEQUE: Well, I have to tell you that up until the beginning of treatment, I will tell you sex was not even on my radar screen. It was something that would never even cross my mind, it wouldn't occur to me, and now it is definitely on the radar screen. I think about it, I'm looking forward to it, I'm happy to experience it. You know, it's interesting. You talk about the psychologists and all of this. What if I had gone to a psychologist, and what if they started to treat me, and I didn't have any response, nothing changed for me, because it was a physical problem? How frustrated would I have been then? I would have felt even more broken that even with that kind of treatment it didn't work for me.

JEANNE BLAKE: I think that there is a role for a psychologist, though, in people who are living with sexual dysfunction.

Dr. ARLEQUE: There is, but it's not the first step. I think the physical aspect, taking a look at the physiology of the person is the first step, and then from there moving on to the psychologist or whatever is there, but people before didn't take it as the first step. It wasn't considered as a first step for me, and I don't even know if people are aware of it.

JEANNE BLAKE: Did you feel tempted to call any of the doctors that you had seen? By the look on your face, I think you did that.

DR. ARLEQUE: Well, you know, I think that everybody does the best they can with what they know, and I have to say that they were uninformed.

JEANNE BLAKE: But did you pick up the phone and tell anybody?

DR. ARLEQUE: No. Because now I hope that with this kind of program and talking to people and ... I was interviewed for an article for Vogue magazine, that those kinds of pieces of information will get out to everybody, so that if the doctor is not informed, at least the women going will be informed and then force the doctor to become more informed.

JEANNE BLAKE: The British Medical Journal recently published an article about ...

DR. GOLDSTEIN: A nasty article.

JEANNE BLAKE: Yes, a nasty article about calling sexual dysfunction in women a bunch of hooley, basically. Invented so that the pharmaceutical companies could make a lot of money.

DR. GOLDSTEIN: Written by a man, no doubt.

JEANNE BLAKE: Of course. But seriously, Doctor, I'd like you to talk about your response to reading them, and you are targeted in. I'm curious about your reaction to that.

DR. GOLDSTEIN: I love the ability to have journals get on radio shows and TV to talk about sexual medicine. Boy, do we need a lot of exposure. So I use this as a great opportunity to tell people out there that you don't have to live your life like this. If you want to, that's fine. If this is bothering you, if this is affecting your quality of life, if you want to do something about it, there are now doctors that deal with sexual medicine, sexual health.

JEANNE BLAKE: But why do you think that a medical journal would publish a report like that?

DR. GOLDSTEIN: I think you'd have to ask them. I have absolutely no idea. There are a group of psychologists who feel threatened that doctors are now getting involved in women's sexual health areas. This was a domain of exclusively relationship-based problems. You know, it was your husband, it was your workplace, it was you had four children to take care of, you were too tired, you were stressed. All of these are very valid issues, but that doesn't mean you can't get an evaluation, check if the nerves are working, hormones are working, if there's circulation impairment. Why not? Why exclude it? The reality of sexual medicine problems is there are far more women with sexual problems than men. That's what's surprising. Yet, there's all the attention, all the FDA-approved therapies are towards men. Does that surprise you or not?

JEANNE BLAKE: Lillian, you read the article. What was your response to it?

DR. ARLEQUE: Well, I'm very angry. How dare he? How dare he assess what's going on in my body or anybody else's? I mean, assuming that I'm not an intelligent person, that I can't find answers or that I don't know what's going on, that I can't seek out information and that if I am, then there must be something wrong with me or other women. It's just like, how dare you. I hope that he's in a relationship sometime with a woman who has a sexual dysfunction.

JEANNE BLAKE: You spent a good part of your adult life with people telling you there's something wrong with you.

DR. ARLEQUE: Yes, I know.

JEANNE BLAKE: Before and after trying.

DR. ARLEQUE: Right. And you know what? That's why I continued to look for answers, and I think that's what everyone has to do. If there's an issue in your life that you're not satisfied with, then you have to be the person to take responsibility for looking for resources to help you, and you will find them. Hopefully, with this kind of information getting out there, it won't be difficult for women to find answers. People won't have to wait until their daughter is 27 years old to find an answer.

JEANNE BLAKE: Dr. Goldstein, as a society we're so much more, I think, more able, because you can turn on TV and see Bob Dole on "The Tonight Show" talking about impotence, his own. I think that we've made a lot of headway with men being able to talk about their sexual health concerns, but it doesn't appear that we're at the same place with women. Do you think that we'll get there over the next few years?

DR. GOLDSTEIN: The next few years are going to be decades. We're actually sort of in the '70s and '80s for women. The '70s and '80s for men was when all of this started. Senator Dole is at the end of about 20 years that we started with penile implants, and then went to injections into the penis, and then we finally realized that drugs could cause erections, and then finally to the oral agent. But in the '70s there was a lot of discussion whether doctors had a right to work on patients with traditionally, and the psychologic camp, if you like, and we're now reaching these discussions with women.

JEANNE BLAKE: I know that there are clinical trials for drugs, I mean, you mentioned that Dr. Arleque is taking a drug that is FDA-approved for men, right?

DR. GOLDSTEIN: Right.

JEANNE BLAKE: Okay. So I would think, perhaps, if there's a drug approved for women that there would be publicity around that.

DR. GOLDSTEIN: That would be huge.

JEANNE BLAKE: And so that would help maybe bring it into the headlines.

DR. GOLDSTEIN: Yes, with plenty of years. That takes a lot of time and effort to get that through. We're doing Viagra clinical trials now in women. We're doing other hormonal trials with women, and we're doing non-hormonal trials, topical agents that we placed on the vulva to increase swelling and lubrication. So there are a lot of efforts being made.

JEANNE BLAKE: I brought this up earlier, but I really want to underscore that for Dr. Arleque it was a simple test that – by the way, that you did not have an overnight cure for, but we'll get to that in a minute – but also there are women who have physical pain that has a physiologic basis.

DR. GOLDSTEIN: I'm very glad you asked me this, because whereas Lillian's primary problem is with desire, and she does have some genital pain during penetration, but that's in part due to the androgen loss, there are women whose entire problem is in pain who have normal interest and normal arousal, like if you touch them anywhere in their vulva area it hurts. And we're finding a whole group of physical reasons. We have reasonable drug therapies, we even have outpatient surgical therapies for women, and we're making great advances. There are 22 million women who have this and can't wear panties and can't even wear tight jeans.

JEANNE BLAKE: Twenty-two million women?

DR. GOLDSTEIN: Who have this problem.

JEANNE BLAKE: With pain?

DR. GOLDSTEIN: With pain.

JEANNE BLAKE: You're kidding.

DR. GOLDSTEIN: No. They can't have Pap smears done, they can't wear tight clothes. It's a horrible problem.

JEANNE BLAKE: Lillian, I think it's really important that you did go to Dr. Goldstein, get a blood test, and skip to the car, and then went on your merry way. It took some time for you to be able to adjust the hormone level.

DR. ARLEQUE: And we're continuing to work on that process. It started off with one particular treatment, and that didn't give us the results we wanted in terms of increasing my levels of testosterone, so we went on to the next step of the treatment. That seemed to be getting better. The results of my last blood work demonstrated that there was some increase in the level of testosterone. Things are improving.

JEANNE BLAKE: Do you find yourself talking with other women now? I know you are a Goldstein devotee, but I'm wondering, how does the subject come up when you're with other people, and how do you have that opportunity to talk with other women about what you've gone through?

DR. ARLEQUE: Well, I have some very dear friends and we've talked about it beforehand. So that came up. And I have friends who have called me and have said that they know somebody else who has an issue, and was it all right to talk to them. So I don't have any problems talking about it. I'm just really happy that there is a solution, and I would hate to see anybody have to go through any of this thinking that there was something wrong with them that couldn't be resolved.

JEANNE BLAKE: Dr. Goldstein, I think it's worth mentioning that recently we did a program talking about men and sexual health concerns and we talked about how much help is available and that really people don't have to live with this big part of their life being so unfulfilled.

DR. GOLDSTEIN: Health is a fundamental right, and sexual health, like orthopedic health and gynecologic health and urologic health and pediatric help, is a fundamentally human right, and we need to embrace that and empower ourselves to go to physicians and tell people that have these problems they bother you, I need help. If they can't do it, find someone who can. But you don't have to live the rest of your life like that.

JEANNE BLAKE: You've been taking care of patients with these kinds of issues for how long?

DR. GOLDSTEIN: For women?

JEANNE BLAKE: No, both.

DR. GOLDSTEIN: Oh, for men, since 1978 we started our clinic, so we're entering our 25th year now.

JEANNE BLAKE: Congratulations. So how is the patient different that's coming in today? Are you seeing them more aware? Are you seeing them more willing to talk about it, or could you do a snapshot, a Polaroid from the '70s until now?

DR. GOLDSTEIN: That is an absolutely great question, by the way. They're the same. They're still unaware in general that we can help them. The men don't say they have impotence now. They say they have ED, but you know, in reality they know very little about general physiology, general anatomy. They sort of have heard that there's something that can help them. But I don't think they've changed very much at all. There's just no education at a sincere level about their sexual physiology.

JEANNE BLAKE: Well, I hope that this helps, and I know, Lillian, that your talking with folks will help a great deal. And Dr. Goldstein, you come back when you begin your next trial and I'll ask you the same question whether things have changed yet. And I hope the answer is yes.

DR. GOLDSTEIN: Well, thank you for having us. This is wonderful.

DR. ARLEQUE: Thank you.

JEANNE BLAKE: You bet. Thank you both so much. And we thank you for joining us on this edition of *About Health TV*.

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