

INSTRUCTIONS FOR RECEIVING CREDIT

Continuing Education Credit

There are 2 options for receiving credit:

OPTION 1: The DIME online enrollment system

- Please visit the url: www.DIMEd.org/updates/HSDDFamilyPractice.html
- Complete the enrollment form, posttest, and evaluation.
- Successful completion of the self-assessment is required to earn Category 1 CME credit. Successful

completion is defined as a cumulative score of at least 70% correct. If you receive a passing score, your certificate of credit will be made available to you immediately.

If you have difficulty accessing the link, please contact the DIME office at (312) 553-8000 or dimeservices@DIMEd.org

OPTION 2: Complete this enrollment form, posttest, and evaluation form and mail them to:

DIME 17771
222 Merchandise Mart Plaza
Suite 4-160
Chicago, IL 60654

A certificate of credit will be e-mailed or mailed to you within 6 weeks.

HYPOACTIVE SEXUAL DESIRE DISORDER IN WOMEN

Implications for Family Practice

RELEASE DATE: **JULY 15, 2009**
EXPIRATION DATE: **JULY 15, 2010**

ESTIMATED TIME TO COMPLETE ACTIVITY: **1.25 HOURS**

CME POSTTEST

PLEASE CIRCLE OR CHECK THE CORRECT ANSWER TO EACH QUESTION.

1. A diagnosis of hypoactive sexual desire disorder (HSDD) in women involves:

- Overlap with another female sexual dysfunction
- Personal distress
- Decreased androgen levels
- Transition through menopause

2. Unlike HSDD, female sexual aversion disorder involves:

- Avoidance of all or almost all genital sexual contact
- Inability to attain an adequate lubrication response
- Personal distress
- Absence of sexual fantasies

3. The prevalence of HSDD:

- Has been decreasing in recent years, according to epidemiologic studies
- Has generally been reported as <10% in women aged 20 to 70 years
- Is significantly lower in premenopausal than in surgically postmenopausal women aged 20 to 49 years
- Is significantly lower in surgically than in naturally postmenopausal women aged >50 years old

4. The PRESIDE study showed that the most common sexual complaint among US women is:

- Low sexual desire
- Lack of sexual arousal
- Failure to achieve orgasm
- Erectile dysfunction in partner

5. Survey data have revealed that the identification of female sexual dysfunction is hampered by:

- The rarity of these conditions
- A lack of simple screening tools
- Patient concerns that the physician will be embarrassed
- The reluctance of physicians to refer patients to specialists

6. Which of the following physician characteristics was cited as increasing patient comfort in discussing sexual issues, according to 90% of women surveyed?

- Number of years in clinical practice
- Solo vs group practice
- Having seen the patient before
- Never having seen the patient before

7. Which of the following medical situations should prompt screening for female sexual problems?

- Diagnosis of diabetes
- Early postnatal period
- Presence of adrenal disease
- All of the above

8. A recent survey found that the vast majority of family physicians screen their female patients for HSDD.

- True
- False

9. Studies of pharmacologic therapies for HSDD have shown that:

- Drugs used to treat erectile dysfunction in men are consistently effective in women
- Bupropion improves all measures of sexual function
- Dopaminergic agents provide the greatest efficacy
- None of the above

10. Which of the following statements is *not* true?

- Data have confirmed that transdermal testosterone improves symptoms of HSDD
- Estrogens have a greater impact on female sexual function than do androgens
- Studies of dehydroepiandrosterone in women with HSDD have yielded conflicting results
- More data are needed to determine whether flibanserin is effective in women with HSDD

HYPOACTIVE
SEXUAL DESIRE DISORDER
IN WOMEN

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▶ EDUCATIONAL OUTCOMES
QUESTIONS

PLEASE ANSWER TO THE BEST OF YOUR ABILITY. THESE QUESTIONS ARE NOT GRADED AND YOUR ANSWERS WILL NOT AFFECT YOUR CME CREDIT.

1. In prevalence studies of sexual dysfunction, which of the following is the most common sexual complaint reported by women?

- a. Orgasm difficulties
- b. Low sexual arousal
- c. Low sexual desire
- d. Pain with intercourse

2. A 57-year-old woman presents for a new patient visit and examination. She stopped menstruating at age 51 and received combination estrogen/progestin therapy for several years to alleviate vasomotor symptoms but discontinued use. She reports no significant medical history. On the patient intake checklist she noted pain during intercourse and, upon questioning, reports a progressive decrease in sexual desire since the menopause transition. Her husband complains about her lack of desire; however, she is satisfied with her current sexual activity and does not feel that it negatively affects her relationship. What would be your diagnosis for this patient?

- a. Dyspareunia
- b. Situational hypoactive sexual desire disorder (HSDD)
- c. Sexual aversion disorder
- d. Generalized HSDD

3. What treatment strategy would you select for this patient?

- a. Administer compounded testosterone to increase sexual desire
- b. Administer local estrogen to relieve pain during intercourse
- c. Administer systemic estrogen to relieve pain during intercourse and increase desire
- d. Refer to a sex therapist

4. A wide range of pharmacologic agents have been evaluated for their efficacy in the treatment of HSDD. Which of the following mechanisms of action has *not* been investigated for the treatment of HSDD?

- a. Testosterone formulations
- b. 5-HY1A serotonin receptor agonist/5-HT2A serotonin receptor antagonist
- c. Melanocortin receptor agonist
- d. Serotonin-noradrenaline reuptake inhibitor

▶ ENROLLMENT FORM
REQUEST FOR CREDIT (PLEASE PRINT)

LAST NAME

FIRST NAME, INITIAL DEGREE(S)

ACADEMIC TITLE

AFFILIATION

SPECIALTY

STREET OR PO BOX

CITY

STATE ZIP CODE

PHONE

FAX

E-MAIL

To receive the information you are requesting, please make certain your contact information is legible.

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EVALUATION QUESTIONS

OVERALL ENDURING MATERIAL EVALUATION

5=Excellent, 4=Good, 3=Satisfactory, 2=Fair, 1=Poor

Using the above scale, please evaluate this activity by marking the appropriate response.

1. Objectivity and balance

5 4 3 2 1

2. Did you perceive any bias or commercialism in this activity toward any product or drug?

Yes No *If Yes, please explain*

3. Scientific rigor

5 4 3 2 1

4. Amount of information presented

5 4 3 2 1

5. Level of instruction

5 4 3 2 1

LEARNING OBJECTIVES

5=Strongly agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly disagree

Using the above scale, indicate whether after completing this activity you are better able to:

6. Define HSDD and identify the factors associated with it or that may contribute to it.

5 4 3 2 1

7. Describe the steps required for taking a thorough and clinically pertinent sexual history.

5 4 3 2 1

8. Explain how to screen patients for HSDD, how to identify and diagnose patients at risk for HSDD, and how to refer them to appropriate resources.

5 4 3 2 1

9. Identify interventions and pharmacologic treatments for HSDD and provide evidence of their effectiveness.

5 4 3 2 1

10. Discuss patient and provider obstacles to the recognition and management of HSDD and identify strategies for overcoming these barriers.

5 4 3 2 1

REASON FOR PARTICIPATION

5=Extremely, 4=Very, 3=Somewhat, 2=Not very, 1=Not at all

Using the above scale, indicate how important the following reasons are for your participation in educational activities.

11. Topics

5 4 3 2 1

12. Faculty/editor's reputation

5 4 3 2 1

13. CME credit

5 4 3 2 1

14. As a result of participating in this activity, did you learn anything that would cause you to make a change in your clinical practice (choose only one)?

- Yes, I am going to try to incorporate some of the information presented into my clinical practice
- No, I am not going to incorporate any of the information into my clinical practice

15. If yes, how soon do you intend to incorporate changes in your practice as a result of this CME activity?

- Immediately
- In 1 month
- In 3 months
- In 6 months
- I do not know

16. If no, why not?

- I learned some new information, but the information presented is not applicable to my clinical practice
- The information presented confirmed my current clinical practice
- I did not find the information useful and I will not change my current clinical practice
- I do not know

17. Please indicate whether you would recommend this activity to others.

- Yes
- No

18. Please rate your interest in the following educational topics for HSDD from 5 (highest interest) to 1 (lowest interest):

- ___ Definitions of FSD
- ___ Emerging treatment strategies for HSDD
- ___ Psychosocial aspects of FSD
- ___ Diagnosing HSDD
- ___ Referral strategies for FSD
- ___ Screening tools for FSD
- ___ Available treatments for HSDD
- ___ Etiology of FSD/HSDD
- ___ Approaches to taking a sexual history

19. Additional comments: