

PD44-08 EFFECTS OF FRACTIONAL MICROABLATIVE CO₂ LASER THERAPY ON SEXUAL FUNCTION IN POSTMENOPAUSAL WOMEN AND WOMEN WITH A HISTORY OF BREAST CANCER TREATED WITH ENDOCRINE THERAPY

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INTRODUCTION AND OBJECTIVES: To evaluate the effects of fractional microablative CO₂ laser therapy on sexual function and the symptoms of the genitourinary syndrome of menopause (GSM) in postmenopausal women and women with a history of breast cancer treated with endocrine therapy.

METHODS: From July 2015 to October 2016, 25 women underwent fractional microablative CO₂ laser therapy at a single institution by a single provider. The primary objective of the study was to evaluate changes in sexual function and symptoms of GSM in women who underwent treatment by using several validated questionnaires including the Female Sexual Function Index (FSFI), Wong-Baker Faces Scale (WBFS), Female Sexual Distress Scale - Revised (FSDS-R), and the Patient Health Questionnaire (PHQ-9). Differences in outcomes between postmenopausal women and women with a history of breast cancer treated with endocrine therapy were also evaluated.

RESULTS: For the 25 patients, mean age was 55.2 ± 9.5 years, average onset of menopause was 47.3 ± 6.3 years, and average duration of symptoms was 9.4 ± 7.6 years. Eight of the 25 patients had a history of breast cancer treated with endocrine therapy. Symptoms were assessed at baseline prior to treatment and six weeks after each treatment. Pre-treatment mean total FSFI score was 12.8 and post-treatment was 23.6 ($P = 0.004$). The largest average improvements from baseline were 1.70 for arousal ($P = 0.021$), 1.93 for lubrication ($P = 0.031$), 2.27 for orgasm ($P = 0.004$), and 2.53 for pain ($P = 0.001$). No significant differences in outcomes were observed between postmenopausal women and women with a history of breast cancer treated with endocrine therapy. Additionally, statistically significant improvements were observed in vaginal itching ($P = 0.013$), burning ($P = 0.004$), dryness ($P < 0.001$), painful intercourse ($P < 0.001$), and overall sexual distress ($P = 0.001$). Depression was not observed to have any significant effect on outcomes.

CONCLUSIONS: Fractional microablative CO₂ laser therapy is effective in treating the symptoms of GSM by improving sexual function and decreasing sexual distress in both postmenopausal women and women with a history of breast cancer treated with endocrine therapy.

Source of Funding: none

PD44-09 EFFECT OF FLIBANSERIN ON SEXUAL FUNCTIONING: AN ANALYSIS OF FEMALE SEXUAL FUNCTION INDEX DOMAINS

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INTRODUCTION AND OBJECTIVES: Flibanserin, a 5-HT_{1A} agonist and 5-HT_{2A} antagonist, is indicated for the treatment of acquired, generalized hypoactive sexual desire disorder (HSDD) in premenopausal women. The Female Sexual Function Index (FSFI) is a validated self-report questionnaire comprising 6 domains of sexual functioning: desire, arousal, lubrication, orgasm, satisfaction, and pain. This post hoc analysis evaluated the effect of flibanserin treatment across the 6 FSFI domains.

METHODS: Patient-level data were pooled from three 24-week, double-blind, placebo-controlled studies of flibanserin 100 mg once daily (qhs) in premenopausal women with HSDD. Between group differences in change from baseline to week 24 (last observation carried forward [LOCF]) on FSFI domain and total scores were evaluated using analysis of covariance.

RESULTS: This analysis included 2368 women (flibanserin, n=1165; placebo, n=1204) who had at least one on-treatment efficacy

assessment. The least-squares mean differences (standard error of the mean) in change scores from baseline to week 24 (LOCF) for flibanserin versus placebo were 0.3 (0.1) for the FSFI desire domain, 0.4 (0.1) for the arousal domain, 0.3 (0.1) for the lubrication domain, 0.3 (0.1) for the orgasm domain, 0.3 (0.1) for the satisfaction domain, 0.2 (0.1) for the pain domain, and 1.9 (0.3) for the total score; all P less than 0.0001 except P less than 0.01 for pain.

CONCLUSIONS: Treatment with flibanserin produced significant improvement not only in the FSFI desire domain (a key outcome in clinical trials of HSDD) but also across the other domains of sexual function assessed by the FSFI.

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PD44-10 THEMATIC ANALYSIS OF REFLECTIONS OF WOMEN SUCCESSFULLY TREATED WITH FLIBANSERIN AT A SINGLE CENTER

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INTRODUCTION AND OBJECTIVES: With flibanserin's approval October 2015 for women with hypoactive sexual desire disorder (HSDD), clinicians at our center have prescribed this medication to appropriate women with HSDD. We examine themes of women's reflections who experienced positive changes on treatment.

METHODS: Clinicians at our site regularly ask patients to update them on their health and progress managing their sexual dysfunction. Patients currently prescribed flibanserin were asked from time to time to disclose their experiences on the medication. Twenty-two e-mail responses met the criteria that they could be collated and examined for themes regarding flibanserin use, including time to response, initial HSDD improvement, longer-term changes, and other general observations.

RESULTS: Among responders, average age was 53.5 years (range 24-75). First recognition of response to medication came on average at 3.2 weeks (range 1-6). Of the 22 responders, improvements were identified in libido (11), orgasm timing/intensity (7), sexual thoughts (6), initiation of sexual activity (4), receptivity (4), ability to be multi-orgasmic (4), responsiveness (2), and sexual dreams (2). A total of 15 of the 22 women sent additional comments at 8.5 weeks (range 5-11) and 13 at 5.2 months (range 2.5-11) with continued or additional improvements in the following areas: libido (11), orgasm timing/intensity (7), arousal (5), lubrication (4), initiation (4), receptivity (4), sexual thoughts (3), sexual dreams (3) and ability to be multi-orgasmic (2). They also talked about enjoyment (2), being more open sexually (2) and positive anticipation of sexual activity (2). Non-sexual themes noted by 14 women responding longer term were feeling happy (8), experiencing less stress, anxiety or feeling more easy going (5), weight loss (4), feeling generally like a sexual being (4), feeling more connected to their spouse (3) and feeling more energetic or alive (2). Many noted improved sleep, as somnolence is an expected adverse event therefore this is a medication taken at night. No serious adverse events were noted.

CONCLUSIONS: For some women flibanserin has been life-changing in the quality of their sexual response (including desire, arousal and orgasm), their self-image, and their relationship. These positive changes observed are both sexual and non-sexual, resulting in more sexual satisfaction and overall happiness.

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PD44-11 SURVEY OF SEXUAL FUNCTION AND PORNOGRAPHY IN FEMALES

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