Online Table A. Studies of Pharmacologic Therapy for Female Sexual Dysfunction

Therapy/dosage	*Population*	*Effects*	*Adverse effects*	*Evidence*
Transdermal testosterone, 150 to 450 mcg daily (not FDA approved for use in women)	Surgically menopausal women receiving estrogen therapy who have diminished sexual interest or desire	Increased sexual desire, increased satisfaction with sexual activity, decreased personal distress; studies showed effect with a 300-mcg dose	One study showed a statistically significant increase in facial depilation[A1]; no other statistically significant increase in adverse events over six months of treatment; long-term effects are unknown	Blinded, prospective, crossover study with strong placebo response[A1]; double-blind RCTs[A2-A5]
Transdermal testosterone, 300 mcg daily (not FDA approved for use in women)	Naturally menopausal women receiving hormone therapy who have diminished sexual interest or desire	Increased satisfaction with sexual activity, increased sexual desire, decreased personal distress	Trend toward increased depilation, increase in facial hair	Double-blind RCT[A6]
Testosterone 1% cream, 10 mg daily applied to the thigh (not FDA approved for use in women)	Premenopausal women with decreased serum testosterone levels and decreased sexual self-rating scores	Improved sexual self-rating scores (50 percent or greater increase) in a statistically greater number of women receiving testosterone compared with placebo	No statistically significant difference in adverse effects over 28 weeks (12 weeks of active treatment)	Placebo-controlled, prospective, crossover study[A7]
Methyltestosterone/ esterified estrogen (Estratest), 2.5 mg/1.25 mg daily (not FDA approved)	Surgically menopausal women receiving estrogen therapy who have diminished sexual desire or interest as measured by questionnaires or scales	Improved sexual interest or desire score	10 percent of women in the treatment arm discontinued therapy because of adverse events, compared with 2 percent in the placebo arm; increased incidence of weight gain, nervousness, and vaginitis over eight weeks of treatment	Small (n = 102), double-blind RCT[A8]
Sildenafil (Viagra), 25 or 50 mg, taken one hour before intercourse (not FDA approved for use in women)	Premenopausal women with female sexual arousal disorder	Increased arousal, enjoyment, satisfaction, frequency of intercourse, and sexual fantasies compared with placebo (no difference between 25- and 50-mg doses); with both doses, frequency of orgasm was statistically more than baseline and placebo, but placebo also demonstrated a statistically significant increase from baseline	Vision problems (two patients receiving sildenafil, one receiving placebo) and headache (no difference between groups); two patients receiving sildenafil withdrew from the trial for fear of adverse events	Blinded, prospective, crossover study[A9]
Sildenafil, 50 mg, taken one hour before sexual activity	Postmenopausal women self-referred for sexual dysfunction	No significant improvement in sexual function	Clitoral discomfort or hypersensitivity, dizziness, headache, dyspepsia	Open-label study of 33 women; not placebo controlled[A10]
Sildenafil, 50 mg, taken one hour before sexual stimulation	Naturally postmeno-pausal women receiving estrogen therapy who have female sexual arousal disorder and difficulty with orgasm	No improvement in arousal or orgasm	Hot flashes, headache, and dizziness with sildenafil	Double-blind, placebo-controlled, crossover study[A11]

Table continues

Online Table A. *(continued)*

Therapy/dosage	*Population*	*Effects*	*Adverse effects*	*Evidence*
Sildenafil, 50 mg, taken one hour before sexual activity	Postmenopausal women receiving hormone therapy (if naturally menopausal) who have female sexual arousal disorder or other sexual dysfunction	No effect in women with female sexual arousal disorder plus diminished sexual interest or desire; increase in sexual arousal, satisfaction with sexual activity, and ability to achieve orgasm in women with female sexual arousal disorder alone; strong placebo response	Headache, hot flashes, rhinitis, nausea, vision problems	Double-blind RCT[A12]
Sildenafil, 10 to 100 mg, taken one hour before sexual activity	Pre- and postmenopausal women (some receiving hormone therapy) who have female sexual arousal disorder	No difference in effectiveness between sildenafil and placebo	Headache, hot flashes, rhinitis, nausea, vision problems, dyspepsia	Double-blind RCT[A13]
Sildenafil, 100 mg, taken one hour before sexual intercourse	Premenopausal women with type 1 diabetes and female sexual arousal disorder	Increased sexual desire, frequency of orgasm, enjoyment, satisfaction, and frequency of sexual fantasies with sildenafil compared with placebo; statistically significant increase in frequency of intercourse from baseline (no difference between groups)	Headache, nausea, vision problems	Double-blind, placebo-controlled, crossover study[A14]
Sildenafil, 50 mg, taken one hour before sexual stimulation	Premenopausal women with spinal cord injury (neurogenic sexual dysfunction)	Small but statistically significant increase in subjective arousal with sildenafil compared with placebo	Hot flashes, headache, vision problems, fatigue	Double-blind, placebo-controlled, crossover study[A15]
Sildenafil, 50 mg, taken one hour before sexual activity, with option to adjust dose to 25 or 100 mg	Premenopausal women with multiple sclerosis and symptoms of sexual dysfunction	Self-reported improvement in lubrication and sensation; no improvement in orgasmic capacity or desire	Not reported	Double-blind, placebo-controlled, crossover study with optional open-label extension phase[A16]
Tadalafil (Cialis), 20 mg, or vardenafil (Levitra), 10 mg, taken before sexual activity (not FDA approved for use in women)	Women receiving serotonin-enhancing medications (SSRIs, benzodiazepines) that are causing decreased sexual interest or desire or anorgasmy	Reversal of sexual adverse effects from serotonin-enhancing medications	No adverse effects over five to 11 months of treatment	Case series[A17]; case report[A18]
Bupropion (Wellbutrin), 300 mg daily, with option to adjust dosage to 450 mg	Premenopausal women with diminished sexual interest or desire	Increased arousal, orgasm completion, satisfaction with bupropion (on one of two measures); no statistically significant increase in desire; improvements were not consistent across both measurements used, and response peaked at day 84 (of 112)	Not reported, high attrition rate	Double-blind RCT; underpowered; funded by bupropion manufacturer[A19]

Table continues

Online Table A. *(continued)*

Therapy/dosage	*Population*	*Effects*	*Adverse effects*	*Evidence*
Bupropion, 150 or 300 mg daily	Nondepressed women and men with orgasmic dysfunction	Women reported increased satisfaction and ability to reach orgasm; significant placebo response	Headache, insomnia, irritability, anxiety, bizarre dreams, nausea, vomiting, dizziness, dry mouth, edema, decreased short-term memory, decreased appetite, racing heartbeat	Single-blind, crossover study[A20]

FDA = U.S. Food and Drug Administration; RCT = randomized controlled trial; SSRI = selective serotonin reuptake inhibitor.

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