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October 11, 2006

Viagra for women

The subject of sexual desire, arousal and response in women is a complex one – much more so than the same subject in men for whom the dominating factor is testosterone (male hormone). In women, desire and arousal are only minimally related to testosterone (women typically have one tenth the testosterone levels of men) and have much more to do with a sense of intimacy, fulfillment, validation and other intangible or unquantifiable factors.

In men because erections are simultaneous with arousal they are often regarded, incorrectly, as being synonymous with arousal. Normal male erectile function requires good blood flow to the penis. Such blood flow is often impaired in the presence of diabetes, vascular disease or neurological conditions and by certain medications, particularly blood-pressure lowering agents. Because impaired penile blood flow is reliably enhanced by Viagra and newer related agents, Levitra and Cialis, much attention has been directed at the potential for such agents to augment desire in women.

In healthy women sexual arousal is usually accompanied by increased blood flow to the genitals – this produces engorgement (analogous to the erections that men experience) and lubrication. Unlike men who require erectile function for penis-vagina intercourse, such engorgement is not necessary for women. Not only is it not necessary for intercourse, such engorgement is not required for normal orgasmic function either. Indeed many women with the same conditions that cause erectile dysfunction in men have completely normal orgasmic function.

For these reasons drugs such as Viagra, Levitra, or Cialis, although they have the potential to increase blood flow to the genitals, generally have little or no effect on female desire, or for that matter on orgasmic function or sexual fulfillment in general.

Rather, factors which are known to promote increased intimacy, fulfillment, validation and other intangibles alluded to above, best defined as “TLC”, often lead quite predictably to increased desire, arousal and sexual fulfillment. Time honored examples such as candle-lit dinners, long walks, spa treatments, massages or having the man do household chores or make dinner are often neglected in this age of medical sophistication and the quick fix in favor of designer drugs, which in the case of currently available male-focused products, are bound to disappoint.

Men are generally aware of the desirability of such TLC but need to be taught when & how to best deliver it. Much imagination is required as is a good deal of discretion. I have been known to give a prescription to my female patient on which is written her favorite form of TLC and to ask my patient to present it to her man to be filled. Such is the face of modern therapeutics.