

Focus on Women's Mental Health

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This special section provides updates on several clinical topics in women's mental health. The three articles cover a range of women's health issues—from psychiatric comorbidity in women with chronic pelvic pain (CPP), to health considerations and recommendations for women with substance abuse, to the assessment, diagnosis, and treatment of hypoactive sexual desire disorder (HSDD), the most common sexual disorder in women.

Approximately 15% of reproductive age women experience CPP, which is reviewed by Samantha Melzer-Brody, MD, MPH, and Jane Leserman, PhD. They note that a history of prior abuse or trauma is often found in women with CPP, particularly in cases that are treatment-refractory. They emphasize the importance of conducting a full mental health assessment in patients presenting with CPP to identify comorbid psychiatric disorders, such as posttraumatic stress disorder and major depressive disorder. Treatment planning should employ a multidisciplinary approach that integrates psychiatric treatment with medical and surgical management.

While alcohol and drug abuse is more prevalent in men, important gender differences have been noted in the initiation and progression of the disease, the physical and mental health consequences, and response to various treatment modalities. For example, women's drug abuse tends to lead more rapidly to addiction and women have greater rates of relapse than men. Treatment programs have been developed predominantly for men and often do not address

important issues for women, such as a history of abuse or trauma. Nassima Ait-Daoud, MD, and Mudhasir Bashir, MD, provide an overview of substance abuse in women, including negative health consequences, barriers that prevent women from seeking help, screening tools for primary care settings, psychiatric comorbidity, and treatment options using medications and psychological interventions.

Sheryl Kingsberg, PhD, and Gail Knudson, MD, MPE, FRCPC, examine female sexual dysfunction, with a focus on HSDD. They discuss barriers to addressing sexual dysfunction in women, including insufficient medical education and discomfort on the part of both patients and physicians to discuss sexual problems. Normal female sexual function is reviewed, as well as the various types of female sexual disorders, including HSDD, sexual aversion disorder, female sexual arousal disorder, female orgasmic disorder, dyspareunia, and vaginismus. Sexual interviewing and assessment techniques and tools are provided to assist in diagnosis, and treatment options for each disorder are summarized. The authors note that primary care providers have the best opportunity to assess and treat women with sexual problems, and doing so will improve women's health and quality of life.

We want to thank the authors for their contributions and we hope that the readers will find these articles valuable in their evaluation and treatment of women patients. **CNS**

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