

➤ Asking a single question—“How long have you been an alcoholic?”—establishes that we’re both aware of the patient’s alcoholism.

### Alcoholism? Ask this

I read with interest Dr. Vinson’s approach to alcohol abuse (Patient abusing alcohol or drugs? Help starts with a single question. *J Fam Pract.* 2012;62:63-69).

For the past 3 years I have often used my residency director’s approach to patients with substance abuse issues. It, too, involves a single question.

Once I’ve established a rapport with a patient who I suspect has a chronic alcohol problem, I simply ask: “How long have you been an alcoholic?” This establishes that we’re both aware of the patient’s alcoholism and that I now want to establish the duration of the abuse.

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### Treatment benefits for women with low libido are overstated

I was glad to see reduced libido in women addressed in Clinical Inquiries (Which treatments help women with reduced libido? *J Fam Pract.* 2013;62:102, 112), but after reading it, I was disappointed. The main recommendation was for the use of a transdermal testosterone patch. The authors correctly note that the FDA doesn’t recommend androgens for female sexual dysfunction, but fail to clarify that no androgen has been approved, let alone recommended, for this purpose.

The article concludes by stating that “The North American Menopause Society recommends testosterone therapy for postmenopausal women with HSDD” [hypoactive sexual desire disorder]—a statement supported by a reference to a 2007 commentary on the topic. Looking at the original source reveals that this recommendation is from 2005 and has been officially “retired” by NAMS.<sup>1</sup>

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1. The North American Menopause Society. Position statements. Available at: <http://staging.menopause.org/aboutmeno/consensus.aspx>. Accessed April 16, 2013.

As a physician with both academic and professional interest in reduced libido in women, I found 2 statements in the Clinical Inquiry that I



want to bring to your attention.

1. The authors state “Sildenafil improves HSDD associated with selective serotonin reuptake inhibitors,” based on a 2008 *JAMA* article by Nurnberg et al.<sup>1</sup> Careful examination of Nurnberg’s results reveals that desire measurements were *not* improved with sildenafil but that some improvement in global function, orgasm, and satisfaction was statisti-

cally significant. Nurnberg et al state, “Lack of a significant sildenafil treatment effect for sexual desire is consistent with reports that selective phosphodiesterase type 5 inhibitors do not directly enhance libido. ...”

2. It is inaccurate to state that “The North American Menopause Society recommends testosterone therapy for postmenopausal women with HSDD.” Even when this now-retired position statement was active, it was not that strongly worded.

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1. Nurnberg HG, et al. Sildenafil treatment of women with antidepressant-associated sexual dysfunction. *JAMA.* 2008;300:395-404.

### Drs. Hobbs and Mounsey respond

We thank Drs. Glaser and Frank for their comments and for pointing out that NAMS has retired its position on the use of testosterone for postmenopausal women with HSDD.

The testosterone patch has been shown to increase libido in women, but there are concerns about its long-term safety. As stated in the Clinical Inquiry, the FDA and The Endocrine Society do not recommend its use.

Sildenafil may improve sexual functioning in patients with antidepressant-associated sexual dysfunction, although not specifically desire. The subhead for the section on sildenafil should have read, “Sildenafil increases low sexual functioning ...” and not “low sexual desire.”

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The authors are members of the Family Physicians Inquiries Network, which produces Clinical Inquiries.