

Gender specific aspects of antihypertensive therapy on sexual function in women

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Sexual dysfunction (SD) associated with antihypertensive treatment is widely known in men. However, the effect of cardiovascular medication, especially of antihypertensive treatment, on female sexual function remains unclear. Female sexual dysfunction is a multidisciplinary and multicausal symptom complex, leading to a diminished self-confidence, changes in quality of life and severe problems in the relationship to the partner. SD can occur in cardiovascular diseases caused by endothelial dysfunction and overproduction of vasoconstrictive substances in women and in men. However, due to the enhanced symptom complex, the perception of female sexual dysfunction is diminished by the treating physicians as well as by the women themselves. In the present talk a recent study will be presented, evaluating the effect of Valsartan, an angiotensin-II-receptor-blocker versus atenolol, a beta-blocker, on female sexual function in hypertensive postmenopausal women.