



Effective Health Care

Persistent Genital Arousal Disorder (PGAD)

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- *Persistent Genital Arousal Disorder (PGAD)* is not feasible for a full systematic review due to the limited data available for a review at this time. This topic could potentially be considered for new research in comparative effectiveness.

Topic Description

Nominator(s): Three different individuals

Nomination Summary: According to the nominators, an evidence-based review of the efficacy and comparative effectiveness of treatments for PGAD would optimize clinical interventions and patient outcomes for individuals with this disorder. The nominators highlighted the lack of awareness, especially among physicians, regarding PGAD, and emphasized that more research is necessary about the diagnosis and to identify and develop appropriate treatments.

Staff-Generated PICO

Population(s): Adults with PGAD

Intervention(s): Electroconvulsive therapy (ECT); botulinum toxin; anti-epileptic agents (e.g., topiramate); serotonin and norepinephrine reuptake inhibitors (SNRIs); anticonvulsant agents (e.g., pregabalin); benzodiazepines; anesthesia, compounding cream or other cream; cognitive behavioral therapy; physical therapy

Comparator(s): Any of the above interventions; no treatment

Outcome(s): Reduction of symptoms, depression and suicidal thoughts; remission; improvements in quality of life (QoL); the ability to sustain relationships; improved functional status

Key Questions from Nominator: What is the comparative effectiveness of treatments to reduce symptoms or induce remission of PGAD?

Considerations

- Persistent genital arousal disorder (PGAD), also known as restless genital syndrome (ReGS) or persistent genital arousal syndrome (PGAS), has only recently been classified in the medical literature as a distinct syndrome. It is not a diagnosable medical condition recognized in the Diagnostic and Statistical Manual of Mental Disorders IV, and there is a lack of consensus regarding diagnostic criteria.
- Individuals who have reported symptoms associated with PGAD or who have been diagnosed with the disorder often report a high level of distress associated with the condition. Current practice is not

standardized. Treatments may include electroconvulsive therapy, pharmacotherapy (including anti-epileptic agents, serotonin–norepinephrine reuptake inhibitors), anticonvulsant agents, benzodiazepines, anesthetic cream, botulinum toxin or compounding cream, physical therapy, or cognitive behavioral therapy.

- The current body of evidence is comprised of case studies and non-comparative studies. Based on a search of published and ongoing trials it does not appear that a systematic review is feasible at this time.
- Additional research is necessary to standardize diagnostic criteria for PGAD and to develop appropriate treatments. When a consensus definition for PGAD is reached, and research emerges about effective treatments, a systematic review may be feasible and could potentially inform best practices for treatment.