

THE NATIONAL WOMEN'S HEALTH NETWORK

Menopause & Sexuality

FACT SHEET



BACKGROUND

For most people at least some aspects of sexuality, such as desire or frequency decline with age. There are numerous biologic and non-biologic factors that contribute to this, with menopause being just one of them. General wellbeing and health, lifestyle, interpersonal and psychosocial factors all contribute to sexual functioning. Popular culture tells us that many women lose interest in sex during or after menopause, but those ageist and sexist messages aren't supported by good research. It is true though that, that some women experience changes in their sexual functioning during menopause, and we believe it is important to address those changes with information and helpful remedies. This fact sheet discusses the issues women have asked us about: lack of desire and vaginal dryness, which sometimes cause painful intercourse.

IS DIMINISHED SEXUALITY INEVITABLE DURING MENOPAUSE?

Contrary to popular misconception, menopause does not doom one to a 'sexual desert'. While women may feel varying degrees of change in sexual function during menopause, this is not absolute, constant or irreversible. While sexual desire and frequency generally declines with age in both men and women,¹ studies show that relationship

and partner factors play an important role in the frequency of sexual activity and desire.² Every woman, menopausal or not, has her unique approach to and expectations of her sexuality. Desire and dysfunction vary from women to women. Some menopausal women may not engage in sexual activity due to a lack of desire, and in the absence of partner or self-expectation, may pass through menopause without any perceived complaints about sexuality. Some women may feel desire but face difficulty in sexual arousal due to pain or vaginal dryness. Regardless of whether a woman faces diminished sexual desire and arousal or sexual dysfunction during menopause, she may be able to address some of the contributing factors and continue to have satisfactory sex.

In order to determine factors responsible for changes in sexual functioning, the Study of Women's Health Across the Nation (SWAN) examined the relative contribution of menopause and other factors to changes in sexuality.³ The 6 year follow-up of women between the ages 42 and 52 years, revealed that:

- While menopausal transition may contribute, it is not independently a cause of diminished sexual arousal, frequency of sexual activity and physical pleasure, which means that even in menopause women can and do enjoy sexual activity

and fulfillment.

- Vasomotor menopausal symptoms of hot flashes and night sweats are also not directly related to sexual functioning. If these symptoms cause distress and interfere with sleep, they may indirectly contribute to the psychological factors that affect sexual functioning.
- Vaginal dryness, one of the most common symptoms of menopause, can cause vaginal pain and reduced physical pleasure during intercourse, and this diminishes sexual desire during menopause.

FACTORS THAT MAY AFFECT SEXUALITY

INTERPERSONAL

The quality of relationship with a partner and a partner's general and sexual health may contribute to the relevance of sexual symptoms. Lack of intimacy or foreplay from a partner may affect desire and arousal. Feeling comfort and confidence with a partner while engaging in sexual activity are important determinants of a fulfilling sexual experience. Engaging in foreplay and setting the mood for sexual engagement can soothe difficulties in desire and arousal.

PSYCHOSOCIAL FACTORS

Women with depression and higher anxiety have poorer sexual functioning. The Women's Health Initiative (WHI) observational study looked at the factors that affect sexual satisfaction in postmenopausal women.⁵ Irrespective of the stage of menopause, higher levels of social support, such as having friends, lead to higher levels of sexual engagement and enjoyment. Moreover, loss of a relationship or a partner may also decrease sexual functioning and libido. The Melbourne Women's Midlife Health Project (MWMHP) found that prior sexual function and relationship factors were more important determinants of sexual responsiveness than levels of sex hormone estrogen in women.

LIFESTYLE FACTORS

Exercise and a healthy diet protect against condi-

tions such as cardiovascular disease and diabetes that accelerate cellular aging and organ dysfunction. The WHI observational study and the STRIDE study found that being physically active was associated with higher levels of sexual engagement and enjoyment. In contrast, using Menopause Hormone Therapy was not associated with more or better sex.

GENERAL HEALTH AND WELLBEING

Cardiovascular disease, obesity, joint problems and urogenital conditions such as urinary incontinence and pelvic surgery may impact sexual comfort and activity.

DEALING WITH VAGINAL DRYNESS AND PAIN

A frequent cause for sexual dysfunction is vaginal dryness and pain. Learning how to manage these symptoms may make sexual activity more comfortable. The vulva and vaginal lining are rich in estrogen receptors which produce vaginal engorgement and secretions that provide lubrication. Reduced levels of estrogen during menopause and therefore reduced natural vaginal secretions may result in tightening of the vaginal opening and/or narrowing and shortening of the vagina. These changes can cause pain and discomfort during intercourse (dyspareunia). There are several solutions to vaginal dryness and thinning.

Lubricants can make all kinds of sexual activity, including vaginal intercourse more comfortable. Some women like to use lubricants as needed, and find creative ways to make lubricant part of sex play. Other women like the convenience of using a once-a-day product, such as Replens. For many women, lube is the answer for vaginal atrophy and dryness.⁷ Moreover, regular sexual activity, either alone or with a partner can maintain vaginal lubrication and elasticity.

Some women turn to medical treatment for vaginal dryness and discomfort. Estrogen vaginal creams have been approved for this purpose for several decades and are effective for most women. Some women find creams messy and prefer newer products such as vaginal rings containing estradiol. Creams have the advantage of putting control

over the dose in the hands of the user. Compared to estrogen therapy such as pills or patches, which have powerful effects throughout the body, vaginal products have very little effect on other parts of the body. The effect of vaginal estrogen on the rest of the body is not zero, though, so women who have had hormone-sensitive cancers should use these products with caution.⁸ All women should watch out for symptoms of systemic effects, such as breast tenderness or uterine bleeding and see a clinician right away if these symptoms appear.

NWHN is often asked if it opposes the use of vaginal hormone therapy, possibly because we are so well known for being critical of the promotion of menopause HT to healthy women. NWHN does not oppose vaginal estrogen therapy, as long as women are informed about alternatives, and how to monitor themselves for signs of problems.

IS THERE A PILL FOR DESIRE?

When sildenafil (Viagra) was approved to treat erectile dysfunction in men, many women argued, only half-jokingly, that gender equity demanded a similar pill for women. Drug companies agreed whole heartedly and have poured millions of dollars into this field of research. So far, no new products have passed the test as effective and reasonably safe. Viagra itself doesn't work in women.^{9,10,11} Testosterone patches were slightly helpful in women who complained of lack of desire after having their ovaries removed, but the manufacturer withdrew its request for approval after the FDA asked for long-term studies of possible increased risk of blood clots and stroke. Many other products are being researched. NWHN monitors the development and approval of new medicines for women and will issue periodic updates as new products are considered by the FDA.

CONCLUSION

There can be numerous factors responsible for changes in sexuality during menopause. We advise women not to approach menopause with preconceived fears of losing one's sexuality, but instead to be aware of the different means of coping with these changes during menopause.

RESOURCES

The Women's Activist April 2009: Strategies for Staying Sexual After Menopause by Rebecca Chalker

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