

What You Should Know About Menopause and Sexual Desire

As more baby boomers reach midlife, the number of menopausal women in the United States is increasing dramatically. And because a woman's life expectancy has risen into the late 70s while the average age for menopause remains around age 51 years, you can look forward to enjoying one-third of your lifetime after menopause.

Also, as 300,000 US women undergo hysterectomy with removal of the ovaries every year, many younger women are experiencing early menopause as well. Today, however, women are approaching menopause with an increased awareness of their health, self-image, and sexuality. The negative perceptions of aging that their grandmothers knew are gone, giving way to a much more positive outlook. This applies to emotional and physical health—and to sexual health as well.

Female Sexual Desire

A woman's sexual function is a major part of her well-being and quality of life. Healthy sexual functioning can improve your self-esteem, nurture your relationships, and motivate you to adopt a healthy lifestyle. And this remains true throughout life: in fact, one survey has found that half of women in their 60s and one-third of women in their 70s remain sexually active. So clearly, losing interest in sex is not a "normal" part of menopause; it's an important health issue, just like watching your blood pressure and cholesterol levels.

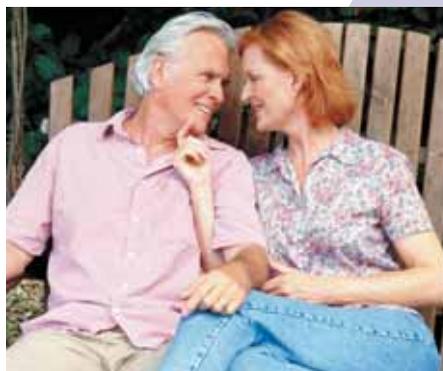
We all know that hormones play a major role in sexual function, and that at menopause, there's a sharp decline in a woman's production of the female sex hormones estrogen and progesterone. This leads to vaginal dryness, reduced

blood flow to the clitoris, and decreased sensation in the genitals. However, many women aren't aware that their bodies also produce small amounts of the male sex hormone testosterone, and this declines at menopause, too. This drop can be especially troublesome in women who undergo surgical removal of their ovaries. But whether it occurs naturally or through surgery, a lack of testosterone may translate into a lack of sexual desire, or libido.

It's not entirely a matter of hormones, though. Contrary to what many people believe, sexual desire in women doesn't usually begin with desire for sex; it begins with a desire for intimacy and closeness. Then, while enjoying this closeness, a woman may become aroused by her partner's sexual advances. Therefore, lots of things can have an impact on intimacy and sexual desire—including physical and emotional health, motivation, relationship issues, cultural and religious beliefs, and even potential distractions.

Female Sexual Dysfunction

Sexual problems are very common, affecting up to 43% of American women, and sexual dysfunction is also more likely to occur in women than in men. Not surprisingly, women who are under stress from emotional and marital problems, physical abuse, illness, and low income are more apt to experience sexual disorders. Thus, many life issues



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that appear to have nothing to do with sex can have an impact on sexual health. Sexual dysfunction can cause stress, too, leading to anxiety and depression, marital problems, physical and emotional dissatisfaction, and a poor quality of life.

A loss of interest in sex is the most prevalent sexual problem in women, occurring in about one-third at some point in their lifetime. In addition, about 40% of women report a drop in desire during menopause. This disorder involves a persistent reduction in sexual fantasies, thoughts, and desires, plus a decline in receptiveness to sexual activity. It can be caused by illness, depression, stress, medications, low levels of testosterone, relationship problems, and/or cultural and religious beliefs. Thus, the drop in hormone production in menopause sometimes triggers a drop in sexual desire. Menopausal symptoms at times can contribute to decline if they cause fatigue from insomnia or embarrassment, or if irritability interferes with the quality of one's relationship.

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Treatment

Because so many areas of your life can have an impact on sexuality, successful treatment of low sexual desire often involves addressing physical, emotional, and relationship factors. The first step is to get reliable information on female sexuality, aging, and menopause from your physician and

other good resources (see Resources box). Next, you can discuss with your physician which components of desire seem to be problematic: drive (the biologic/hormonal component) or psychological/relationship difficulties, or both. If desire is decreased due to menopausal symptoms of hot flashes or vaginal dryness, estrogen can be given in the form of pills, patches, creams, vaginal ring, or suppositories. However, estrogen has little effect on decreased desire. Rather, studies have shown that testosterone therapy may improve the biologic component of sexual desire. While no testosterone drugs have been approved yet by the US Food and Drug Administration to treat low sexual desire in women, several testosterone therapies are under development—including skin patches, gels, and lotions.

Counseling can help you to put the problem into perspective, and can suggest solutions that may not have occurred to you. You can attend sessions individually, as a couple, or both. As you and your partner age, it is often important to establish a new basis for your sexual relationship, and perhaps to develop different sexual techniques and habits. A therapist can help you with this, and your physician should be able to refer you to a good specialist. Ultimately, the best treatment for sexual dysfunction is a balance between managing physical factors and psychological issues. If you're willing to work with your partner and your physician as a team, you can make sex a source of joy and satisfaction again as you embark on this new phase of your life.

Today, more women than ever are living a major portion of their lives after menopause, and they're not willing to compromise on their quality of life as they age—and this includes sexuality. Low sexual desire, the most prevalent sexual complaint among women and the one most commonly associated with menopause, should no longer be met with silent acceptance. Both the menopause-related hormonal changes and the psychological factors that contribute to reduced sexual desire can be treated, with research promising that more help is close at hand.

Resources

- Jeanie Lerche Davis. "Low Sexual Desire Common in Women." WebMD Health Web site. Available at: http://my.webmd.com/content/article/95/103451?src=rs_s_cbsnews.
- Donnica Moore, MD. "Menopause and Sex." DrDonnica.com Web site. Available at: <http://www.drdonnica.com/display.asp?article=134>.
- Debra Gordon. "Midlife Sexuality: Where Did Desire Go?" Women's Health section, Aetna/InteliHealth Web site. Available at: <http://www.intelihealth.com/IH/ihtIH/WSIHW000/9103/26022.html>.

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