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## Menopause and sexual issues

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### Summary

- Factors that influence a woman's sexual desire around the menopause include physical changes, hormone changes, body image and relationships.
  - Hormone replacement therapy (HRT) is not a form of contraception. Perimenopausal women should use contraception until at least one year after their natural periods have ceased if they are over the age of 50.
  - If a woman is under 50 at the time of her final period, it is recommended that she use contraception for two more years.
  - Talk openly with your partner about sex and the effects – both positive and negative – of menopause.
  - Seek advice from a professional if you need help with any sexual problem.
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Menopause, the final menstrual period, occurs when a woman's ovaries stop releasing eggs and her monthly period (menstruation) ceases, marking the end of her reproductive years.

Menopause can affect a woman's sex drive or libido.

A woman's production of sex hormones, in particular oestrogen, falls significantly around the menopause. Her testosterone levels will have declined slowly since she was about 20 years of age. A woman in her forties has, on average, half the testosterone circulating in her bloodstream that a woman in her twenties has.

In some women, the reduction of these hormones, individually or together, may affect libido or sex drive and sexual function. Menopause may also cause physical changes that will affect both sex drive and function, such as a dry vagina, hot flushes, night sweats, touch sensitivity and slowed sexual response.

Other factors that may influence a menopausal woman's sexual desire and activity include contraception, body image, medications, illness, relationship issues, social issues, and other life stresses.

### Contraception and menopause

Pregnancy is possible, though rare, before your last period in your late forties or early fifties.

It is generally advised that perimenopausal women should use contraception until at least one year after their natural periods have ceased if they are over the age of 50. This is because a pregnancy late in a woman's reproductive life increases the risk of birth defects for the child and health problems for the mother.

If a woman is under 50 at the time of her final period, it is recommended that she use contraception for two more years. There are many different options for contraception, which may be discussed with your doctor.

**Hormone replacement therapy** (HRT) is not a form of contraception. HRT is prescribed by a doctor to help manage symptoms of the menopause. It does not contain sufficient hormones to suppress ovulation, so pregnancy can still occur.

Women who are sexually active, particularly if they are starting a new relationship, should also continue to use condoms to protect against sexually transmissible infections (STIs). When using a condom, if a lubricant is necessary it should be water-based to avoid condom breakage.

### Physical changes with menopause

Both during the perimenopause (the time from the beginning of irregular periods to the last menstrual period) and after the menopause, a woman may notice certain physical changes that affect her sexuality in positive and negative ways. These may include:

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- vaginal changes – as oestrogen levels fall, the walls of the vagina become thinner and drier, and loss of lubrication can make having sex uncomfortable
- slowed sexual response – getting aroused and reaching orgasm may take longer and be less intense
- infections – a woman's vagina and bladder become more susceptible to bacterial infections
- menopause symptoms – can include hot flushes, night sweats, insomnia and unusual skin sensations like prickling, itching or 'ants under the skin'
- touch avoidance – some women can't bear to be touched. Their skin feels more sensitive and they may recoil from closeness, particularly sexual intimacy. The physical discomfort of menopause symptoms may reduce a woman's interest in sex or make her tired. Even being close to her partner may be distressing because of the combined body heat
- absent periods – a woman who was troubled by heavy or painful periods may feel relieved and positive about her change of life. This can lead to a renewed interest in sex
- no fear of pregnancy – many women who were trying to avoid pregnancy during their reproductive years may find menopause a time of renewed sexual interest. Without fear of possible pregnancy, sex becomes relaxed, fun and more frequent.

### **Body image and menopause**

Some of the things that may contribute to a menopausal woman's body image include:

- social attitudes – Western culture tends to value youth and thinness as beauty, while older women are rarely portrayed as sexual or desirable. These ingrained social attitudes may make some women who are approaching menopause feel less attractive. Other women may wrongly believe that sex is only for young people, and this attitude can cause their sexual interest and activity to wane
- weight gain – an increase in body fat, especially around the abdomen, can occur during menopause because of hormonal changes. The age-related decrease in muscle tissue and the associated slowing of the metabolism can also contribute
- changes to body hair – some women experience abnormal hair growth after menopause, particularly on their face. Others may experience thinning of their scalp and pubic hair.

### **Other changes and menopause**

Other factors that may affect a woman's sexuality during and after menopause include:

- ill-health – disorders such as cardiovascular disease (affecting the heart and blood vessels), osteoarthritis and osteoporosis (brittle bones) are more common in older women
- medications – for example, some antidepressants or antihypertensives (for high blood pressure) may affect sexual function and libido
- ill-health or sexual difficulties of a partner – such as erectile problems
- loss of a partner – through death, divorce or separation
- depression
- children leaving or staying at home – children leaving home allows more sexual freedom for an older couple, while children staying at home may restrict independence. The 'revolving door' – children coming and going – can also have an effect.

### **Sex life and menopause**

Suggestions to maintain or improve your sex life after menopause include:

- Talk openly with your partner about sex and the effects – both positive and negative – of the menopause.
- Physical changes may slow your reaction times. Plan for slow, lingering sessions of lovemaking.
- Try widening your sexual horizons and include sexual activities that don't involve vaginal penetration, such as oral sex, sexual aids and mutual masturbation.
- Regular masturbation helps to improve blood flow and muscle tone.
- Wash your vulva with warm water rather than soap, which can further dry and irritate the tissues. Sorbolene or Vaseline may provide some moisture if your vulva is dry.

- If vaginal dryness persists, try sweet almond oil, olive oil or water-based vaginal lubricants, which are available from pharmacists and supermarkets.
- Vaginal preparations of oestrogen creams, tablets and pessaries (inserted into the vagina) or hormone replacement therapy can help manage vaginal dryness. Talk with your doctor.
- Exercise regularly and eat a healthy diet to maintain an appropriate weight for your height.
- Oestrogen therapy (with or without testosterone) may affect sexuality positively.
- Relationship or sexual counselling may help resolve problems with partners.
- Seek advice from a professional if you need help with any sexual problems.

### **Where to get help**

- Your doctor
- **Jean Hailes for Women's Health** Tel. 1800 JEAN HAILES (532 642)

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