Menopause and sexual issues

**Summary**

- Menopause may affect your sexual desire.
- Menopausal hormone therapy (MHT) is not a form of contraception.
- Use contraception until at least one year after your natural periods stop.
- If you are under 50 at the time of your last period, use contraception for another two years.
- Condoms provide the best protection from sexually transmissible infections (STIs).
- Talk with your partner about sex and the effects of menopause.
- Seek advice from a professional if you need help with any sexual problem.

**Menopause** occurs when your ovaries stop releasing eggs and your monthly period stops. Perimenopause is the time leading up to menopause, when your ovaries are running out of eggs.

At menopause, your sex drive and sexual function may be affected by:

- the reduction in your production of sex hormones (oestrogen and testosterone)
- physical changes associated with menopause
- social and medical factors.

**Contraception and menopause**

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

It is generally advised you use contraception until at least one year after your periods have ceased, if you are over the age of 50. This is because a pregnancy late in your reproductive life increases your risk of health problems, and the risk of birth defects for your child.

If you are under 50 at the time of your last period, it is recommended that you use contraception for two more years. There are many different options for contraception, which you can discuss with your doctor.

**Menopausal hormone therapy (MHT)** is not a form of contraception. It is prescribed by a doctor to help manage symptoms of perimenopause and menopause. It does not contain enough hormones to stop ovulation (egg production), so you can still get pregnant when using MHT in perimenopause.

If you are sexually active, particularly if you are starting a new relationship, keep using protection (such as condoms or dams) against sexually transmissible infections (STIs). If using condoms with lubricant, use a water-based lubricant to avoid condom breakage.

**Physical changes with menopause**

Around menopause, you may notice physical changes that affect your sexuality in positive and negative ways. These may include:

- vaginal changes – as oestrogen levels fall, the walls of the vagina become thinner and drier. Loss of lubrication can make having sex uncomfortable
- slowed sexual response – it may take longer for you to get aroused and reach orgasm, and orgasm may be less intense
- infections – your vagina and bladder may 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 – you may find you don’t want to be touched. You may not feel like getting close and intimate because your skin feels more sensitive and you don’t like the feeling of your combined body heat
• physical discomfort of menopause symptoms may reduce your interest in sex or make you tired
• absent periods – if you experienced heavy or painful periods you may feel relieved and positive about no longer having periods. This can lead to a renewed interest in sex
• no fear of pregnancy – if you were trying to avoid pregnancy during your reproductive years, you may find menopause a time of renewed sexual interest. Without the risk of pregnancy, sex may become more relaxed and fun and you may feel like it more often.

Body image and menopause
Some of the things that may contribute to your body image around menopause include:
• social attitudes – Western culture rarely portrays older women as sexual or desirable. These ingrained social attitudes may make you feel less attractive. Some women wrongly believe that sex is only for young people. If you feel this way, it may cause your sexual interest and activity to wane
• possible weight gain – you may find your body fat increases at this time, especially around your abdomen. This is due to hormonal changes and other age-related factors
• changes to body hair growth.

Sex and menopause
Suggestions to maintain or improve your sex life after menopause include:
• Talk with your partner about sex and the positive and negative effects of menopause.
• Physical changes may slow your reaction times. Plan for slow, lingering sessions of lovemaking.
• Try 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. These are available from pharmacists and supermarkets.
• Vaginal preparations of oestrogen creams, tablets and pessaries (inserted into the vagina) or MHT can help manage vaginal dryness. Talk with your doctor.
• Exercise regularly and eat a healthy diet.
• Oestrogen therapy (with or without testosterone) may affect your sexuality positively. Talk with your doctor.
• Relationship or sexual counselling may help resolve problems between partners.
• Seek advice from a professional if you need help with any sexual problems.

Other changes and menopause
Other factors that may affect your sexuality during and after menopause include:
• ill-health
• some medications
• ill-health or sexual difficulties of a male partner – such as erectile problems
• loss of a partner – through death, divorce or separation
• depression
• children leaving or staying at home – can affect your sexual freedom.

Where to get help
• Your GP (doctor)
• Jean Hailes for Women’s Health Tel. 1800 JEAN HAILES (532 642)