

MENOPAUSE AND SEX

Understanding the changes

Menopause marks a significant transition in a woman's life, bringing with it a range of physical and emotional changes that can impact sexual health and intimacy. Sexual function is complex. It includes factors such as desire/libido, arousal and orgasm, as well as the impact of pain or discomfort on sexual function. Sexual dysfunction usually has various causes, including medical, psychological and relationship factors. However, the reduction in ovarian hormone production that occurs with menopause can contribute to changes in sexual desire and function.

Importantly, hormonal changes alone do not usually account entirely for sexual dysfunction, and it is vital to consider potential contributing factors holistically. This includes psychological factors, medical conditions, medications and their side-effects, and life circumstances, all of which can affect both men and women and both individuals and couples. It is also important to consider relationship factors, which play a role in sexual desire and satisfaction.

It is also important to remember that changes in sexual function are not seen as a problem by all women, and these changes only require attention if they are causing concerns or distress for the individual.

HOW MENOPAUSE AFFECTS SEXUAL FUNCTION

With the onset of menopause, oestrogen levels fall substantially, and this drop has been associated with changes in sexual response. For some, arousal may feel less intense, and the skin can become less sensitive to touch, whilst for others, achieving sexual arousal or orgasm might take longer or become more difficult. There is also a known relationship between age and sexual dysfunction, with 44.6% of women aged 45-64 reporting sexual problems compared with 80.1% of women aged over 64. However, the related distress associated with reduced sexual function appears to decrease with age.

PHYSICAL CHANGES AND THEIR IMPACT

One common issue is vaginal dryness, which can make intercourse painful and reduce sensitivity. This is a natural result of lower oestrogen levels, but topical oestrogen treatments such as creams or pessaries can help reduce dryness and discomfort, which can help sex be more comfortable.

It is also important to be mindful when selecting lubricants, as some contain preservatives or additives that can cause irritation. There are lubricants available that match the natural pH of the vagina, which may be preferable, whilst silicone lubricants may be more effective than water-based options.

It is also important to recognise that male partners often experience sexual difficulties at around the same age, including reduced libido and erectile dysfunction, which can compound any effects of menopause.

Sleep disturbances, often caused by vasomotor symptoms such as hot flushes and night sweats, can lead to fatigue, which can also affect libido. Therefore, taking steps to manage any troubling symptoms of menopause can also help to address problems with sexual function.

THE ROLE OF PSYCHOLOGICAL AND EMOTIONAL FACTORS

Menopause often occurs at a time in life when there are other stressors. These can include changes in our professional, personal and family lives and can lead to stress, or in some cases anxiety and depression. These psychological factors can significantly impact sexual function and relationships, and it is important that they are managed along with any physical symptoms. Depending on the degree of psychological distress and any contributing factors, this can include mindfulness and meditation, psychological therapies, or medications.

THE IMPORTANCE OF COMMUNICATION WITH PARTNERS

Open communication with partners about any change in sexual health is crucial during menopause. Discussing concerns, fears, or discomforts can help partners better understand each other's needs and maintain a strong connection. This communication can also lead to exploring new ways to be intimate, fostering both emotional and physical closeness.

MHT AND SEXUAL FUNCTION

MHT can address some of the factors relating to a reduction in sexual function around the time of menopause, which correlates with the reduction in oestrogen seen around the same time. Low oestrogen levels can cause vaginal dryness, however, both systemic MHT and topical oestrogens (as a cream or pessary) can be used to treat this.

There is also some evidence that MHT can help improve sexual function, increase libido and increase the frequency of sexual thoughts.

THE ROLE OF TESTOSTERONE IN SEXUAL DESIRE

While testosterone is often thought of as a male hormone, women also produce it in the ovaries and adrenal glands, with levels naturally declining with age.

The reduction in sexual function around menopause is far more commonly related to low oestrogen levels than to testosterone, and appropriate oestrogen-containing MHT should be optimised before considering any form of testosterone therapy. For women who are receiving adequate MHT and who still suffer from sexual dysfunction, treatment with testosterone gel may slightly improve sexual desire and reduce sexual distress. For those who do respond to low-dose testosterone therapy, the most common side effect is increased hair growth, particularly at the application site or in areas prone to excess hair, like the chin and upper lip.

In Australia, AndroFeme® is TGA-approved for treating postmenopausal women with hypoactive sexual desire dysfunction (HSDD).



An estimated 1 in 3 Australian women aged 40 to 64 experience HSDD. For women who respond to testosterone therapy, the benefits typically manifest as a subtle increase in sexual desire over several weeks. However, if no improvement is seen after six months, discontinuing treatment is recommended.

PHYSICAL THERAPIES AND PSYCHOLOGICAL SUPPORT

In addition to managing menopausal symptoms with medication, treatments like pelvic floor exercises, mindfulness practices, and counselling can be beneficial. These therapies can address both the physical and emotional challenges of menopause, helping women regain control over their sexual health.

If symptoms become distressing, don't hesitate to seek professional help. Specialised sexual health clinics, menopause specialists, or sex therapists can offer tailored support and treatment options.

MAINTAINING SEXUAL HEALTH THROUGH LIFESTYLE

Living a healthy lifestyle is crucial for maintaining sexual health during and after menopause. Prioritise good sleep, regular physical activity, and a balanced diet to keep energy levels high and support overall well-being. Emotional intimacy is also vital; couples can explore new ways to connect and maintain closeness, even if sexual activity decreases.

ADDRESSING MYTHS AND MISCONCEPTIONS

It's also important to address and dispel common myths about menopause and sexual health. For instance, some may believe that sexual desire inevitably ends with menopause, but many women continue to enjoy a fulfilling sex life well into their post-menopausal years. Education and open discussions can help women navigate this phase with confidence and clarity. If you're concerned about your sexual wellbeing, make an appointment with your GP or gynaecologist – they can check for any underlying health issues that might be contributing and help to formulate a management plan for you.

