

Sex & Intimacy after Menopause

Can we just say one thing? This is *not* your mother's menopause! These days, life after 50 can be not only just as fulfilling and exciting (if not more so) than the decades that came before, but you may even find that this really is the best time of your life! Can we say one more thing? Sex. That's right. Menopause does not mean the end to your sex life.

Menopause and Sexual Function

No reason to pretend. It's quite likely that the end of your periods also brought some changes to your sex life. An online survey of more than 1,000 women aged 35 and older found that nearly six out of 10 reported vaginal changes including dryness, pain, discomfort or "tightness" during sex, as they approached or passed menopause.¹

Questions to Ask Your Health Care Professional

1. I enjoy sex, but I just don't feel like having it very often. What could be going on?
2. Are physical changes in my vulva and vagina causing my sexual problem? What can I do to lessen these effects?
3. Will using a local estrogen cream, pill or ring help with my sexual problems? If so, what type do you recommend? Are there any risks? How long is it safe to use? How do these differ from lubricants?
4. Beyond using hormones products, what other options are there to increase my comfort with sex?
5. Could counseling help my sexual problem, and whom do you suggest I contact?

This is one of the main reasons that between 25 and 45 percent of post-menopausal women find sex painful, a condition called dyspareunia.²⁻⁴ While there are many causes, the most common reason in women over 50 is vulvovaginal atrophy, a medical name for a vulva and vagina that no longer enjoy the effects of estrogen, like they did prior to menopause.

Blame the sudden drop in estrogen that comes with menopause. For estrogen is to your genital area what moisturizer is to your face—critical for keeping things lubricated, flexible and healthy down there.

With less estrogen come vulvar and vaginal changes, some of them significant. The genital tissue can become dry and less acidic, increasing your risk of infection. It takes longer to get lubricated for sex, even when you're in the mood for sex.⁵ Over time, estrogen deficiency can lead to more significant changes in the entire urinary/genital area, including reduced blood flow to the vagina. This can affect the vagina's ability to secrete lubricant, to expand and contract and to grow new cells. Eventually, blood flow to the vulva and vagina diminishes, and tissue in this area can atrophy, or shrink, as cells die off and aren't replaced. The result: soreness, burning after sex, pain during intercourse, and, sometimes, post-sex bleeding.

The good news is that vulvovaginal atrophy is very treatable. One of the

best treatments doesn't even involve medicine! Turns out that the more often you have sex, the less likely you are to develop vulvovaginal atrophy or, at least, not a serious case of it. That's because sex increases blood flow to the genital tissues, keeping them healthy.

Medical Treatments for Vulvovaginal Atrophy

The primary medical treatment for vaginal atrophy is estrogen. Both systemic estrogens (oral pills and patches) and local estrogens (creams, rings and tablets applied to the vulva and/or the vagina) work. However, most major medical organizations recommend starting with the local approach first because it keeps the estrogen right where it's needed, limiting any effects on the rest of your body.

Studies on the use of local estrogen products like creams, vaginal pills and rings find extremely high rates of improvement in dyspareunia, with up to 93 percent of women reporting significant improvement and between 57 and 75 percent saying they were completely cured, depending on the approach used.⁶⁻¹⁰

Side effects vary. Most estrogen products applied locally are associated with minimal side effects. However, each woman's response can be different. When using estrogen creams, pills or rings, it is important to discuss any symptoms with your health care provider. These might include: headache, stomach upset, bloating, nausea, weight changes, change in sexual interest, breast tenderness, abdominal pain, back pain, respiratory infection, vaginal itching or vaginal yeast infections.

Non-medicated Lubricants

If you'd rather not go the estrogen route, consider using an over-the-counter product designed to increase sexual

comfort. Long-lasting vaginal moisturizers provide relief from vaginal dryness for up to four days.

Other Causes of Sexual Pain

Vulvovaginal atrophy is not the only cause of dyspareunia in postmenopausal women. For some women, other conditions may be causing pain during sex. These may include:

- **Vestibulodynia.** Vulvar vestibulodynia is the most common cause of sexual pain in women under 50 but it can also affect older women.¹¹ Women with this condition feel severe pain when any type of pressure or penetration is attempted at the entrance to the vagina (an area called the vestibule). It is treated with topical anesthetics, estrogen cream, antidepressants, anti-epileptic drugs (often used for nerve-related pain) and physical therapy.¹²
- **Vulvodynia.** This condition involves stinging, burning, irritation, rawness or pain on the vulva, the tissue that surrounds the vagina. The pain and irritation can occur even when nothing touches the area and is likely related to abnormal nerve firing. Vulvodynia is treated similarly to vestibulodynia.
- **Vaginismus or Pelvic Floor Muscle Dysfunction.** In this condition, the vaginal and perineal muscles involuntarily spasm.

Vaginismus can occur after a trauma, (such as nonconsensual sex), or it can also be related to underlying physical conditions, including musculoskeletal injuries or vestibulodynia and vulvodynia. Vaginismus is typically treated with dilator therapy (in which women are taught relaxation techniques while using increasing-sized dilators in their vagina) and physical therapy.¹²

Urinary tract conditions, such as cystitis, or fungal infections can also cause pain upon intercourse, as can endometriosis, or a uterus that has "dropped" or prolapsed.

Unfortunately, most women do not talk to their health care professionals about sexual pain or problems, and their doctors do not bring up the topic. In an international survey of 391 women by the Women's Sexual Health Foundation, fewer than 9 percent of women said their health care professionals had ever asked if they had sexual problems.¹³ Obviously, if you don't bring up the topic, it won't get addressed. So speak up!

For more information on how menopause- and midlife-related changes might affect intimacy in your life and what you can do about them, visit: www.HealthyWomen.org/sexualhealth.

Resources

American Association for Marriage and Family Therapy
703-838-9808
www.aamft.org

American Association of Sexuality Educators, Counselors and Therapists
804-752-0026
www.aasect.org

American Menopause Foundation
www.americanmenopause.org

Association of Reproductive Health Professionals
202-466-3825
www.arhp.org

National Vulvodynia Association
301-299-0775
www.nva.org

The North American Menopause Society
440-442-7550
www.menopause.org

The Vulvar Pain Foundation
336-226-0704
www.vulvarpainfoundation.org

The Women's Sexual Health Foundation
www.twshf.org

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Visit www.HealthyWomen.org/sexualhealth for more information on this topic, or call 1-877-986-9472.

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