



Sex and Menopause

The International Menopause Society is grateful for permission to adapt for global use the information sheet that was originally produced by the **Australasian Menopause Society**. The medical and scientific information provided might not be relevant to a particular woman's circumstances and should always be discussed with her own health-care provider.

www.menopause.org.au

Sex and Menopause

www.menopauseinfo.org

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Info

International **IMS**
Menopause Society
Promoting education and research on midlife women's health



Will menopause affect my sex life?

If your sexual wellbeing is good before menopause, it is likely to remain good after menopause. Although the hormonal changes of menopause can affect some women's sex lives, sexual wellbeing is often a complex issue involving matters that both you and your partner are experiencing.

Changes in your sexual wellbeing might include:

- lack of interest in sex (low libido)
- difficulty becoming aroused
- difficulty having an orgasm
- vaginal pain during intercourse because of vaginal dryness or pelvic floor muscle problems

Before you assume that changes in hormone levels are causing any issues, it is important to remember that many other factors could also be affecting your sex life.

These include:

- feeling less attractive to your partner
- feeling stressed in your personal life – juggling looking after children, parents, finances or your partner
- having little free time to spend with your partner
- having a partner experiencing their own sexual changes
- taking medications affecting sexual function – for example, antidepressants
- having medical conditions affecting sexual function – gynaecological surgery can cause vaginal pain or affect your ability to become aroused



It is important to look at all aspects of your sexual health and wellbeing if you are experiencing problems, a doctor or counsellor will be able to help you explore issues that are affecting your sex life. Your doctor can explain whether hormonal therapies can help your sex life, if you or your partner need some other help such as counselling, or referral to a pelvic health physiotherapist for pelvic floor muscle problems.

Main Points

- If your sex life is good before menopause, it is likely to remain good after menopause.
- Sexual wellbeing is complex and many other personal factors in your life could be involved.
- Vaginal dryness can be treated with creams and lubricants.
- Hormonal treatments including oestrogen or testosterone therapy are available, but only use testosterone designed for women.
- Your doctor, a pelvic health physiotherapist or a counsellor may need to work with you to look at the many factors that might be affecting your sexual wellbeing.

Vaginal dryness

Many women experience vaginal dryness because of **lower oestrogen** and this can make sexual activity uncomfortable or painful. This can be a particular problem for women with breast cancer treated with aromatase inhibitors.

Speak with your doctor, as this can be treated with:

- vaginal oestrogen therapy
- nonhormonal vaginal moisturisers
- lubricant during sex



Testosterone therapy may improve sexual function in some women

Women's bodies naturally make testosterone throughout their lives, although they have only one-tenth of the testosterone level of men. Testosterone levels gradually decrease with age, but do not change dramatically because of menopause unless you have entered menopause because of surgery or chemotherapy. In women, testosterone is converted to oestrogen and may also be important in sexual function, bone strength, muscle strength and other body functions. Some studies have suggested that testosterone treatment can improve sexual function in some women. However, the safety and effectiveness of testosterone therapy in women with breast cancer is not known

Oestrogen tablets and sexual function

Oestrogen tablets can cause testosterone in your blood to become less biologically active and so affect your sex life. If your doctor thinks this might be the case, they can try switching you to an oestrogen gel or patch. This can help testosterone in your blood to become more active and improve sexual function.

DHEA

DHEA (dehydroepiandrosterone) is a hormone that your body produces and then converts to testosterone and oestrogen. For this reason, some people think that DHEA supplements can improve sexual function or have an 'antiageing' effect. But many studies have failed to find any proof that DHEA can help with menopausal symptoms or sexual function problems, except for vaginal dryness.

Where can you find information about treatment options?

If you are worried about your sex life or your symptoms are bothering you, **your doctor can help**. Your doctor can tell you about the changes in your body and offer options for managing your health and any symptoms.

