

# Treatment helps sex stage a comeback after menopause

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A satisfying sex life is an important contributor to older adults' quality of life, but the sexual pain that can come after menopause can rob women and their partners of that satisfaction. Treatment can help restore it, shows a global survey including some 1,000 middle-aged North American men and women, published online today in *Menopause*, the journal of The North American Menopause Society (NAMS).

Sexual pain at this stage in a woman's life is usually the result of the typical drying and thinning of tissues in and around the vagina after menopause, called vulvovaginal atrophy (VVA), coupled with a decrease in sexual activity. Vaginal lubricants and moisturizers, vaginal estrogen, and ospemifene, a recently approved [oral drug](#) that is a selective [estrogen receptor](#) modulator (SERM), can all be used to treat it.

Known as Clarifying Vaginal Atrophy's Impact on Sex and Relationships (CLOSER), the survey was commissioned by [Novo Nordisk](#), the maker of a vaginal [estrogen treatment](#). It included [postmenopausal women](#) volunteers age 55 to 65 who had VVA and their [male partners](#). This part of CLOSER looked at how treatment with vaginal estrogen affected their sex lives.

Before treatment, a majority of these women (58%) said they had been avoiding intimacy because of the pain, and 68% said they had lost their desire because of it. An even higher percentage of the men (78%) thought their partner's vaginal discomfort caused them to avoid intimacy. About a third of the men and women had stopped having sex altogether.

After treatment, a majority of women and men reported sex was less painful for them and their partner, and more than 40% of the women and men said sex was more satisfying. Twenty-nine percent of the women and 34% of the men said their sex life had improved. Treatment also had a positive impact on the women's self esteem. About a third felt more optimistic about the future of their sex life, and a similar number felt more connected to their partners.

"There is no need for a woman's quality of life to decline because of VVA," said NAMS Executive Director Margery L.S. Gass, MD.

Many women get relief with vaginal lubricants and moisturizers and regular sexual activity or the use of vaginal dilators. Vaginal estrogen, in the form of creams, tablets, or rings, is a common therapy and is appealing for women who cannot or choose not to take oral hormones, since absorption into the bloodstream is minimal. Women who have had breast or uterine cancer are encouraged to discuss the pros and cons of different treatments with their oncologist. The SERM offers an alternative for women who choose not to use any oral or vaginal hormone therapy.

**More information:** The article, "Clarifying Vaginal Atrophy's Impact on Sex and Relationships (CLOSER) survey: emotional and physical impact of vaginal discomfort on North American postmenopausal women and their partners," will be published in the February 2014 print edition of *Menopause*.

Provided by The North American Menopause Society

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