

# Do estrogen therapies affect sexual function in early postmenopause?

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Transdermal estrogen therapy delivered through the skin modestly improved sexual function in early postmenopausal women, according to an article published by *JAMA Internal Medicine*.

Declining [estrogen](#) levels around the menopausal transition are commonly associated with sexual dysfunction, which can be an important determinant of [women's](#) health and quality of life.

In the new article, Hugh S. Taylor, M.D., of the Yale School of Medicine, New Haven, Conn., and his coauthors report on an ancillary study of a clinical trial that examined changes in sexual function in recently postmenopausal women. The ancillary study included 670 women given oral conjugated equine estrogens (o-CEE), transdermal  $17\beta$ -estradiol (t-E2) or placebo.

The women ranged in age from 42 to 58 and were within three years of their last menstrual period. A questionnaire was used to assess and score aspects of sexual function and experience (desire, arousal, lubrication, orgasm, satisfaction and pain). Scores below a certain threshold were characterized as low sexual function rather than [sexual dysfunction](#) because distress associated with sexual symptoms was not evaluated.

The authors report:

- The transdermal treatment was associated with moderate improvement in the overall sexual function score across all time

points compared with placebo; there was not a significant difference in overall sexual function score with oral estrogen treatment compared with placebo.

- There was no difference in overall sexual function score between the oral and transdermal estrogen therapy on average across four years.
- In specific areas of sexual function, the transdermal treatment was associated with an increase in average lubrication and decreased pain compared with placebo.
- The proportion of women with low sexual function was lower after transdermal treatment compared with [placebo](#); there was no significant reduction in the odds of low sexual function with oral estrogen therapy.

The study has limitations including the restricted generalizability of its findings because the population of the clinical trial was predominantly white women with a higher educational background than the general population.

"In summary, in a randomized clinical trial of hormone therapy in early postmenopausal women, treatment with t-E2 provided modest benefits for sexual function. The efficacy of o-CEE treatment seemed to be less than that of t-E2, especially in the subgroup of women with LSF [low sexual function], although there was no statistically significant difference between the hormone groups on overall [sexual function](#)," the article concludes.

**More information:** *JAMA Internal Medicine* (2017). [DOI: 10.1001/jamainternmed.2017.3877](https://doi.org/10.1001/jamainternmed.2017.3877)

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