

Your sex life doesn't have to suffer during menopause

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Our bodies are a stew of hormones and chemicals and enzymes and all

sorts of exotic-sounding ingredients. For many women, this concoction bubbles along happily right through menopause.

But for other women, it doesn't take a chemist to know that something is out of whack. We get hot flashes, mood swings, insomnia—and suddenly sex isn't as alluring as it used to be. What's going on?

The hormone connection

For many women, hormones—or the lack of them—is the culprit.

The hormones in charge of women's [sexual characteristics](#) and reproduction include estrone, estradiol, and estriol—collectively known as estrogen. Your body doesn't stop producing estrogen altogether, but as you get older, estrogen production declines. This can thin the walls of your vagina and inhibit lubrication during sex—both of which can make sex uncomfortable or even painful.

Estrogen also impacts desire for sex and orgasm, so declining estrogen levels may leave you feeling less in the mood for lovemaking, or unable to achieve orgasm. If this happens often enough, you may find yourself wanting to avoid sex altogether.

Exploring other possibilities

Sometimes, though, a [medical condition](#) is to blame instead of hormones. People with arthritis may find some sexual positions painful, and the poor circulation and nerve problems that can accompany diabetes may make arousal difficult. Some medications can make [sexual arousal](#) and orgasm difficult. This is especially true of antidepressants such as [selective serotonin reuptake inhibitors](#) (SSRIs) and certain blood pressure, decongestant, and tranquilizer medications. Ask your doctor

whether the medications you're taking could be impacting your sex life.

Some researchers think that emotions play a greater role than hormones or medical issues when it comes to women's sexual desire. Dr. Rosemary Basson, Director of the University of British Columbia BC Sexual Medicine Program for close to 20 years, says that unlike men, women's desire for sex arises during sex, not before. So slow, sensual play and erotic massage likely does for women what Viagra does for men.

Relationship problems, self-esteem issues, depression, and an unhealthy body image can also get in the way of a satisfying sex life. Let's face it, if you're still resenting the insensitive remark your partner made at breakfast, you're not likely to be in the mood for romance.

If you find yourself losing interest in sex during or after menopause, the first thing to consider is how much it matters to you. It may be a big deal—and it may not. Psychologist Leonore Tiefer, who has written extensively about female sexuality, says that American women may feel pressure to live up to sexual standards they see portrayed in TV or movies that are simply unreasonable.

Things you can do

If you do feel like your sex life isn't what you'd like it to be, here are some steps you can take.

Talk to your doctor. It's important to rule out conditions (such as heart disease, diabetes, and high [blood pressure](#)) that may be getting in the way of a satisfying sex life. If you do have a chronic condition, getting the right treatment can make a big difference. Be sure you tell your doctor all of the medications you're taking—including vitamins and over-the-counter supplements. Your doctor can review everything you're taking to see if any could be making arousal or orgasm more difficult.

Exercise regularly. Exercise not only reduces your risk of chronic conditions like diabetes and [heart disease](#), it improves your mood. And Kegel exercises that strengthen the pelvic floor can also make sex feel better.

Browse your local drugstore. Vaginal lubricants such as Astroglide and K-Y Jelly are available over the counter and can make intercourse more comfortable. If you feel embarrassed about shopping for lubricants in person, most drugstores have an online store. You may also want to try a vaginal moisturizer (K-Y Liquibeads, Replens, Sliquid, others), which can help restore moisture in your vaginal area. You may have to apply the moisturizer every few days. This may not be enough if you are experiencing vaginal atrophy, however. If you have severe vaginal atrophy, your doctor may suggest an extremely low-dose estrogen cream or suppository.

Talk to your partner. If sex with your partner is becoming more uncomfortable or you feel less desire than you used to, it's important to talk to your partner about it. It may seem like a touchy subject, but you'll likely find out that approaching it together can make you feel closer. Chances are your partner has noticed the change, and could be taking it personally. Knowing that it is something you want to solve together can make a huge difference. Give each other sensual massages, or take a shower together. If personal issues are getting in the way, you might consider seeing a therapist, either individually or together.

Give it a go. Start slow and spend plenty of time just touching. As Dr. Basson has found, women can develop desire after the action starts. And not only will you benefit from the emotional closeness with your partner during sex, sexual arousal increases blood flow to your genitals the way oil keeps an engine running. And if you don't have a partner, be your own partner. You might find that the more sex you have, the more you want.

Be patient and have reasonable expectations. You may not be able to recapture that crazy hormonal rush you felt when you were young, but that doesn't mean you can't love sex. Be adventurous. Consider taking a massage class with your partner, or light some candles and play the role of seductress. If hormones are an issue, work with your doctor to find the right balance of hormone therapy to rekindle that flame. If sex is important to you, there is no reason it can't continue to be a part of your life through menopause and beyond.

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