Menopause and Sexuality

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Most women today will outlive women of past generations. Women over fifty will soon (within thirty years) make up 25 percent of the world's population. Because the human life span has significantly increased and medical technology has similarly improved, most modern women now live long enough to reach menopause (and beyond) and consequently are faced with issues that affect their health and sexuality. In old days, life was short and even if women lived long enough to reach menopause, most tried to ignore the discomforts or "suffered in silence." Little could be done medically and women were told and believed "it was all in their heads."

Today, most women don't want to be ignorant about their bodies and their sexuality or "suffer in silence." Instead, they want information to help promote good health. This article is dedicated to this effort.

ABOUT MENOPAUSE

To understand how menopause affects women's sexuality, we need to understand what happens during menopause.

Menopause is defined as "the time of final menstruation." The term refers to a single point in time, but actually it is a gradual process corresponding to the decline over years in function of the ovaries. Three major things occur as a result: 1) egg production (ovulation) becomes erratic and eventually stops; 2) menstrual periods become irregular and gradually stop; 3) estrogen (hormone) production declines to lower levels.

A more comprehensive medical term is the "Climacteric" which means "a time of physiological changes." This period can span two to ten years and as much as fifteen years! The average age

range is from the mid-forties to mid-fifties but can begin at thirty-five.

Menopause usually happens naturally, but it can happen prematurely from certain disease processes (malnutrition, smoking, cancer treated with chemotherapy, etc.) It can also be brought about abruptly by removal of the ovaries. This is called surgical menopause.

THE PERIMENOPAUSE ROLLER COASTER

The medical term for the period of years proceeding the final menstrual period is "perimenopause," meaning "around menopause." These are the years when hormones really fluctuate as ovarian function declines. The surge and drop in hormones is similar to an internal roller coaster ride! It is during this time (usually the mid-forties) that a woman feels most estranged from her body. Her hormones are literally "out of sync" with her own chemistry.

Basically what happen is this: when estrogen levels drop below a woman's individual comfort level (the estrogen set-point), she experiences symptoms like a drug addict who is being withdrawn from a drug. The major problem is that (estrogen) withdrawal is not gradual, like a drug with-drawl program. There are intermittent hormone "fixes" when estrogen surges before falling below the set point again. The patterns of`hormone imbalance vary among individuals. The consequences are disequilibrium in physical, mental and emotional functions. About 85% of menopausal women have some symptoms of estrogen loss. These symptoms are real, can be very uncomfortable and vary in severity from woman to woman.

SOME OF THE SYMPTOMS

HOT FLASHES & NIGH SWEATS-- are the hallmark of menopause and are experienced by 85% of women. They consist of sudden waves of heat that spread through out the body, sometimes with heavy perspiration. NIGHT SWEATS often cause sleep disturbances.

FLUSHING--is milder than a Hot Flash. It is experienced as "feeling hot" and happens in about 25% of women.

HEAVY BLEEDING & IRREGULAR PERIODS--are common consequences of not ovulating and can persist for years. However, these symptoms should be checked medically to be sure they don't indicate more serious problems.

HEART PALPITATIONS--are caused by spasm of the coronary arteries and are the same kind of body reaction as hot flashes. This symptom can be mistaken for a "panic attack" and also should be checked medically.

PREMENSTRUAL SYNDROME (PMS)-- may become exacerbated and be manifested by MOODINESS, IRRITABILITY, DEPRESSION or RAGE.

BRAIN "FUZZINESS"-- includes problems with short-term memory, inability to concentrate and diminished mental acuity. Feelings of mental disorientation or problems with "finding the right words" may also occur. Some women experience HEADACHES, NAUSEA AND DIZZINESS.

HEART DISEASE AND OSTEOPOROSIS (bone loss)--have serious consequences for menopausal women who develop these diseases.

These symptoms (of estrogen loss) create changes in a woman that affect her well being and may indirectly affect her ability and desire to have sex. There are also symptoms that create changes that directly affect her sexuality.

SYMPTOMS WHICH AFFECT SEXUALITY

SKIN PROBLEMS--include excessive dryness of the skin and outbreaks of acne or hirsutism (excessive hair growth). These symptoms may cause a woman to feel less sexually attractive. Furthermore, some women experience a change in the way touch feels, making touch annoying. Personal discomfort, interfering with sexual pleasure and desire, may result.

WEIGHT GAIN—(known as "middle age spread") is a result of less efficient metabolism and less exercise. Some women feel less attractive and

desirable with added weight. Worries about body image often have negative effects on sexual response.

BLADDER CHANGES--cause the bladder and urinary tract to become thinner and more fragile, thereby increasing the chances of bladder infection or trauma during intercourse.

URINARY INCONTINENCE can develop from bladder changes coupled with previous bladder trauma. Symptoms are leakage of urine when coughing, sneezing or laughing, or inability to hold back urine when "the urge" strikes. Some women lose urine with intercourse and orgasm, or worry about doing so. This can jeopardize a woman's sex life as well as her personal dignity and social life.

VAGINAL CHANGES--cause the vagina to narrow and shorten. The lining becomes thinner and less flexible, losing elasticity and sponginess. The vagina also becomes drier because natural lubrication becomes scanty and less viscous. This may cause irritation and make the woman prone to vaginal infections. Painful intercourse may result, if the woman is not adequately aroused prior to penetration or if artificial lubrication is not used.

UTERINE CHANGES--weakened ligaments may cause the uterus to drop internally or even prolapse (fall out of the vaginal opening). Painful intercourse or inability to have intercourse may result.

CHANGES IN SEXUAL RESPONSE

Despite the myriad of uncomfortable symptoms that result from low estrogen there may or may not be loss of desire during or after menopause. About 50% of women report lower desire, while about 10% report higher desire. Women with the higher desire probably are more efficient producers of testosterone (the male hormone also present in small amounts in women) which is responsible for desire. However, there are other reasons. Women with increased desire are usually those who liked (loved) sex before. Having new freedoms and fewer responsibilities and no pregnancy

worries also helps, as does having a loving and interested partner.

Desire abates when hot flashes, insomnia and other physical and emotional changes interfere with one's sense of well being. Not looking young, if youth is equated with sexuality might also interfere with desire (in both partners). If a woman did not like sex prior to menopause, the latter may be used as an excuse to bow out of the sexual arena.

As women age, arousal often is slower and, as mentioned, lubrication is less. Orgasms can change too. Some women report more intense orgasms. More commonly, women report that orgasms take longer to reach, are less frequent and less intense. However, women have the capacity to be orgasmic through out life if that is their choice.

THE GOOD NEWS

All women get through menopause--some with little discomfort, some with a lot. The body eventually adapts to new lower levels of estrogen and many women emerge with "post menopausal zest," which is renewed energy and vigor. For those who want and need help during and after the menopause years, it exists in many forms. Today's woman has many options available to her. Hormone Replacement Therapy (HRT) is a medical option that can reverse many of the changes and symptoms as early as within two weeks. The choice of therapy must be tailored to the individual, with the benefits outweighing the risks. Some alternative therapies for alleviating symptoms are vitamins, diet, herbs, exercise, yoga and acupuncture. Another choice is to do nothing.

Women also have sexual choices. They can look at their sexual changes as a chance to be sexually creative to counteract the effects of menopause. Regular intercourse can help maintain vaginal shape and tone and may improve lubrication. Women can also decide to no longer be sexual.

Today's menopausal woman has lots of information and options that her grandmother didn't have. As`long as she

sets realistic expectations for herself, these choices will give her the power to make the best decisions for her own good health.

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