It should also be mentioned that some women on tradtional HT report a decline in desire and feelings of arousal. This is more common when HT is taken orally and is largely due to the testosterone binding effects of these drugs. When testosterone is added, desire and arousal can improve.

The traditional way of administering HT is in pill form, but newer methods are gaining popularity. These often involve the use of low to ultra low doses of hormones that might have fewer side effects and remove some of the health risks associated with traditional HT. These methods might also have less inhibiting effects on desire. "Bioidentical" hormones, compounded in special pharmacies, transdermal skin patches and a vaginal ring are some examples of newer hormone therapies.

Research studies have shown that there are increased health risks in taking hormone therapy for five to ten years or longer. Many gynecologists will now prescribe HT only for short term benefits. Other physicians, somewhat more relaxed about this issue, will prescribe hormones into menopause, as needed, as a wellness consideration. Clearly, HT is a complicated subject that requires more research. The choice and dosage of hormone therapy must be tailored to the individual, with the benefits outweighing the risks.

Local (Vaginal) Hormones–include the choice of (prescription only) estrogen creams, tablets or a vaginal ring, which are inserted directly into the vagina to help tissues stay moist and spongy. Vaginal hormones are usually quite beneficial in restoring estrogen directly to local tissues and in reducing local symptoms of menopause, making sexual activity more pleasurable. Local hormones work only on vaginal tissues and not the rest of the body. Therefore, they are sometimes considered safer even for women with health risks. Local hormone preparations may be used in addition to traditional HT or alone or can also be used with non-hormonal lubricants and moisturizers.

Viagra-and similar medications- facilitate sexual arousal for women just as they do for men. However, these drugs do not work for everyone and are not yet FDA approved for women. Women who have most success with Viagra typically have sufficiently high testosterone levels to help the drug work and have good body awareness, especially of when they are aroused.

Vaginal Lubricants and Moisturizers– are non-hormonal slippery liquids, gels and mists that mimic a woman's natural lubrication and can be obtained without a prescription. Any of the lubricants that dissolve in water are fine to use. Lubricants should be inserted in the vagina immediately before intercourse and can be rubbed on the clitoris and around the vaginal opening as well. Vitamin E Vaginal suppositories (available in health food stores) may also help as vaginal lubricants. Moisturizers come in tampon form and are inserted in the vagina two to three times a week to create a continuous layer of moisture. They have an advantage over lubricants in that they do not interfere with sexual spontaneity. Lubricants and moisturizers help arousal by making sex more pleasurable. They are especially useful for woman who can't use hormones of any type.

Petroleum based lubricants should never be used because they might facilitate a vaginal infection and they break down latex condoms!

Topical Creams and Gels– are generally non-hormonal, non-prescription preparations that are rubbed into the skin of the ditoral area and labia. They reportedly help arousal, in some women, by the action of menthol or similar chemicals, which increase genital blood flow. These preparations have varying results. However, rubbing helps too!

ORGASM HELPERS

Anything that increases desire and arousal also facilitates orgasm. This may include incorporating into one's sexual repertoire: romantic or explicit media, songs and poetry, lingerie and whatever works to turn both partners on. It is also perfectly okay to use a vibrator, if needed or desired. Vibrators boost arousal so that orgasms happen more easily. A small vibrator with good intensity is often helpful for clitoral stimulation of menopausal women and can be used alone or during intercourse. A little more exotic than a vibrator is a clitoral pump. Used prior to sexual activity, this little device has a sucking element that fits over the clitoral area (only). When activated, it creates clitoral engorgement and arousal by increasing blood flow to the area. This mechanism potentially makes reaching orgasm easier. Vibrators and pumps can make good additions to bifocals and hearing aids!

PAIN HELPERS

If painful intercourse is the result of dryness, any of the above treatments that increase arousal and lubrication may be beneficial. If painful intercourse is the result of Vaginismus, treatment by a qualified sex (and marital) therapist is often necessary. Doing Kegel Exercises and using vaginal dilators of various graduated sizes are a common part of therapy. Additional treatment includes working with a specialized physical therapist to learn to identify, strengthen and gain control of these muscles. This is done through bio- feedback.

GOING NATURAL

Some women can never take hormone therapy for various health reasons and some simply choose against it. This is okay too! Some women, no longer on HT, might actually find they have more desire than when on traditional HT! Intercourse on a regular basis can help maintain vaginal shape and tone and might also improve lubrication. Without hormones, many women can have enjoyable sex as long as they can get turned on and do not have major physical constraints.

FINAL WORDS

Sexual concerns of menopause that are not addressed can make a woman miserable and cause havoc within the relationship. When one partner still wants sex and the other is ready to "throw in the towel" because of distress from untreated symptoms, the result can lead to total avoidance of sex and even of one's partner (for fear that any touch will lead to sex). Good communication and problem solving skills and valuing one's sex life enable some people to work around these issues by themselves. Others might need professional help. That is okay too. Please consult your health care provider to address your particular needs.

HOW TO MAKE LIFELONG LOVE:

–STAY CONNECTED TO YOUR PARTNER

- Schedule time together, make dates and don't count on spontaneity!
- Learn the value of non sexual touch.
- Don't allow menopausal changes to interfere with intimacy and sexual pleasure.
- Be creative.
- Don't take things too seriously and have fun.
- De-emphasize goals and focus on the process.
- Resolve anger.
- Exercise for good health and positive self image. This includes, doing Kegel exercises.
- Get sexual concerns "out of the closet."
- Talk openly with your partner and health care provider.
- Get sex therapy, if needed.

For more information on Vaginismus and on Female Orgasms consult my articles, "Understanding Vaginismus" and "20 Helpful Hints to Reach Orgasm." Go to the Sexual Health Network www.sexualhealth.com

For information on Kegel Exercises
Go to: www.healthtouch.com or www.sexuality.about.com

To locate a sex therapist:
Go to www.AASECT.org or
Check out the yellow pages under, "Marriage & Family **Therapists."**

Cynthia Lief Ruberg is a Licensed Professional Clinical Counselor who has specialized in ***Marital & Relationship Therapy*** and ***Sex Therapy*** since 1988.

SEXUALITY & MENOPAUSE:

Sexual Concerns, Medical Treatments & More

Cynthia Lief Ruberg, LPCC, LLC
Board Certified
Counseling • Sex Therapy • Family Therapy

Licensed Professional Clinical Counselor
Relationship & Sex Therapist

Once you go through menopause...

...you think that this is Eutopia—no kids, no pregnancy fears, privacy at last. Then you find out that menopause is not what it's cracked up to be. I've lost my desire. Intercourse hurts. I just don't want to do it anymore. I've tried everything people told me to do and I've even changed gynecologists, but nothing has helped!

These comments were made by a very distraught woman who was having an especially hard time adjusting to her sexual concerns which appeared in menopause.

(Menopause is the time in later life marked by the end of ovarian function with the resultant decline in the hormones estrogen, progesterone and testosterone, the end of egg production and of menstrual periods. Menopause can also occur at any age following surgical removal of the ovaries or from disease processes.)

Although, this woman's suffering was extreme, her feelings reflect those of other women who feel similarly incapacitated and don't know what to do.

About eighty-five percent of women have some symptoms of menopause. Others don't need help and easily adapt to body changes that occur as a result of the hormone decline . This brochure is for the women who want help and need guidance.

GETTING THE SEXUAL CONCERNS OUT OF THE CLOSET

Despite the relative openness of today's society, sexual concerns of menopause are seldom openly discussed. Menopausal women talk freely about their hot flashes, night sweats, mood swings, brain-fuzziness, and even vaginal dryness. However, little is ever mentioned (even to physicians) about the sexual concerns that are often associated with these symptoms. In a nutshell, these involve issues of: Desire, Arousal, Orgasm and Sexual Pain.

SEXUAL CONCERNS

DESIRE CONCERNS— Sexual desire is the motivation to have sex. It is not uncommon for menopausal women to experience a loss of desire leading to problems with low desire. This happens more often to women who historically have had low desire. However, problems with low desire can also appear in women who have had adequate or even high sexual desire and an enjoyable sex life prior to menopause. The latter situation can be especially disappointing and frustrating for those who valued their sexual interest and erotic pleasure. Concurrent with low desire is diminished sexual sensation. What used to feel good can feel "dull" or even painful (such as breast or clitoral stimulation) and getting "turned-on" can become difficult and frustrating. A major culprit appears to be the male hormone testosterone, which also occurs in women, but in small amounts. This hormone fuels sexual interest and feelings of arousal. A woman's testosterone level gradually declines as she ages (sometimes even before age 30) and can be reduced by half as she approaches menopause. By age 65, testosterone can be reduced by two-thirds and active testosterone might not even be detectable!

It has been said that testosterone is the, "starter for the motor" because it jump-starts a person's sexual response.

Without enough testosterone, a woman's sexual response is typically slower and might even be completely stalled. At the other extreme, some menopausal women report higher desire and fewer problems with sexual response. These women are probably more efficient producers of testosterone than their "low desire" sisters. While testosterone motivates women to want to be sexually active, the female hormone estrogen assists sensation and helps women to feel sexually receptive. These hormones must work in concert for sex to be appealing and feel good.

It is important to state: hormones strongly influence desire in menopausal women, but desire is not just shaped by hormones!

In other words, it appears that hormones and other biological factors are significant in shaping desire of older women. But, a complex interaction of psychological and social influences also affects desire.

Some of these are thoughts and feelings about one's self and one's aging body, beliefs and values concerning sex and aging, sexual experiences and sexual expectations plus hormones, medications and quality of health. All these have to be in good working order for desire to work efficiently. Most importantly, in long-term relationships, partners need to sustain a good friendship with a strong verbal and emotional connection, free of anger, to keep the fires of desire burning (or at least glowing).

AROUSAL CONCERNS– Arousal is the experience of sexual excitement resulting in vaginal lubrication. When arousal is low, vaginal dryness can be most troublesome. Vaginal dryness can cause pain and a burning sensation during intercourse (and at other times too). The culprit here is usually diminished estrogen and testosterone. Similar to desire, estrogen and testosterone contribute to sexual arousal. Both hormones need to be at adequate levels in order for arousal to be easy and not feel like work. Research suggests that estrogen is responsible for the liquid content of vaginal lubrication and testosterone for the slippery feel of the lubrication. When these hormones are at low levels, arousal will be slower, lubrication will be less copious and viscous, and orgasms will take longer, be less frequent and less intense.

Not surprisingly, as with desire, ease of arousal depends on having good physical and emotional harmony with one's partner and within one's self.

ORGASM CONCERNS– Orgasm is the "climax" of the sexual experience. It is the most intense but briefest part. Physically, it functions to relieve sexual congestion that forms during arousal and to bring the body back to its pre-aroused state. Emotionally, it provides a sense of well being and it helps bond partners together. In menopausal women who are orgasmic, orgasms typically take longer to achieve, are less reliable and less intense. This is often related to lower desire and arousal states.

Please note: having orgasms is not essential to sexual satisfaction in many women. However, the good news is that women commonly retain their orgasmic capability all their lives, if interested.

This might take a little creativity, some patience and an open mind.

PAIN CONCERNS– Pain (or burning) during intercourse, as mentioned, can be a consequence of low estrogen levels and related vaginal dryness and low arousal. Estrogen helps keep the vagina lubricated, moist, spongy and pliable. Without adequate estrogen, the vagina loses its ability to lubricate adequately, becomes smaller (atrophic), less spongy and less able to comfortably accommodate a penis or other object.

In extreme cases of chronic painful intercourse or even the fear and anticipation of painful intercourse, a woman might develop a condition called Vaginismus. Vaginismus is an involuntary reflex spasm of the muscles surrounding the vaginal opening and is a protective response against a "painful intruder." Likened to a "vaginal blink," attempted penetration is commonly experienced as a stretching or tearing sensation at the vaginal opening or as if a "wall" is obstructing the vagina. Vaginismus makes intercourse painful and sometimes impossible. Professional help is usually required to help resolve this problematic, involuntary conditioned response.

MEDICAL TREATMENTS & MORE

DESIRE HELPERS

Testosterone Therapy– is sometimes used by women who are troubled by loss of sexual desire. Its low popularity is because it is somewhat controversial, resulting from its reputation of having safely concerns and bad side effects mostly associated with former therapies. However, as testosterone is currently being prescribed (in lower dose pills usually combined with estrogen, as a compounded cream or as lozenges), it is slowly gaining acceptance by some in the medical community. On the down side, the effectiveness of these therapies is inconsistent and people still worry about safety. The new testosterone transdermal patch is considered more effective and safer, but it still needs additional research to be FDA approved and marketed. In addition to helping desire, testosterone helps genital blood flow, which assists arousal, lubrication and genital sensitivity. Ideally, this makes sexual response easier and more pleasurable.

DHEA is a newly touted desire enhancer that reportedly works by increasing testosterone. Some research shows that it is effective in elevating mood, especially in women. Low dose DHEA, in pill form, is available without a prescription. As with other desire therapies, DHEA helps only some women. Please consult your health professional before trying.

Herbal Supplements, taken orally, are another choice that has varied effectiveness.

New Drugs that boost desire are currently being researched and tested.

AROUSAL HELPERS

Hormone Therapy (HT)– traditionally consists of taking some form of estrogen combined with progesterone or progestin, or estrogen alone if the woman has no uterus. HT is a medical option that rapidly reverses many of the changes and annoying symptoms of menopause. Some of these are: vaginal dryness and shrinkage, hot flashes, mood swings, sleep disorders, bladder disturbances, to name a few. HT might help enhance arousal in some women by making sexual activity more fluid and pleasurable. By reducing symptoms of menopause, it makes sense that HT might also enhance arousal.