

Sexual Desire

Sexual feelings and activities are a natural part of living. In general, sexual desire (sexual drive) slowly declines with age in both sexes, but each individual is different. Some experience a significant decline in desire, a few have increased interest, and others notice no change at all. Research shows, however, that sexual problems are common for both women and men, with women being two to three times more likely than men to be affected by a decrease in desire. Low sexual desire is especially common in relationships of long duration.

The effect of menopause

The relationship between menopause and sexual desire continues to be studied. Reduced ovarian production of estrogen at menopause can contribute to hot flashes and night sweats, robbing a woman of restful sleep and reducing her interest in having sex. Falling estrogen levels can also result in vaginal dryness, making intercourse uncomfortable. At the same time, the body's production of another type of hormone – androgen – lessens with aging, possibly decreasing desire. Women experiencing induced menopause caused by removal of both ovaries or by chemotherapy have an accelerated decrease in both estrogen and androgen levels, thereby resulting in more severe problems than women having natural menopause.

Other factors influencing desire

Hormone changes at menopause are only part of a complex group of factors influencing the sexual function of women at menopause and beyond. Social changes often take place at this time of life, such as children leaving home or the need to care for aging or ill parents. The resulting stress or fatigue can dampen sexual desire. Other factors include changes in a woman's physical and mental health, her self-esteem and feelings about aging, and her feelings about sex in general and sex in a non-reproductive context. Sexual interest also depends on past sexual experience and on the quality and meaning that sexuality had in younger years.

Often a functioning partner is no longer available. If a woman is in a relationship, her sexual desire can be diminished by life stresses, further complicated when they occur at the same time as changes in her own or her partner's physical health. A simultaneous decrease may occur in her partner's sexual desire and ability to function. Communication (or lack of it) between partners can affect the ability to respond positively to life changes. For women to experience sexual desire, a caring relationship is generally required.

Medical problems may also result in low sexual desire. These include poor overall health and well-being or worrying about illness. For example, conditions which cause pain or decreased ability to move (such as arthritis) and mental health problems (such as anxiety and depression) can have a negative effect. Certain medications have side effects that interfere with sexual function, such as those that produce drowsiness or drying of mucous membranes (including the vaginal lining). Many medicines used to treat depression interfere with sexual arousal or response. And substance abuse (with alcohol or marijuana) is known to have negative effects on either partner's sexual function, as well as contribute to other relationship problems.

Seeking help

A clinical evaluation can help to identify any underlying medical or psychological causes of low sexual desire that can then be treated as appropriate for each individual woman. Often, making lifestyle changes, such as exercising or reducing alcohol consumption, will help a woman feel better. Changing medications or lowering doses may be helpful. It's not unusual for the partner's health and sexual function issues to need addressing as well.

(continued)

(continued NAMS MenoNote, “Sexual Desire”)

Unfortunately, knowledge about drug therapy to improve a woman’s sexual function is still in its infancy. The following are current options:

- A vaginal lubricant may be sufficient for women with vaginal dryness, while others may benefit from estrogen-containing hormone therapy (HT) – either directly applied to the vagina or taken systemically to affect the whole body, providing relief not only for vaginal dryness, but also for hot flashes and night sweats.
- In some cases, androgen therapy may be added to HT in an effort to boost sexual desire, but no well-tested drug product is government-approved for this indication (there is one available combination estrogen-androgen medication for women that is government-approved for treating hot flashes). Using products available over the counter or drugs designed for men is not recommended to improve a woman’s sexual desire because of a lack of data on safety and effectiveness in women.

Couples are urged to make time for quality sexual encounters. Sex devices or “toys” such as a vibrator or dildo, or warming vaginal lubricants, may enhance sexual pleasure. More attention can be directed to means of sexual gratification other than intercourse, such as oral sex, manual stimulation, massage, and caressing. Masturbation is a satisfying option for some women without partners.

Psychological counseling can help in coping with difficult medical or family issues, and can also improve communication between partners. Consulting with a specialist for sexual counseling is sometimes beneficial, especially when other options have not been successful.



THE NORTH AMERICAN
MENOPAUSE SOCIETY

This *MenoNote*, developed by the Consumer Education Committee of The North American Menopause Society, provides current general information but not specific medical advice. It is not intended to substitute for the judgment of an individual's healthcare provider.

Copyright © 2005, The North American Menopause Society. All rights reserved. NAMS grants permission to healthcare providers to reproduce this *MenoNote* for distribution to women in their quest for good health.