

Sexual Wellness As Women Age

Understanding Physiological Changes,
Available Treatments and Empowering
Choices

Jennifer Smolinski, MD & Becky Roverud PA-C



OBGYN WEST

PREMIER WOMEN'S
HEALTH

OF MINNESOTA

Sexual Health...

- "...is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity."
- "...requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sex experiences."
- The International Society for the Study of Women's Sexual Health (ISSWSH) & World Health Organization (WHO)



Sex After Menopause

- In today's culture, there is a tendency to assume that women lose interest in sex after menopause
- Studies, however, show that sexuality remains a "moderately or extremely important element" for many midlife women
- "A very small percental of menopausal women report having discussed their sexual problems in a medical setting as opposed to men“

Scavello I, Maseroli E, Di Stasi V, Vignozzi L. Sexual Health in Menopause. Medicina (Kaunas). 2019 Sep 2;55(9):559. doi: 10.3390/medicina55090559. PMID: 31480774; PMCID: PMC6780739.



OBGYN WEST
PREMIER WOMEN'S
OF MINNESOTA HEALTH

Common Sexual Health Issues During Menopause

- Vaginal changes (atrophy/agglutination/dryness)
- Decreased libido
- Difficulty with arousal
- Reduced orgasm intensity
- Dyspareunia (painful intercourse)



Vaginal Changes with Menopause

Reduced blood flow, elasticity and lubrication of the vulva, vagina, and tissues of the urinary tract due to dropping levels of estrogen



Loss of estrogen increases vaginal pH – disrupting the lactobacillus-predominant microbiome



Shift in vaginal pH and vaginal flora lead to....

an increased risk of vaginal infections (yeast/BV)

irritating vaginal symptoms referred to as Genitourinary Syndrome of Menopause (GSM)



OBGYN WEST
PREMIER WOMEN'S
OF MINNESOTA HEALTH

Genitourinary Syndrome of Menopause (GSM)

- Replaces the outdated terminology of "vaginal atrophy"
- Encompasses the chronic, progressive changes that occur to the vulva, vagina and lower urinary tract due to dropping levels of estrogen
- Vaginal Symptoms:
 - Dryness, burning, itching, inflammation, pain, pressure
 - Labial agglutination and narrowing of vaginal opening/canal
- Sexual Symptoms:
 - Painful intercourse, loss of lubrication, loss of libido, inability to orgasm, bleeding after sexual activity
- Urinary Symptoms
 - Recurrent UTIs, incontinence, painful urination, urgency



Non-Hormonal Treatments for Genitourinary Syndrome of Menopause (GSM)

Lubricants

- Used during sexual activity to reduce friction and discomfort
 - *Ex: Uberlube, KY jelly, pure coconut oil, sterile olive oil*

Vaginal Moisturizers

- Used regularly (2–3x/week) to maintain hydration
 - *Ex: Replens, Luvena*

Hyaluronic Acid Vaginal Suppositories

- Helps restore tissue elasticity and hydration by attracting water to the vaginal tissue
- Used regularly (2-3x/week) to maintain hydration
 - *Ex: Revere by Bonafide, Good Clean Love vaginal moisturizer*



Non-Hormonal Treatments for Genitourinary Syndrome of Menopause (GSM)

Pelvic Floor Physical Therapy/Vaginal Dilators

- Improves muscle tone and sexual comfort
- Stretches narrowing vaginal tissues/canal

Vibrators

- Enhance blood flow and tissue health
- May improve arousal and orgasm

Laser Therapy (CO2 fractional laser)

- Light therapy destroys superficial vaginal tissue and stimulates cellular regeneration and new blood vessels
- Increases collagen and elastin production + increases blood flow
- FDA-cleared Tx but NOT approved for vaginal rejuvenation; needs further studies to determine true safety and efficacy



Non-Hormonal Treatments for Genitourinary Syndrome of Menopause (GSM)

Oral Ospemifene (Osphena)

- Selective estrogen receptor modulator (SERM)
- Binds to estrogen receptors in vaginal tissues and restores vaginal tissue integrity, increases vaginal secretions and corrects pH
- FDA approved for moderate-severe GSM in postmenopausal women
- Has estrogen-like effects on bones and vaginal tissues, but it's effects on breast tissue is ant-estrogenic;
 - Very effective option for those with history of breast cancer
- Common side effects: hot flashes, muscle spasms, headaches

Hormonal Treatments for Genitourinary Syndrome of Menopause (GSM)

Vaginal Estrogen (Estrace, Vagifem, Estring, etc.)

- Many different formulations – creams, tablets, rings, etc.
- Helps improve thickness/elasticity of vaginal tissues and increases vaginal secretions and blood flow
- Corrects pH balance and reduces urinary symptoms

Vaginal DHEA (Intrarosa/Prasterone)

- Works *locally* to increase estrogen/androgen levels in vaginal tissues without providing significantly increased systemic levels of hormones
- Considered safe in women with hormone-sensitive conditions
- Effective in relieving vaginal dryness and irritation; improvement in dyspareunia
- Not especially helpful with urinary symptoms



Sexual Health Misconceptions

- Female sexual problems are uncommon.
- I should spontaneously want to have sex.
- If I am turned on, I should be wet.
- If I don't want to have sex, I should have my hormones checked.

FALSE



The Truth: There Is No "Normal"

- It is more common for women to have a responsive vs. spontaneous desire.
- Most women do not orgasm w/ penetrative vaginal intercourse.
- Just because you are not lubricated does NOT mean you are not interested.

DISCREPANCY IS NOT A DISORDER!!!



OBGYN WEST
PREMIER WOMEN'S
OF MINNESOTA HEALTH

Sexual Health is Complicated!

- Internal Factors

- Hormonal Changes
- Medical History
- Prior Surgeries
- Mental Health
- Body Image
- Use of Medications
- Past trauma
- Hx of STDs

- External Factors

- Partner Health
- Relationship Issues
- Media
- Religion/Morality
- Availability of Reproductive Health Services/Contraception
- Propagated Misinformation



Switching Gears....Let's Discuss Sex Drive!



OBGYN WEST
PREMIER WOMEN'S
OF MINNESOTA HEALTH

Sex Drive's Accelerators & Brakes

- Sexual Excitation System

- Hormones (Estradiol, testosterone, cortisol)
- Focusing on pain-free sex
- Talking about sex/fantasies
- Feeling wanted or desired
- Erotic movies or stories
- Emotionally connected to partner
- Getting enough sleep

- Sexual Inhibition System

- Hormones (Serotonin)
- Drugs (Opioids, Cannabis)
- Stress
- Painful sex
- Avoiding talking about sex
- Feeling exhausted
- Not sleeping well
- Depression/anxiety
- Feeling self-conscious about body image
- Feeling pressure to have sex



Is Low Sex Drive Really a Disorder?

- Yes!
- Hyposexual Desire Disorder (HSDD)
 - Any of the following for >6 months:
 - Lack of motivation for sexual activity manifested by either:
 - ↓ Spontaneous desire
 - ↓ Responsive desire to erotic cues and stimulation
 - ↓ Desire to participate in sexual activity, including avoidance of situations that could lead to sexual activity
 - NOT DUE TO PAIN
 - **AND** is combined with **CLINICALLY SIGNIFICANT PERSONAL DISTRESS**

Parish SJ, et al. *J Sex Med*. 2016;13(12):1888-1906

Treatment for Hyposexual Desire Disorder

- Lifestyle changes: stress reduction, exercise, sleep
- Think about your accelerators & brakes- communicate with your partner!
- Therapy and counseling
- Medications
 - Flibanserin (Addyi)
 - Premenopausal women
 - One tablet nightly before bed
 - Side effects- dizziness, fatigue, nausea
 - Can cause low blood pressure/fainting due to interaction w/ alcohol.
 - Bremelanotide (Vyleesi)
 - Premenopausal women
 - Injection 45 minutes before sexual activity
 - Side effects- nausea, flushing, headache
 - Testosterone
 - Postmenopausal women



Testosterone Supplementation

- Used for Hypoactive Sexual Desire Disorder (HSDD) in postmenopausal women.
- Cream applied once nightly to inner thigh or calf
- Benefits:
 - Improved sexual desire, arousal, orgasmic function, pleasure & sexual responsiveness
 - Reduction in sexual concerns and distress
- Guidelines:
 - Transdermal preferred (patch or cream)
 - Dosed to stay within female physiological range
 - Monitor testosterone levels, liver function, and lipids
- Risks:
 - Acne, hair growth
 - Long-term safety still under study
 - Not FDA-approved for women in the U.S.



Key Take Away Points

- Physiological changes during menopause absolutely can affect sexual health and function.
- Studies demonstrate that 50-70% of perimenopausal and postmenopausal women experience sexual health dysfunction.
- Up to 70% of women don't discuss GSM symptoms with providers.
- There is NO NORMAL!
 - Most women do not consistently lubricate
 - Most women do not have an orgasm w/ PVI
 - Responsive desire is the "norm", compared to spontaneous desire
- Pain always needs to be addressed
- Sexual function is an important part of a women's overall health & quality of life.
- Multiple factors impact sexual functioning
- There are treatments available!



Empowering Women

- Sexual health is a RIGHT, not a luxury.
- Steps to Empowerment:
 - Recognizing you DESERVE personalized care and a healthy sex life
 - Engaging in open conversations w/your partner AND your provider
 - Receiving accurate information about natural changes that occur in menopause
 - Learning about treatment options and choices that work for YOU!

Resources

- MenoNotes: <https://menopause.org/patient-education/menonotes>
- Organizations:
 - The Menopause Society
 - International Society for the Study of Women's Sexual Health (ISSWSH)
 - American Association of Sexuality Educators, Counselors, & Therapists (AASECT)
- Reading:
 - 'Come As You Are' by Emily Nagoski

