



Sexuality is more than the biological urge to have children. It involves the desire for both physical and emotional intimacy, the need to feel and give affection or pleasure. Your interest in sex can last your entire life. Menopause and the years leading up to it can cause physical changes that may present challenges to your lovemaking. This is because estrogen made by your ovaries declines gradually during perimenopause and then drops off steeply at menopause. Although some women experience more enjoyment after menopause, others may experience a normal decrease in their sex drive during this time.

Why might you feel less sexual interest?

There are many different reasons for a change in sexual interest. Read through this list and see which factors might apply to you.

- ◆ Vaginal dryness leading to painful intercourse
- ◆ Emotional changes, stress, or depression
- ◆ Perimenopausal symptoms, such as hot flashes, irritability, or sleeplessness
- ◆ A partner's changing sexual function
- ◆ A serious illness or surgery
- ◆ Lack of time with your partner
- ◆ Fatigue
- ◆ Concerns about pregnancy or sexually transmitted diseases
- ◆ Boredom with your sex life
- ◆ Side effects of medications for you or your partner
- ◆ Lack of a partner



Will you lose your desire?

Sexual desire results from complex interplay between your unique psychological makeup, social and cultural conditioning, and hormones. Although estrogen affects sexual desire, the sex hormone testosterone exerts greater influence. Typically, your testosterone level doesn't decline as quickly as your estrogen level.

A greater ratio of testosterone to estrogen after menopause may lead to an increase in your sexual desire. Having more time with your partner or having more time for intimacy also may boost desire. However, if intercourse becomes painful, or if you're bothered by symptoms of menopause—such as hot flashes, insomnia, or irritability—your desire may lessen. These symptoms are usually treatable, so be sure to speak to your physician or other medical professional.



Self-Care tips

Fortunately, there are many ways to overcome sexual difficulties and enjoy a fulfilling sex life. If you are experiencing vaginal changes or decreased desire, try the following self-help measures:

Increase the time you and your partner spend in foreplay. This will help with vaginal lubrication and increase your interest level. An added benefit is rediscovering each other's bodies and experimenting with new pleasuring techniques.

For vaginal dryness, use one of the many nonhormonal vaginal lubricants available without a prescription, such as K-Y jelly, Lubrin inserts, or Moist Aggin. Some lubricants are water-based, and must be applied every time you have intercourse. Others need to be applied just two or three times a week. Avoid petroleum jelly or creams and lotions not specifically intended for vaginal moisturizing. They can introduce bacteria and infection into the vagina.

Try Kegel exercises, simple exercises that can improve your sexual function and improve bladder control at the same time. (See description at right.)

Start an exercise program. This can improve blood flow to the vagina and improve body image. Sometimes negative feelings about your changing body can interfere with your enjoyment of sex.

Enjoy sex in the morning or afternoon rather than at night when you and your partner are tired.

Make dates to spend time with your partner. Take a walk, go out for dinner and a movie, or just relax and talk. Recapturing emotional intimacy will help with sexual intimacy.

Don't give up on sex. Regular sexual activity with a partner or through self-stimulation can strengthen the vaginal walls and decrease vaginal discomfort.

Talk to your physician or other medical professional about testosterone. Before menopause, the ovaries produce small amounts of testosterone, the "desire" hormone in both men and women. With menopause, a testosterone decrease may mean that desire also decreases. Testosterone may be added to HT.

Consider estrogen. Some women find that estrogen cream, applied vaginally, may increase muscle tone and lubrication. Others prefer the ring for increased vagina lubrication. If you can't or don't wish to use estrogen, consider some alternative therapies. (See section on *Complementary and Alternative Approaches* on page 25.)

Pelvic muscle exercises

(Kegel exercises)

Kegel exercises strengthen your pelvic floor muscles and can help prevent incontinence and improve your sexual function. All women should do Kegel exercises.

First, locate the proper muscles by repeatedly stopping your urine in midstream and starting again. Focus on the muscles that you feel squeezing around your urethra and anus.

Practice squeezing these muscles while you are not urinating. If your stomach or buttocks move, you are not using the right muscles. After locating these muscles, don't continue to do the exercise while urinating.

Hold the squeeze for three seconds, then relax for three seconds.

Repeat the exercise 10 to 15 times per session.

Complete as many Kegel exercises as you can per day. Go for 50 to 100. The wonderful thing about Kegel exercises is that you can do them anywhere and anytime. No one will know what you are doing except you.



What about urinary incontinence?

If you suffer from urinary incontinence (loss of bladder control), you are not alone. Many people are coping with this problem. Many cases of incontinence can be controlled, if not cured outright. Temporary incontinence can be caused by water pills (diuretics) and many other common medications. Constipation, urinary infections, stones in the urinary tract, or extended bed rest are other causes. If the underlying problem is corrected, the incontinence can be cured.

There are three types of persistent or chronic loss of bladder control:

- ◆ ***Stress incontinence*** refers to small amounts of urine leaking out during exercise, coughing, laughing, sneezing, or other movements that squeeze the bladder. It is most often seen in women, although men may experience it after prostate surgery. This kind of incontinence is often helped by Kegel exercises.
- ◆ ***Urge incontinence*** happens when the need to urinate comes on so quickly there is not enough time to get to the toilet. Causes include bladder infection, prostate enlargement, tumors that press on the bladder, Parkinson's disease, and nerve-related disorders such as multiple sclerosis or stroke.
- ◆ ***Overflow incontinence*** occurs when the bladder cannot empty itself completely.

Self-Care tips

- ◆ Don't let incontinence embarrass you. Take charge and work with your doctor to treat any underlying conditions that may be causing the problem.
- ◆ Don't let incontinence keep you from doing the things you like to do. Absorbent pads or briefs (such as Attends and Depends) are available in pharmacies and supermarkets.
- ◆ Avoid coffee, tea, and other drinks that contain caffeine and overstimulate the bladder. Do not cut down on overall fluids; you need these to keep the rest of your body healthy.
- ◆ Practice "double-voiding." Empty your bladder as much as possible, relax for a minute, and then try to empty your bladder again.
- ◆ Urinate on a schedule, perhaps every three to four hours during the day, whether the urge is there or not. This may help you to restore control.

