



Let's Talk about Sex!

Keeping Intimacy Alive
at Midlife and Beyond

www.HealthyWomen.org

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The American Academy of Nurse Practitioners (AANP) was formed in 1985 to provide nurse practitioners (NPs) with a unified way to network and advocate for NP issues. It is the largest and only full-service national professional membership organization for NPs of all specialties, representing the interests of the more than 130,000 NPs in the United States. AANP continually advocates at local, state and federal levels for the recognition of NPs as providers of high-quality, cost-effective and personalized health care.



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Table of Contents

Desire Defined	2
The Hormones of Desire	4
When Sex Hurts	6
Reinventing the Sexual You	8
Resources	9

It happens suddenly

You wake up one day and realize it's been a year or more since you last had a period. Congratulations. You are now officially a postmenopausal woman. Time to clear out the tampons and napkins stored under the bathroom sink and celebrate a new beginning to your life, one in which you call the shots when it comes to your body. While there's much to relish about the postmenopausal period, one thing in particular is often on women's minds even if they're unsure how to talk about it:

Sex. As in ... "Will I want it?" "Will I have it?" "Will he (or she) want me?" "Will it hurt?" "Just what did those hormones have to do with my interest in sex, anyway?"

Relax. Here, we talk about it.

Let's Talk about Sex! Keeping Intimacy Alive at Midlife and Beyond is designed to provide you with the information you need and the answers you crave so you can move into this phase of your life with confidence and, dare we say it, your sexual persona intact—maybe even improved!

Just the Facts

Before we talk about what could change during this time of your life, let's talk about reality. In other words, let's talk about the "norm" when it comes to sex.

Despite what your friends may tell you or how the women's magazines make it sound, most Americans have sex one to three times a month. One large international survey that queried about 26,000 people in 26 countries found only about 53 percent of Americans of all ages had sex every week.¹

Meanwhile, a study of 3,005 people ages 57 to 85 found that, on average, older people have sex about as often as those aged 18 to 59: up to two or three times a month.²

And when it comes to the duration of that sex? Well, a survey of U.S. and Canadian therapists revealed that sex lasted between three and 13 minutes for most of their patients.³ So much for the idea that sex for other people is a marathon!

The most important thing to know about postmenopausal sexuality, however, is that it doesn't have to be any different from sexuality in your earlier years. When researchers surveyed nearly 2,000 women ages 45 to 55 about their sexual life over the previous year, 62 percent said they had noticed no change. Seven percent even said their interest increased, although, to be fair, most of them had new partners. Only a third said their interest had declined—and we have no way of knowing why that was.⁴

Keep all this in mind as you continue reading.

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Desire Defined

Whether you're a 55-year-old woman with kids in college, a satisfying career and a nearly paid-off mortgage, or a 55-year-old woman who delayed starting her family and is still dealing with braces, SAT scores and piles of laundry, it likely takes more than a tap on the shoulder from your partner to get you in the mood. Unlike men, in whom desire is inextricably linked to an obvious physical response, desire in women is much more complex.

It's not that we need roses, candlelight and soft music to get in the mood every time. But women's desire is deeply rooted in their environment and their emotional moods. That could be why one survey of women ages 45 to 59 found that "less stress and more free time" were the main components they needed to improve their sex lives!⁶

If you haven't been feeling "in the mood" lately, consider what might be going on in your life and in your relationship before you start blaming menopause, hormones or age.

Although women have known for centuries that it takes more than slipping under the covers to get us in the mood, the scientific details didn't come until a few years ago, when sexuality researcher Rosemary Basson introduced the medical world to a new way of thinking about women's libido, one linked more to emotional intimacy than physical sensations.⁷

The message here? If you haven't been feeling "in the mood" lately, consider what might be going on in your life and in your relationship before you start blaming menopause, hormones or age.

Sex after 70?

Maybe. A study published in the journal of the *International Society for Sexual Medicine* questioned 74 men and women 70 and older about their sex lives. Eighteen percent of the women and 41 percent of the men were still sexually active, although the women were more likely to be sexually stimulating themselves through masturbation than actually having sexual intercourse. Women who weren't having sex cited "lack of the desire" as the primary reason, and just a third said they'd like to have sex (compared with 85 percent of the men).⁵

Beyond Roses and Chocolates

Our partners can be remarkably out of touch with understanding what gets us in the mood. Instead of limiting seduction to fancy dinners and bottles of wine (which may be more likely to put you to sleep), suggest that physical intimacy on any given night is more likely if:

- **You are touched during the day.** A lingering kiss in the hall, a hug, even a neck rub can all help get your head out of the laundry room and into the bedroom. If the only time you are ever touched is when your partner wants sex, it can be a turnoff rather than a turn-on.
- **You get help with household chores.** Partners who cook dinner, clean the kitchen, check the kids' homework and take out the garbage, for example, give you some downtime. You may want to unwind in a bath and pamper yourself as a reminder that you're a woman, first and foremost, not just a household manager.
- **Intimacy is planned.** Both partners should take responsibility to set times and dates to make love. Putting it on the calendar (like any other appointment) helps you mentally prepare for sex rather than having it sprung on you before you have a chance to get in the mood.
- **Your partner comes to bed clean and smelling great.** Clean is sexy!
- **Your partner shares something intimate.** Few things turn on a woman as much as hearing her lover open up and talk about feelings.

However, you can't put all the responsibility for your sexual desire onto your sexual partner. You have to take some responsibility for your own libido and help out a little. For instance:

- **Talk about what you like.** Do you prefer to be touched *here* but you cringe when you are touched *there*? Do you want to have sex more often? Less often? Talk about it. Remember, no one can read your mind.
- **Surprise your lover—and yourself!** Every now and then, break out of your comfort zone. Be the one to initiate sex. Wear something (or nothing) totally unexpected in an unexpected setting.
- **Practice.** The tissues of your vulva, vagina and clitoris, as well as your pelvic muscles, need regular circulation and exercise to be their best. Practicing with pelvic floor muscle or Kegel exercises, masturbating regularly and using vibrators and fantasy to improve physical arousal all can increase blood flow and keep your genital area healthy and responsive, improving orgasm and lovemaking.

The Hormones of Desire

While hormones play an important part when it comes to sex and desire, their role is complex, intertwined and, despite years of research, still difficult to pin down.

Here's what we do know: While numerous hormones are involved in sexual desire and sex itself, two of the main ones appear to be estrogen and testosterone.

Estrogen. You know this hormone primarily for the role it plays in fertility and reproduction (and staving off those hot flashes). But estrogen is to your vulva and vagina what moisturizer is to your face—critical for keeping things moist, flexible and healthy down there.

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With less estrogen comes vulvar and vaginal changes, some of them significant. The genital tissue can become dry and less acidic, increasing the risk of infection. It takes longer to get lubricated for sex, even if you're ready and full of desire.⁸ Over time, estrogen deficiency can lead to more significant changes in the entire urinary

and genital area, including reduced blood flow to the vagina. The result: dryness, irritation and pain upon intercourse, also called "dyspareunia."

Estrogen loss can also lead to changes in the size and sensitivity of the vulva, vagina and clitoris as well as reducing blood flow to these areas.⁹

Testosterone. You might think of testosterone as a male-only hormone, but all women produce some testosterone, just as all men produce some estrogen. Much of our testosterone is produced by the ovaries.

Unlike estrogen, testosterone levels don't suddenly plummet at menopause, but, rather, decline gradually beginning in your mid-20s. By the time you reach menopause, your body is producing about half as much as it did when you were in your 20s.

Researchers are still debating testosterone's role in women's sexuality. They think it contributes to blood flow and arousal of the clitoris and labia (the tissue around the vagina) which, in turn, contributes to arousability and orgasm. Hormone receptors are prevalent in the hypothalamus, the part of the brain that controls sexual function and mood. So, it appears that both estrogen and testosterone may influence getting a woman "in the mood."^{10,11}

The exact role that testosterone plays in female sexual desire is still being determined. Some studies connect abnormally low levels of testosterone with lack of desire; others don't. More research is needed to define the significance of testosterone levels in women and what constitutes "normal" testosterone levels in postmenopausal women.^{12,13}

Orgasm Much?

As far as scientists can tell, we are one of the few female species that experience some form of orgasm. Why do women orgasm? No one knows. Maybe the spasms help move sperm through the reproductive tract; maybe it helps bond women more closely to their partners.¹⁴ But as any woman who has ever had an orgasm can tell you: Who cares?

The point is that an orgasm is sheer pleasure. And what modern woman couldn't use a bit more pleasure in her life?

Beyond the bliss, there appear to be some unexpected health benefits to orgasm thanks to the release of the oxytocin and endorphins it triggers. These feel-good hormones contribute to relaxation, warmth and closeness, as well as helping reduce stress and fight pain and depression.

The problem comes when orgasm becomes the be all and end all of sex; when "getting there" becomes the goal rather than the bonus to an already pleasurable event.

Figures vary in terms of how many women are unable to reach orgasm on a regular basis. One study from the father of sexual research, Alfred Kinsey, found that one in four women are unable to reach orgasm during their first year of marriage, while up to 47 percent of women married 20 years are nearly always orgasmic (keep in mind this study was done in the early 1960s when sex meant marriage). Kinsey's research suggested that, luckily, the majority of women (approximately 90 percent) are able to experience orgasm by some method at some point in their lives.¹⁵ Other surveys and studies, including a *Redbook* magazine survey of 100,000 women, concluded that between 53 and 63 percent of women reach orgasm all or most of the time, although not necessarily through intercourse.

After menopause, the same drop in estrogen responsible for vaginal changes can affect your ability to orgasm because anything that affects the nerves or blood supply to the clitoris can affect the ability to orgasm. If this sounds like you, talk to your health care professional about options that could improve vaginal lubrication, blood flow and sensation.¹⁶

When Sex Hurts

Between 25 and 45 percent of postmenopausal women find sex painful, a condition called dyspareunia.¹⁷⁻¹⁹

While there are many causes, the most common reason for dyspareunia—painful sex—in women over 50 is vulvovaginal atrophy, a fancy name for a vulva and vagina that no longer have the beneficial effects from estrogen that they did prior to menopause.

As discussed earlier, lower estrogen levels significantly affect your vagina, impacting its ability to secrete lubricant, to expand and contract and to grow new cells. Over time, blood flow diminishes, and the vagina and vulva can atrophy, or shrink, as cells die off and aren't replaced.

Turns out that the more often you have sex, the less likely you are to develop atrophy.

The result? Soreness, burning after sex, pain during intercourse and, sometimes, post-sex bleeding.

The good news is that vulvovaginal atrophy is very treatable. One of the best treatments doesn't even involve medicine! Turns out that the more often you have sex, the less likely you are to develop atrophy or, at the very least, a serious case of it. That's because sex increases blood flow to the genitals, keeping them healthy.

Other treatments include:

Estrogen. As you might expect, if lack of estrogen is behind vulvovaginal atrophy, then giving back estrogen should help. Both systemic estrogens (oral pills and patches) and local estrogens (creams, rings and tablets applied to the vulva and/or vagina) work. However, most major medical organizations recommend starting with the local approach first because it keeps the estrogen right where it's needed, limiting any effects on the rest of your body.

Studies on the estrogen ring, cream and tablets find extremely high rates of improvement in dyspareunia, with up to 93 percent of women reporting significant improvement and between 57 and 75 percent saying that their sexual comfort was restored, depending on the approach used.²⁰⁻²⁴

Side effects vary. Most estrogen products applied locally are associated with minimal side effects. However, each woman's response can differ. When using estrogen creams, pills or rings, it is important to talk to your health care provider about any symptoms, such as: headache, stomach upset, bloating, nausea, weight changes, changes in sexual interest, breast tenderness, abdominal pain, back pain, respiratory infection, vaginal itching or vaginal yeast infections. If you have had breast cancer or a family history of breast cancer, be sure to discuss your history with your health care professional, if you're considering using estrogen. Your health care professional likely has covered this topic with you already.

Non-medicated lubricants. If you'd rather not go the estrogen route, consider using some of the over-the-counter products designed to increase sexual comfort. Long-lasting vaginal moisturizers provide relief from vaginal dryness for up to four days.

Other Causes of Sexual Pain

Since many women over 50 do not experience vulvovaginal atrophy, women with sexual pain should be aware that there are other medical conditions that could be responsible for their symptoms. These include:

Vestibulodynia. Vestibulodynia is the most common cause of sexual pain in women under 50, but it can also affect older women.²⁵ Women with this condition feel severe pain when any type of pressure or penetration is attempted at the entrance to the vagina (an area called the vestibule). It is treated with topical anesthetics, estrogen cream, antidepressants, anti-epileptic drugs (often used for nerve-related pain) and physical therapy.²⁶

Vulvodynia. This condition involves stinging, burning, irritation, rawness or pain on the vulva, the tissue that surrounds the vagina. The pain and irritation can occur even when nothing touches the area and is likely related to abnormal nerve firing. Vulvodynia is treated similarly to vestibulodynia.^{25,26}

Vaginismus or Pelvic Floor Muscle Dysfunction. In this condition, the vaginal and perineal muscles involuntarily spasm with attempted sexual activity. This can make vaginal entry very difficult or even impossible. Vaginismus can occur after a trauma (such as nonconsensual sex), or it can be related to underlying physical conditions, including musculoskeletal injuries or vestibulodynia. Vaginismus is often treated with dilator therapy (in which women are taught relaxation techniques while using progressive-sized dilators in their vagina) and physical therapy.²⁵

Urinary tract conditions, such as cystitis, or fungal infections can also cause pain upon intercourse, as can endometriosis, or a uterus that has “dropped” or prolapsed.

Time to Speak Up

Unfortunately, most women do not talk to their health care providers about sexual pain or problems, nor do their health care providers bring up the topic. In an international survey of 391 women by the Women's Sexual Health Foundation, fewer than 9 percent of women said their health care professionals had ever asked if they had sexual problems.²⁷ Obviously, if you don't bring up the topic of sex with your health care professional, it won't get addressed. So speak up!

Reinventing the Sexual You

Even if every part of your body works perfectly, you still might not be terribly interested in sex. Maybe you've become bored with the routine nature of sex in a long-term relationship; maybe you want sex but your partner doesn't; maybe you both want sex but can't fit it in between the careers, the travel, the kids, the grandkids.

Reading erotic literature has been scientifically proven to benefit women with low sexual desire.²⁸

The first step is to sit down and talk about it. Schedule a time when you know you won't be interrupted and share your feelings with your partner. Even couples who have been together a long time often find it difficult to talk about their sex lives. Sex is an important part of a relationship. So it's worth your time.

Don't focus on what he or she does or doesn't do. Try focusing on your own sensations of pleasure. Explain to your partner what areas are pleasurable and which are not and how you like to be touched. Then listen to him or her share his or her own wants and needs. Ideally, the two of you will be able to develop a plan to reignite the passion. Some suggestions:

- **Schedule sex.** It might sound boring, but it ensures that sex doesn't get pushed to the bottom of the list. Plus, there's nothing wrong with a little planning. You might even find it gets you in the mood!
- **Shop online.** For sex toys, that is. It's private and fun. You'll be amazed at how much something like a vibrator or flavored lubricant can enhance your sexual energy.
- **Go a week (or more) without sexual intercourse.** Instead, plan to dedicate 30 minutes a night together (clothed or unclothed) cuddling, massaging and touching different parts of each other. Spend another 10 minutes just kissing. Remember this? In high school we called it "necking."
- **Change your environment.** Spend a day at the beach or a night in a nearby hotel to refresh your passion. Try having sex in another place, such as on the pull-out couch or on a soft blanket before the fire.
- **Buy a book.** Preview one online first. Books with titles like *52 Invitations to Grreat Sex* (which comes complete with 26 invitations for you to send to your partner and 26 for your partner to send to you) or erotic short stories designed specifically for women could make for some great bedtime reading. Reading erotic literature several times a week has been scientifically proven to benefit women with low sexual desire.²⁸

If you find your sexual problems continue, consider professional help, either a marriage counselor or a sex therapist. Sex therapists are mental health providers trained to deal with issues around arousal, performance or sexual satisfaction. You'll do a lot of talking and sharing when you see a sex therapist. In between sessions, you and your partner will have "homework" to complete, such as learning to be intimate without having sex and rediscovering each other sexually and sensually.

To find a certified sex therapist, visit the American Association of Sexuality Educators, Counselors and Therapists at www.aasect.org.

For more information on how menopause- and midlife-related changes might affect intimacy in your life and what you can do about them, visit:

www.HealthyWomen.org/sexualhealth.

Resources

American Association for Marriage and Family Therapy
703-838-9808
www.aamft.org

American Association of Sexuality Educators, Counselors and Therapists
804-752-0026
www.aasect.org

American Menopause Foundation
www.americanmenopause.org

Association of Reproductive Health Professionals
202-466-3825
www.arhp.org

National Vulvodynia Association
301-299-0775
www.nva.org

The North American Menopause Society
440-442-7550
www.menopause.org

The Vulvar Pain Foundation
336-226-0704
www.vulvarpainfoundation.org

The Women's Sexual Health Foundation
www.twshf.org

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