Epidemiological studies reveal that around 10 million women between the ages of 50 and 74 report sexual complaints, including decreased desire, inability to reach orgasm and increased pain with intercourse. Researchers have begun to realize that sexual response involves a complex interaction between hormones and the nervous vascular and the musculoskeletal systems.

Sexual dysfunction can be a problem for women of any age. However, women in midlife are especially prone to changes that sometimes result in sexual dysfunction. Understanding how the changes in midlife affect sexual response is an important first step in helping women deal with sexual dysfunction.

How many women suffer from some sort of sexual dysfunction?

Researchers at Yale School of Medicine and the Albert Einstein College of Medicine report that female sexual dysfunction (FSD) affects 48.2% of women.

What’s new related to women and sexual function and dysfunction?

Research shows that a woman can fool her partner by faking an orgasm but a brain scanner will probably catch her. Researchers at the University of Groningen in the Netherlands used scans to show that different areas of the brain are stimulated during an orgasm but aren’t activated when a woman fakes an orgasm.

The brain scans for men during orgasm are less conclusive but reveal that different parts of the male and female brain are activated and deactivated during sexual stimulation. So when people say that the sexiest organ in your body is the brain, they’re being truthful.

How do midlife changes influence female sexuality?

We have to redefine the concept of midlife as women’s life expectancy grows. A woman may have two midlife experiences—one related to reproduction and the other related to chronological age. Menopause used to occur at the end of a woman’s life. Now, it occurs at the middle.

During the perimenopause, erratic ovarian function leads to varied estrogen levels. Estrogen levels decline, causing a decrease of blood flow to the genitals. This, in turn leads to changes that might affect sexual function.

Some women face changes in the vagina, including a narrowing, a dryness, an increase in pH, which can lead to infections, and a decrease in elasticity of the vaginal wall. Changes in a woman’s bladder can lead to frequency in urination or loss of urine. Changes in her clitoris can lead to decreased blood flow. And nerve changes may mean that a woman has to cope with decreased sensitivity to touch and that she needs more time to respond to a physical sensation.

Vaginal dryness and the decrease in elasticity of the vaginal wall can even lead to discomfort and pain during sex. Lack of blood flow to the genitals means low vascular congestion in the vagina and clitoris. And that, in turn, can mean delayed arousal, delayed or absent orgasm, or diminished intensity of orgasm.

Many women fail to realize that they make more testosterone than estrogen. In fact, all of the estrogen made by the ovaries is from testosterone. Testosterone is important in developing the libido or sex drive in both women and men. Declining levels of testosterone during midlife can affect a woman’s sexual urge. Also affecting testosterone levels are medications such as birth control pills and estrogen therapy taken by many women in midlife.

For women who are nearing menopause, relationships and attitudes seem to affect sex more than menopause status. In an article published in the July/August issue of *Menopause*, researchers report that of 3,000 women interviewed, those with the best sex lives have healthy relationships and positive attitudes about sex and aging. Vaginal dryness and pain during sex also seem to affect women’s sex lives.

How does male sexuality influence women?

A woman’s male sex partner can definitely affect her sexual response. In midlife, men go through a decline in testosterone production as well as other changes, such as de-
clines in libido, penile sensitivity, and blood flow to the genitals. A man may not be able to achieve or maintain an erection.

The man may face performance anxiety where fear of failure leads to ongoing sexual dysfunction. If the pattern continues, a man may withdraw from sexual encounters or any expressions of intimacy. The man's behavior has a profound impact on his partner, who associates expressions of intimacy with desire and sexual response.

How do midlife women experience changes in libido?

Decreased libido or sexual desire is a common complaint of women in perimenopausal transition. However, decreases in sexual appetite, drive, and fantasy can happen at any time in a woman's life. It's easy to look at sexual arousal physiologically. However, libido is more behavioral and psychological.

Women and men can have normal levels of testosterone and still experience a diminished desire for intimacy. Just consider the reality that men tend to live longer than women do. This results in a shortage of men of a certain age. Men sometimes seek out younger women, which also influences the availability of partners for a midlife woman.

A woman needs to feel good about herself to take interest in sex. If she doesn't feel she's at her best—both physically and emotionally—she's not likely to have a strong sex drive.

We can't ignore the impact of health and socioeconomic status on sexuality. Sexual dysfunction is high among women plague by low income and poor emotional and physical health.

And let's not forget a woman's past experiences. A woman who was brought up in a home organized around a set of unrealistic or unhealthy moral and religious beliefs is likely to have problems coping with sexual issues.

It's easy for a woman to feel less desirable as she ages given our youth-obsessed, competitive culture. A woman in midlife may face weight gain or redistribution as well as changes in skin and muscle tone. If a woman feels unattractive and unsexy, she's bound to experience a decline in libido.

Men aren't the only ones to experience performance anxiety. A woman may fear pain during sex because of vaginal dryness or changes in her vagina. She may not feel satisfied. Or she assumes she won't be able to satisfy or please her partner. If a man has performance anxiety, the woman may avoid any sexual contact. After all, why would she take the risk of forcing him to fail? And why would she want to confront her own perceived inadequacy to arouse him sexually?

How about the impact of medical issues on sexual dysfunction?

Medical issues, such as coronary artery and renal disease and arthritis, can diminish sexual desire and arousal. Just as troubling are conditions such as Parkinson's disease, complications of diabetes, pituitary tumors, and alcohol and drug abuse. And we can't forget about the impact of psychiatric or emotional problems such as depression.

Medications for blood pressure, psychiatric conditions and colds and allergies can influence sexual desire. Also influencing testosterone levels are birth control pills and hormone therapy.

Going back to the impact of depression, we can't minimize the role of selective serotonin reuptake inhibitors, or SSRIs. Used to treat depression or premenstrual disorders in perimenopausal women, these drugs can sometimes improve sexual function by treating the underlying depression. However, a woman who takes these medications may also face diminished sexual desire and altered arousal and orgasm.

Surgery can also have a profound impact on female sexuality and responses. Surgeries involving the breast and genital area can affect body image as well as the ability to function sexually. A diagnosis such as cancer or heart disease can also affect a woman's sexual response.

Many physicians have debated the role of hysterectomy in improving or diminishing sexual function. If the surgery relieves symptoms such as bleeding or pain, a woman may develop a more intense interest in sex. On the other hand, a woman who's had a hysterectomy can experience a decline or absence of orgasm.

It's important for a woman to remember that her ovaries continue to produce testosterone even when they no longer produce estrogen. This means that it's no longer appropriate to remove the ovaries along with the uterus to prevent future ovarian cancer. It's also important to maintain the cervix due to its role in providing blood vessels and nerves to the top of the vagina. This, however, is controversial in the medical community. Some physicians feel that having the cervix does
nothing to improve sexual responsiveness and sensation, while many others believe that it does.

How can physicians help in the treatment of sexual dysfunction?

Physicians need to know that even though sexuality is a complicated issue, lifestyle changes can generate a profound impact. These changes can include drinking more water, smoking cessation, and/or strength training and aerobic exercise. Strength training, in particular, can increase libido, decrease depression, enhance body image, and boost testosterone levels.

Any suggestions to stop having sex won’t work. Sexual activity begets sexual activity. Women can experience some of the benefits of sex through masturbation and sexual fantasy. However, physicians should stop short of recommending that a woman has sex a specific number of times per day, week or month. Both men and women need to accept the notion that not all sexual encounters need to culminate in traditional intercourse and orgasm.

Physicians can refer patients to psychologists or relationship therapists who can help them communicate sexual likes and dislikes in a non-threatening way. Couples with long-standing communication problems will need extensive therapy, while others may benefit from sexually oriented videos and erotic literature. A midlife quest to make a testosterone treatment available to women.

A study published in the July 25, 2005, issue of the Archives of Internal Medicine reveals that a testosterone patch can improve sexual desire disorder.

Do medications play a role in treating sexual dysfunction?

Estrogen can affect a woman’s sexual function by helping with lubrication and vaginal elasticity as well as nerve growth and lifting of mood. In one study, estrogen increased clitoral sensitivity, rate of orgasm, and sexual desire. In another, the rate of orgasm and sexual arousal weren’t affected. However, women were more satisfied with the frequency of sex, sexual fantasies, sexual enjoyment, and vaginal lubrication. However, not every study is positive. Women may experience a decline in testosterone, which reduces sexual desire. Some studies show that progestins increase sexual problems in women, although hormone combinations may be more effective.

Androgen treatment is still controversial. In terms of studies, the results are mixed. Androgens can decrease HDL. When given in high doses, they can produce masculine changes such as hair growth and acne. Combined estrogen and androgen therapy can help a woman who’s had both ovaries and uterus removed.

A study published in the July 6, 2005, issue of the Journal of the American Medical Association reports no connection between a woman’s level of androgen and sexual functioning. The results seem to contradict the idea of using testosterone to treat low sexual desire disorder.

A study in the July 25, 2005, issue of the Archives of Internal Medicine reveals that a testosterone patch can improve sexual interest and activity in women who have low desire following removal of their ovaries. However, many still question taking steroids. The FDA turned down a request to make a testosterone treatment available to women.

Many women have faith in herbal therapies, although evidence on their effectiveness is limited, and many physicians question the safety and nonregulation of these products. Among therapies under discussion are St. John’s Wort; Ginseng; Don Quai; Yohimbine; Ginkgo Biloba; and L-Arginine, an amino acid. However, only Yohimbine, Gingko Biloba, L-Arginine, and some topical creams for the clitoris seem to increase sexual desire and sensation.

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Resources

American Association of Sex Educators, Counselors, and Therapists www.aasect.org
American College of Obstetricians and Gynecologists www.acog.org
The Alexander Foundation for Women’s Health www.afwh.org
Association of Reproductive Health Professionals www.arhp.org
ClinicalTrials.gov www.clinicaltrials.gov
FSDInfo.org - Information on Female Sexual Dysfunction www.fsdfinfo.org
Female Sexual Dysfunction: Overview and Sexual Response Cycle www.urologychannel.com
International Society for the Study of Women’s Sexual Health www.iswsh.org
Journal of Sexual Medicine www.blackwellpublishing.com
Kinsey Institute www.kinseyinstitute.org
Medical Institute for Sexual Health www.medinstitute.org
Menopause Web Reference www.womanlab.com
National Association of Nurse Practitioners in Women’s Health www.npwh.org
National Vulvodynia Association www.nva.org
The North American Menopause Society www.menopause.org
Nurture Your Nature www.nurtureyournature.org
Society for Sex Therapy and Research www.sstarnet.org
Vulvar Health www.vulvarhealth.org
Women’s Sexual Health Foundation www.twsf.org