

# Sexual Dysfunction Association

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## Sexual problems in women

Sexual problems in women are common. It has been estimated that they affect about one in two women and they become more common as women get older. Sexual problems are classified into various types:

- Loss of sexual desire
- Loss of sexual arousal
- Problems with orgasm
- Sexual pain such as painful sex or dyspareunia which is common after the menopause as oestrogen levels fall and the vagina feels dry.

## Management plans

Management plans can be divided into non-hormonal and hormonal. It is important to remember that other aspects of relationship issues are crucial and need to be taken into consideration.

### Non-hormonal

#### Self-help

Sexual materials of all kinds are easy to find: books, DVDs, vibrators, clitoral stimulators, erotic games and lingerie. These can be easily found on the internet.

#### Psychosexual therapy

Psychosexual therapy (also referred to as sex therapy or psychosexual counselling) has proven success rates. Both partners should be encouraged to attend. Following initial assessment, the therapist will give the couple information about how sexual problems arise and the various treatment options available. You can be referred for sex therapy by your GP or other health professional. Some will take self referrals. Sex therapy can be obtained through the NHS or privately. It is important to make sure that the sex therapist is qualified and abides by the codes of ethics of an appropriate professional body. Look for a therapist who is a member of the Institute of Psychosexual Medicine (<http://www.ipm.org.uk/>) or the British Association for Sexual and Relationship Therapy (<http://www.basrt.org.uk/>).

#### Vaginal lubricants and moisturisers

If lubrication is a problem this may be improved by lubricants and bio adhesive moisturisers. Many different water-based lubricants are now available. Oil-based lubricants, such as peach kernel or sweet almond oils, which last longer than water-based, have the potential to break down the latex in condoms. This is important for the prevention of sexually transmitted diseases. Bio adhesive moisturisers have the advantage that timing of application is not dependent on intercourse. While lubricants are bought over the counter, one bio adhesive moisturiser (Replens) is available on prescription.

## **Hormonal**

### **Oestrogens**

Oestrogen levels fall after the menopause. Oestrogen replacement can be either given systemically where they increase levels throughout the whole body or vaginally without increasing hormone levels throughout the body. Systemic oestrogen which can be given by tablet, patch or skin gel will also deal with other menopausal symptoms such as hot flushes. Low dose vaginal oestrogens are very effective and can be given by tablet, ring, creams or pessaries. Long-term treatment is required since symptoms return when treatment is stopped.

### **Testosterone**

Testosterone is produced naturally in the female ovaries and adrenal glands and it is linked to female sexual function. The loss of sexual desire can be associated with this testosterone drop. When a woman gets her ovaries surgically removed (oophorectomy), she experiences an immediate decline in testosterone. Several studies have shown a benefit of testosterone therapy in postmenopausal women but mainly in those using oestrogen. In the UK, the only licensed preparation for women for many years was subcutaneous implants or pellets to be put under the skin using local anaesthetic. Testosterone patches for women are now available. These have the advantage that women can start and stop treatment whenever they want.

### **Tibolone**

Tibolone is often classed as a type of hormone replacement therapy (HRT). It is a synthetic steroid with similar effects to the female hormones oestrogen and progesterone as well as testosterone. It can improve menopausal symptoms such as hot flushes and can improve lack of libido.

While women can find sexual problems difficult to talk about and isolating, various options are available. If possible, share your concerns with your partner and try to agree whether you would both be willing to seek help together. You will normally be welcome as a couple or as an individual when you ask for help from your GP, local hospital clinic or therapist in the private sector. Always ensure that the clinician from whom you seek help will be able to ensure that you have a thorough check-up of both physical and psychological factors.

## **Further reading**

Sexual Health and the Menopause. eds Tomlinson JM, Rees M, Mander T. 2005. Royal Society of Medicine Press and British Menopause Society Publications Ltd.

Suckling J, Lethaby A, Kennedy R. Local oestrogen for vaginal atrophy in postmenopausal women. Cochrane Database Syst Rev. 2006 Oct 18; (4): CD001500.

## **An invitation**

..... to enrol as a friend of The Sexual Dysfunction Association. For a small annual subscription you will know that you are contributing to a charity that helps overcome the problems of male and female sexual dysfunction. If you are interested please telephone or write for an application form or complete our on-line registration form.

