



Menopause and sex

Sexuality is an important part of our human experience. But hormonal changes at menopause can sometimes lead to reduced sexual desire (libido) and painful sex. While this is common, it can be frustrating and may affect your relationship.

Can menopause affect your sex life?

Life stage and relationships

Not all sexual problems are due to menopause. At this stage of your life, you may have added pressures that affect your sex life. For example, work demands, caring for elderly parents or relationship issues.

Vaginal changes

Lower oestrogen levels can change the tissues of your vulva and vagina. Your vaginal skin gets thinner, and your vagina becomes drier, less lubricated and less elastic. This may cause vaginal irritation and painful sex.

Menopausal symptoms

Menopausal symptoms, such as hot flushes, night sweats, low energy levels, poor sleep and low mood can also affect your sexual desire.

Body image

You may feel differently about your body and might not want to be intimate with your partner as often as you used to.

Hormones

Changing hormone levels can have an impact on your sexual desire, make it harder to have an orgasm or make sexual experiences feel less pleasurable.

Management options

Vaginal atrophy

Vulvovaginal atrophy is the thinning of tissues in the genital area due to lowered oestrogen levels. This can affect your vagina, vulva, urethra, bladder and pelvic floor muscles.

Vaginal symptoms can be treated in different ways. For example, with menopausal hormone therapy (MHT), vaginal oestrogen and vaginal moisturisers. You can also use lubricants during sex.

Sleep

If you sleep well, you will have higher energy levels, which may improve your sexual desire. You can try to:

- improve your sleep habits (e.g. avoid using electronic devices before sleeping)
- have a healthy lifestyle (e.g. a balanced diet and regular exercise)
- explore different ways to stay cool at night (e.g. have layers on your bed).

Hot flushes and night sweats

There are lots of ways to deal with hot flushes and night sweats. For example:

- try MHT
- avoid triggers (e.g. spicy foods, hot drinks, alcohol, caffeine, nicotine)
- reduce stress
- keep cool (e.g. use a fan or air conditioner).

Mood and emotions

Looking after your emotional health is important and may help you feel better about sex. Try to:

- take care of your physical health (e.g. exercise, eat well, rest)
- work through your emotions (e.g. talk to a friend or counsellor)
- use different mindfulness and relaxation techniques
- practise cognitive behavioural therapy (CBT), with help from a trained practitioner.

Pelvic floor physiotherapy

Pelvic floor muscles can become tight during the menopause transition, which may cause painful sex. A pelvic floor physiotherapist can teach you pelvic floor muscle awareness, relaxation and massage techniques to help reduce any pain.

Counselling

If you have relationship problems, you can try talking to your partner about what you're going through and ask for their support. You could also seek help from a psychologist who specialises in couples counselling, or a sex therapist.

Testosterone therapy

Some women become very distressed about their loss of sexual desire. This condition is called hypoactive sexual desire disorder (HSDD). For women with HSDD, testosterone therapy may help. Testosterone for women is available as a cream in Australia. It's important to use this treatment under the close supervision of your doctor.

When to see your doctor

Talk to your doctor if menopausal symptoms affect your daily life.

For example, if:

- you have vaginal symptoms
- you have painful sex
- you are experiencing strong emotions, anxiety or depression
- you are distressed about your loss of sexual desire.

For more information, resources and references, visit jeanhailes.org.au/health-a-z/menopause

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Jean Hailes for Women's Health gratefully acknowledges the support of the Australian Government.

Updated May 2023

Disclaimer: This information does not replace medical advice. If you are worried about your health, talk to your doctor or healthcare team.

We write health information for people with diverse backgrounds, experiences and identities. We use the term 'women', but we acknowledge that this term is not inclusive of all people who may use our content.

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