

Sexual Health and Menopause

Kamilia El-Farra

MB ChB, FRCOG, M.Phil Medical Law and Ethics

Consultant Gynaecologist, The Rivers Hospital

25th May 2023





Menopause

- Physiological and psychological changes.
- Oestrogen deficiency is associated with changes in the vascular, muscular and urogenital systems.
- Age dependent decline in Testosterone and androgen function.

Symptoms of the Menopause

- Vasomotor: hot flushes, night sweats
- Urogenital: vaginal dryness, soreness, painful sex, bladder frequency, urgency and painful bladder
- Mood swings
- Joint aches
- Poor concentration
- Insomnia

Sexual dysfunction

- Hormonal changes
- Dryness
- Low self esteem
- Prolapse
- Other co-morbidities.

How to explain what is happening to your partner

- After menopause, reduced levels of the hormones oestrogen and progesterone result in less natural lubrication that may result in bleeding, tightening of the vaginal opening, and/or narrowing and shortening of the vagina.

5 Easy Steps to Deal with Your Wife's Vaginal Dryness



Be informed

Know the symptoms

More foreplay

Use lubrication

See a doctor



WHAT CAUSES VAGINAL DRYNESS IN MENOPAUSE?



Vaginal Atrophy Pathophysiology: Cellular Changes



Intermediate and superficial cells predominate in premenopausal women; minimal parabasal cells

After menopause, there is an increase in parabasal and intermediate cells and a substantial decrease in superficial cells

Recurrent Urinary tract Infections

- Changes in Oestrogen.
- Anatomical changes, voiding difficulties
- E coli most common
- 25% will have UTI and not know about it.



Prolapse and sex

- Pelvic Organ Prolapse (POP) is a condition in which your pelvic floor is weakened to the point that one of your pelvic organs (bladder, uterus, or rectum) “falls” into your vagina. Many women with POPs report feeling a heaviness or bulging feeling in their vagina, or a feeling that they are sitting on top of a ball. In severe cases, the pelvic organ may protrude past the vaginal opening.
- This condition may leave you feeling uncomfortable and anxious about sex. Sex is still completely possible and will not affect the prolapse at all.

Low Testosterone Levels symptoms

- Sluggishness, Muscle weakness, fatigue, sleep disturbances, reduced sex drive, decreased sexual satisfaction, weight gain.
- Research is limited.
- Routine measurements of testosterone are not recommended for diagnosis.
- Research has yet to prove a link between testosterone levels and symptoms of Hypoactive Sexual Desire Disorder (HSDD)

Management of The menopause: NICE 10 key messages

1. Provide evidence based information, treatment options and help women to make informed, individual decisions
2. Do not use blood tests to diagnose menopause or perimenopause over age 45
3. Offer HRT first line vasomotor and low mood symptoms

Management of The menopause: 10 key messages

4. Do not routinely offer Clonidine or antidepressants
5. Do not use Fluoxetine or Paroxetine in women taking Tamoxifen
6. Offer long term vaginal oestrogen for urogenital symptoms, even taking HRT
7. Understand appropriate review and when to refer

Management of The menopause: 10 key messages

8. Support women to choose when to stop HRT, do not choose arbitrary limits
9. Use pictorial charts to discuss long term risks and benefits of HRT
10. Do use blood tests to confirm Premature Ovarian Insufficiency and offer hormonal treatment up to average age of menopause at least

Understanding the risks of breast cancer



A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Number of women developing breast cancer over the next five years.

November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



www.womens-health-concern.org
Reg Charity No: 279651
Company Reg No: 1412023

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org



www.bms.org.uk
Reg Charity No: 103344
Company Reg No: 02759439

Treatment



Alternatives to HRT

- Antidepressants
- Clonidine
- Gabapentin, Pregabalin
- Complementary & alternative therapies: CBT

Vaginal Oestrogen therapy

Systemic HRT does not always resolve vaginal atrophic symptoms, but suboptimal replacement should be addressed

Local oestrogen can be used to relieve symptoms whether or not systemic HRT is being used

HRT risks are not increased by using both systemic and local oestrogen together

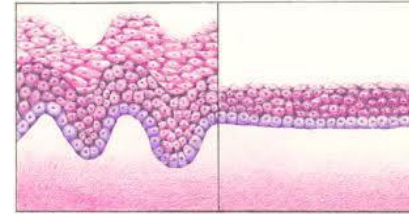
Any regular over the counter vaginal lubricants (for intimacy) and moisturiser (for daily rehydration) is advised in addition to or instead of local oestrogen

Vaginal Oestrogen therapy

- A year of Vagifem 10mcg use is equivalent to one oral tablet of oestrogen
- Previous evidence based used of 25mcg Vagifem twice weekly is still the same. Vagifem 10mcg can be used 4-5 times per week if symptoms persist
- Where other vulval pathology is suspected a referral to gynaecology or dermatology vulval clinic is advised
- Persistent recurrent UTI or vaginal infection to be referred to the respective specialist clinics

Vaginal Oestrogen therapy

- .Increasing UTI incidence with age
 - Menopause: Lower oestrogen levels
 - Pre-menopausal pH <4
 - Post-menopausal – loss of glycogen in vaginal wall and loss of (commensal) lactobacillus stimulation
 - Loss of protective acidic microenvironment – increased risk of colonisation
 - Restored with oestrogen therapy
 - Vaginal creams/rings effective
 - **Side effects:** vaginal bleeding, spotting, breast tenderness, vaginal irritation, burning, non-physiological discharge



Testosterone Replacement Therapy

- Systemic testosterone leads to significant improvement in sexual function, including sexual desire and orgasm.
- NICE recommends Testosterone supplements should be considered for treatment of low sexual desire in menopausal women if HRT alone is not effective.
- Side effects of testosterone replacement, usually with levels higher than the physiological levels for females: Excess hair growth, acne, weight gain hair loss, deepening of voice and clitoral enlargement.

Testosterone Replacement Therapy

- Androfeme cream, female preparation, licensed in Australia, imported to the UK for private use

Testosterone Replacement (off license preparations)

- Tostran Gel 2% (off-label): X1 measure per 2-3x per week. Titrated to efficacy and side effects. Supply x1-should last 6 months.
- Testim gel 50mg/5g or Testogel 50mg/5g (off-label): 1/7th to 1/14th of the tube per day, dependent upon response. Supply 1 box 30 sachets (6 months' supply-cost effective)
- Apply to thighs, lower abdomen or inner wrists. Rotate sites
- Check Free Androgen Index (total testosterone/SHBG) after 3 months to avoid high dose

Risks with prescribing HRT

- Risks of HRT are determined by patient age at starting HRT and past medical history
- Refer to secondary care before initiating HRT, where risks appear to outweigh benefit

Myocardial Infarction, Cerebrovascular Accidents, Stroke and Venous Thromboembolism (MI, CVA, Stroke, VTE)

- Transdermal Oestradiol does not significantly increase event risk
- Transdermal Oestradiol always recommend if women with a pre-existing risk history
- Oral Oestradiol increases risk event and not recommended unless there are no other pre-existing risk factors
- Norethisterone (NET) may be associated with significant increased VTE risk
- Oral Oestradiol is contraindicated in MI, CVA, Stroke, VTE history
- Suspected coagulopathies should be assessed by a haematology specialist with an interest in HRT
- NET not recommended as a first line progestogen

Migraine with aura

- Transdermal Oestradiol does not significantly increase event risk
- Transdermal Oestradiol is always recommended in women with a pre-existing risk history
- Oral Oestradiol is contraindicated in history of migraine with aura

Breast Cancer or other hormonal cancer

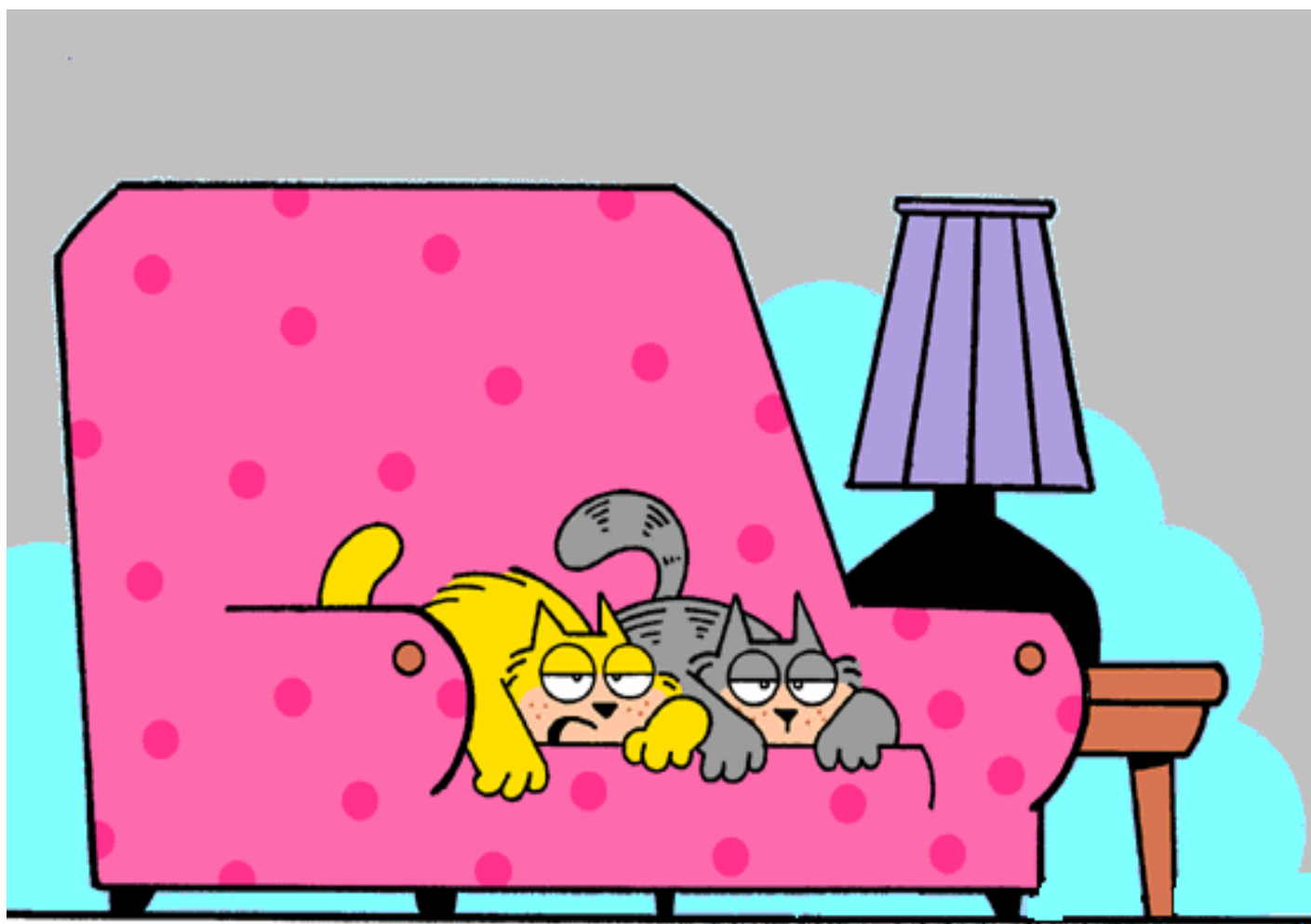
- HRT is contraindicated for women with history of breast cancer. The risk of recurrence of breast cancer with HRT is higher in women with oestrogen receptor positive cancer.
- Women with oestrogen receptor negative breast cancer are also considered to have an increased risk of recurrence
- HRT may be used, in exceptional cases, for women with history of breast cancer if life style modifications are not effective.
- Natural bioidentical progesterone has a non-significant breast cancer risk with HRT
- Medroxyprogesterone (MPA) may be associated with significant increased breast cancer risk
- Utrogestan, natural bioidentical progesterone is hormone of choice
- MPA not recommended as a first line progestogen

BIO-IDENTICALS

- Bio-identical hormones are marketed as being naturally produced hormones which aim to resemble our own hormones and which replace the hormones according to individual requirements.
- They are **very similar** to the hormones used in Hormone Replacement Therapy, which are also produced from natural sources, but, unlike HRT hormones, are given in **uncontrolled, unregulated amounts, with little evidence available on effect and safety**

BIO-IDENTICALS

- Measurement of salivary hormone levels is often used to determine the amounts of bio-identicals which are prescribed, **but salivary hormone levels bear no correlation with hormone levels which are required to treat menopausal symptoms**, or to provide beneficial effects on bone or the cardiovascular system.



“Having nine lives is cool, but if I have to go through menopause again, forget it!”