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PRIMARY CARE
WOMEN'S HEALTH FORUM

Libido & the menopause

Loss of libido is a common occurrence in perimenopausal and postmenopausal women. What can you do to support your patients?

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Libido & the menopause: What to do

This consultation can be challenging in primary care where time is pressured. The causes of low sex drive may be multiple and interlinked for many women, but unpicking the root cause can help target the most appropriate management option. Always actively manage physical symptoms.



1.

Talking about it is a good first step. Encourage her to talk to her partner about how she is feeling. Couples therapy may be needed if there are issues within the relationship. Relate can be a helpful resource. Other places to find counsellors – British Association for Counselling and Psychotherapy and the College of Sexual and Relationship Therapists.



2.

Non-hormonal vaginal lubricants and moisturisers used during sex can improve dryness and dyspareunia, therefore improving the pleasure of sex and sexual desire¹.



3.

HRT can improve menopause symptoms including psychological ones, which may have been identified as an important factor. Systemic oestrogen replacement can improve sexual desire and libido and may help vaginal symptoms, though many women will also need a vaginal, topical oestrogen.



4.

Topical vaginal estrogen replacement can improve dyspareunia secondary to vaginal atrophy, through its proliferative affect on the vulval and vaginal epithelium. Can also help arousal.



5.

Systemic testosterone has been shown to result in significant improvement in sexual function, including sexual desire, and orgasm². Testosterone therapy is not licensed for women in the UK, but was recommended by NICE for menopausal women with low sexual desire if HRT alone is not effective³. It can therefore be prescribed off license where appropriate⁴. The British Menopause Society has published clear, practical prescribing advice⁵. It may be an important addition for women who have undergone oophorectomy.



6.

Some find using a vibrator can help arousal.

7.

Physiotherapy can help pain during intercourse if related to muscle tension. Pelvic floor exercises can improve pleasure experienced during sex.



8.

Psychosexual therapy is aimed at helping people who have difficulties in their sexual relations, whether from a physical, emotional or psychological source, or a combination of these. Referrals can be made on the NHS.



9.

Yoga and other relaxation techniques may help some. Exercise improves mood and sense of wellbeing, can transiently increase serum levels of natural testosterone, and has been shown to have a positive impact on sexual desire⁶.

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