

CHAPTER 35

Menopause

Sooner or later, menopause affects all women. It occurs (usually around 50) when the level of circulating oestrogen and progesterone and other hormones become too low to stimulate the ovaries to produce eggs or the uterus to prepare for possible conception (thus bringing menstruation to a halt).

The process is not as sudden as it may appear, the decline in production beginning some seven to ten years before. It is not a slow and gradual decline but is marked by wild fluctuations in oestrogen levels and increasingly irregular periods. During this period, she may experience a kind of insomnia in which she falls dead asleep as soon as she hits the pillow but wakes up five hours or so later ready for action. She may suffer short-term memory loss. Far from being stimulating, her partner's touch may become annoying. And she may develop stress incontinence.

The decline in oestrogen levels causes a decline in vaginal wetness during sexual arousal, decreased vaginal elasticity, decreased interest in sex, lack of increase in breast size during sexual stimulation, and fewer (and sometimes painful) contractions of the uterus during orgasm. Over two-thirds of women have some problems in their sexual lives. In one survey, 77 percent of those having problems reported a decrease in sexual desire, 58 percent complained of vaginal dryness, 39 percent said intercourse was painful, 36 percent complained of a less sensitive clitoris, and 29 percent had problems reaching orgasm. Because of these problems, the frequency with which these women were having intercourse had dropped down to once a month or less for half of them.

Some women also experience hot flashes, night sweats, dizziness and stress incontinence.

Despite all this, only about three percent of women who have been through menopause regret having done so, being able to forget about pregnancy, contraception and menstruation more than making up for the problems.

Almost eighty percent of males also experience problems caused by their partner's menopause. Even in those who know what is happening and why, it is hard not to feel rejected when a formerly loving partner doesn't want to be touched, shows few of the old signs of arousal, has difficulty letting him into her vagina and shows signs of pain when they do have intercourse.

Hormone replacement therapy can restore vaginal wetness, revive sexual drive and help with urinary problems, as well as protecting against osteoporosis (but only as long as you keep taking it), death from some types of cancer, dementia, and perhaps cardiovascular disease. However, it can also cause bloating, bleeding, breast tenderness, abdominal and leg cramps, weight gain, headaches and nausea, though these side effects often settle after a few months. Tablets are most commonly prescribed but vaginal creams, pellets (inserted under the skin), skin patches, intravaginal rings and injections are also available. The drawback of vaginal creams is that the amount of oestrogen absorbed through the vaginal wall is very variable and may be too much or too little. Implants are left in for 3-12 months and are replaced when symptoms reappear. Skin patches may irritate the skin in some women. Soy products, a wide range of nuts and seeds, legumes, grains and plants such as red clover and alfalfa contain phytoestrogens and seem to lessen menopausal symptoms for many women, provided they're taken in large enough quantities. Some herbs are effective at treating symptoms of menopause but even herbalists warn that herbs alone are not enough and that it's dangerous to self-medicate with them. Taking vitamin E also helps reduce symptoms of vaginal atrophy and dryness. Given the present state of scientific knowledge and lack of clinical trials, progesterone creams (including wild yam and other 'natural' progesterone creams) cannot be recommended. It helps to avoid antihistamines, decongestants, antidepressants, antihypertensives and cardiac agents if possible, because these worsen vaginal dryness. If they can't, it helps to use a lubricant like K-Y Jelly or to use Replens (which also helps make the vagina more acidic, lessening the chances of acquiring yeast and other infections). It also helps to give oneself time to respond and become aroused. Kegel exercises can

help overcome stress incontinence, as well as increasing sexual responsiveness. After menopause, it is more important than ever to maintain a healthy lifestyle, including a healthy diet and plenty of exercise. Attention to lifestyle change during the menopause can attenuate normal weight gains that occur at this stage of life. Perhaps most important of all is to keep sexually active; the 'if you don't use it, you lose it' rule applies.

Men suffer a corresponding decline in production of testosterone with age but the decline is gradual and does not produce the drastic effects that menopause does in women. So-called 'male menopause' can, very rarely, be due to abnormally low levels of testosterone that can be remedied by replacement therapy but is more usually a symptom of the 'midlife crisis' that men these days seem particularly prone to. This typically appears when a man realises that he's never going to achieve all - or even most - of the goals he had set his mind on. Stress and the loss of self-esteem can lead to impotence - which he is all too prone to blame on his partner. So as not to miss the obvious, he should have his testosterone levels checked and go on testosterone replacement therapy if appropriate. If they are within normal limits, he needs to accept that some change in sexual performance and responsiveness is inevitable. He should adopt a healthier lifestyle. As well as the physical factors of diet, exercise and avoiding smoking and excessive drinking, this should include the psychic dimensions of improving his self-esteem by doing things, inside or outside the relationship or family, where he can know that he is making a difference, and of strengthening his ties with partner, friends and family. He should become more sensual and more romantic and strive to please his partner. If none of this works, he should see a sex therapist.