

Decreased Sexual Drive

The main sexual disorder affecting older women is a decrease in sexual drive (libido). Decreased libido does not affect all older women and is not an inevitable result of aging. But it does affect many women. Decreased libido may cause conflict in an important relationship, such as occurs if a woman's desire for sex is much less than her partner's or if it causes a woman to be less sexual than she would like to be.

Causes

Decreased libido has many causes. The low estrogen and testosterone levels that occur with menopause can decrease sexual drive as well as decrease the blood supply to and lubrication of the tissues of the vulva and vagina. This, in turn, can cause pain with intercourse or even with touch and lead the woman to avoid sex. Depression, a condition common among older women, can decrease libido as well. Body changes caused by medical disorders, surgery, or aging itself may decrease libido in many women. Anxiety about body image or performance inhibits some older women, as do beliefs that sexual desire and fantasy are improper or shameful at an older age. In many cases, an older woman has a healthy sexual appetite that may be slowly extinguished if her partner no longer responds to her desire.

The diagnosis of decreased libido is often suspected by the woman herself, but many women do not think to talk to their doctor about the condition and others feel they cannot or should not. Decreased libido can have many treatable causes, however, and generally should be brought to a health care practitioner's attention.

Treatment

Treatment depends on the cause. Communication with a partner about both desire and dissatisfaction is always important. Problems originating in a male partner should be addressed with a doctor trained to treat male sexual problems.

Romantic and sexual experimentation may help the woman overcome boredom. Direct, prolonged stimulation of the clitoris by the woman herself during masturbation or by her partner may help her re-experience desire. Generous use of water-based lubricants may reduce physical discomfort and inhibition.

Hormonal therapy can play an important role. When sexual intercourse is uncomfortable because of atrophic vaginitis, low doses of estrogen can be applied in the vagina. The estrogen can be applied as a cream or tablet or may be contained in a plastic ring that allows it to slowly and steadily leak out into the vagina. Estrogen applied in these ways does not enter the bloodstream in significant amounts, yet the estrogen can maintain tissues of the vagina, keeping them thicker and well lubricated. Testosterone can be supplemented. It is

available in pill form, combined with estrogen, and can be obtained in a gel form.

Some drugs used to treat sexual dysfunction in men are currently being studied in women.

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