

Mid-aged women's sexual functioning

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ABSTRACT. *The aim of this paper is to determine the effects of aging, hormonal and psychosocial factors on female sexual functioning during the menopausal transition. The paper reviews findings from observational studies. These show that both aging and length of relationship adversely affect sexual functioning of both men and women. However, women have an additional incremental adverse effect related to the menopausal transition. The Melbourne Women's Midlife Health Project found a dramatic decline in women's sexual functioning with both ageing and the menopausal transition and that this effect was mediated by declining estradiol.*

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INTRODUCTION

Sexual problems are amongst the three most frequently reported complaints by women attending menopause clinics (1). This would seem to suggest that menopausal status (and underlying hormonal change) may be linked to adverse effects on sexuality. Yet relatively few of the population studies on the menopausal transition in mid-aged women have inquired about sexual functioning. Even fewer have used a validated questionnaire to assess the different aspects of sexual functioning. The role of ageing *per se* has to be disentangled from that of menopause, with which it is often confounded. The menopausal transition is a time of psychosocial as well as biologic change. Longitudinal studies of samples derived from the general population are in the best position to sort out whether there is a change in sexual functioning, and if so whether this reflects ageing, health status, hormonal or psychosocial factors.

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Teaching aim to determine:

- effects of aging on female sexual functioning,
- changes in female sexual functioning reflecting hormonal factors underlying the menopausal transition,
- which hormone is responsible for any menopause related change in sexual functioning,
- relative roles of hormonal and psychosocial factors,
- clinical implications.

EFFECTS OF AGEING

Ageing and length of the relationship are known to affect sexual functioning of both men and women. For example, James (2) used cross-sectional and longitudinal data to show that coital rate halved over the first year of marriage and then took another 20 years to halve again. A number of studies report an additional decrement in aspects of sexual functioning occurring in mid-age. The sharpest increase in decline in sexual interest for women occurred around the mean of age of menopause (3). The Swedish cross-sectional and longitudinal studies of Hallstrom (4) and Hallstrom and Samuelsson (5) found a dramatic decline in sexual interest, capacity for orgasm and coital frequency with increasing age. Not all women reported a decrease but the majority of the postmenopausal women did. The number reporting increase in interest or orgasmic capacity was small and less likely with rising age. The Oxford studies of women aged 35-59 again found that the older women had less frequent intercourse, orgasm and enjoyment of sexual activity (6) and increased sexual dysfunction (7).

AGEING VERSUS MENOPAUSAL STATUS

Most population surveys which addressed this issue found an additional adverse effect of menopausal status on sexual functioning

over that of ageing per se (4, 8-10). These findings indicate a contribution from the climacteric independent of the age factor alone.

MENOPAUSE, HORMONAL CHANGE OR PSYCHOSOCIAL FACTORS?

Population based surveys have found many factors impact significantly on female sexual functioning in midlife (4, 6-8, 11-13). These include presence of a sexual partner, partner's age and health, length of the relationship, feelings towards the partner, level of past sexual functioning, social class, educational level, experience of physical or psychological ill-health, stressors, employment, personality factors, and negative attitudes towards the menopause.

The Melbourne Women's Midlife Health Project is one of the few longitudinal population-based studies to follow women through the menopausal transition with annual validated rating scales (the Personal Experiences Questionnaire), interviews and physical measures including hormone assessments.

Using data from the first eight years of the longitudinal study (14) we found a dramatic decline in women's sexual functioning. The number of women with scores indicating sexual dysfunction increased from 42% in the first year of study when women were in the early phase of the menopausal transition to 88% by the eighth year of study when women were postmenopausal.

We found that as women passed through the menopausal transition there was a significant decline in SPEQ total scores, and in Sexual Responsivity, Frequency of Sexual Activities, Libido and in Feelings towards the Partner (15). A significant increase occurred in Vaginal Dyspareunia and Partner's Problems (14).

Statistical analyses found that both age and declining estradiol had significant decremental effects on the total score of sexual functioning, libido and sexual responsiveness (arousal, sexual pleasure, orgasm) (14).

IMPLICATIONS FOR CLINICIANS

Population-based studies suggest a decrement in several aspects of female sexual functioning associated with the midlife years. There is growing evidence that this reflects hormonal changes of the menopausal transition. However, hormonal change is only one aspect of the many factors that impact on sexual functioning. These include the woman's own premorbid level of sexual functioning, educational level, stress, physical and psychological health status, and the presence and quality of a sexual relationship.

When mid-aged women report sexual problems, the clinician must explore all these aspects in detailed history taking involving the woman and her partner. Given the range of factors affecting sexual functioning and the significantly more powerful effect of partner factors over that of hormonal factors, a broadly based biopsychosocial approach is needed. Estradiol replacement should be considered for acquired female sexual dysfunction associated with the menopausal transition.

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