

FACT SHEET

PERIMENOPAUSE: SEX & RELATIONSHIPS

The journey through perimenopause is unique and varied but understanding and managing its potential impacts can help maintain fulfilling relationships, provide greater connection in relationships and contribute to maintaining or even improving an individual's* sexual health and well-being.



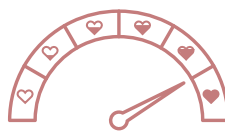
Will Perimenopause Change Things?

Whilst many studies report less interest and or less enjoyment in sexual intimacy in perimenopause and beyond, others indicate otherwise. Those who describe a fulfilling sex-life, are typically found to view their sexuality as important to their overall well-being. Whether single or otherwise, the research indicates that these individuals nurture their sexuality through open and honest discussions with partners (1) and more exploration of self-satisfaction. For some, that includes exploring same-gender sexual encounters.

This increased satisfaction could be contributed to by an improved level of comfort in communicating and investigating desires, a welcome relief from unwanted pregnancy the definition of 'good' sex, shifting from being performative to being about

one's own pleasure and connection with self/other, the offer of an opportunity to discuss more satisfying sexual engagement and freedom from potential sexual objectification of earlier years (2, 3).

In a recent study, most individuals cited cultural and social factors including relationship status, their attitudes and beliefs about sex and quality, health, and sexual history, rather than menopausal changes when they describe their sexual satisfaction and well-being (1,2).



Libido and Sexual Wellbeing

Both physical and psychological conditions impact sexual functioning and support the integration of biopsychosocial treatment to promote sexual well-being, regardless of life stage (4, 5).

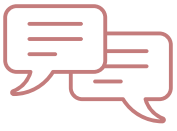
Feeling good about intimacy and desirability is impacted by many non-hormonal factors.

These include:

- Feeling less comfortable or attractive
- Being stressed by the demands of midlife
- Having less time to spend with your partner
- Changing relationship or family dynamics
- A partner experiencing their own sexual changes
- Medications and other medical conditions

Whilst initially, perimenopause may surge libido, as perimenopause progresses, hormonal shifts may contribute to a fluctuating sex drive with:

- Vaginal and vulval atrophy and dryness
- Sleep issues contributing to fatigue
- Psychological shifts including mood swings
- Mental health concerns
- Identity confusion or body image dissatisfaction
- Other physical symptoms



Communication and Understanding

Partners being engaged and educated about all facets of sexual and relationship well-being has been found to help couples address and improve both marital and sexual satisfaction and psychological health (4). Encouraging discussions and participation can nurture support and patience, enabling partners to find deeper and sometimes new forms of intimacy.



Improving Sexual and Relationship Health

Treatment is likely to be a multi-layered approach and can include:

Enhancing Intimacy: Practices that take the pressure off sexual contact and instead encourage intimacy can be useful. Exploring meaningful ways to connect and what feels pleasurable for you in a changing midlife landscape is essential.

Lifestyle and Self-care: Adopting a healthy lifestyle can positively impact menopausal symptoms, with interventions including

- Prioritising a balanced diet and regular physical activity.
- Limiting alcohol and caffeine intake, which can exacerbate symptoms
- Relaxation time or yoga, meditation or mindfulness
- Prioritising rest and sleep

Psychological Support

To address relationship dynamics and other psychological impacts on relationships and sexual well-being, seeking the support of a menopause and sexual health-informed psychologist is recommended.



These supports could include individual and both-partner approaches with the help of tools such as cognitive behavioural therapy (CBT) and body-brain and somatic therapies (such as Sensate-Focused therapy and Emotion-Focused Therapy).

Studies also show that psychological support with a practitioner skilled in sexual therapy can be used to explore sexual beliefs and attitudes that negatively impact an individual's sexual experience, address sources of shame, and possibly resolve sexual pain and/or dysfunction (5).

Pelvic Health: Pelvic floor physiotherapists to learn muscle relaxation and massage techniques, if physical discomfort is associated with tightened muscles during menopause.

Medical Treatments: Vaginal atrophy and dryness which can contribute to day-to-day discomfort and painful intercourse are driven by hormonal changes. Hormone Therapy (HT), local oestrogen therapies, vaginal moisturisers, and lubricants may help to alleviate these symptoms.

Hormone fluctuations often underpin the changes in desire, arousal, and satisfaction. It is common for women's spontaneous desire to decline through these years, however their responsive desire may not change. Testosterone therapy may benefit some individuals experiencing a marked drop in libido.

Medical treatments should always be administered under medical guidance to tailor approaches to individual needs.

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about her

All About Her Centre for Menopause is a collective of health professionals for Australian women whose lives are impacted by menopause, and education and training for the psychologists and health professionals who support them.

We exist to ensure that perimenopausal, menopausal and postmenopausal women feel understood, seen and supported at every step along the way.

Find out more at www.allaboutthercentre.com.au

References: (1) Winterich, J. A. (2003). Sex, menopause, and culture: Sexual orientation and the meaning of menopause for women's sex lives. *Gender & Society*, 17(4), 627-642.; (2) Amini, E., & McCormack, M. (2021). Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach. *The British Journal of Sociology*, 72(2), 300-314. <https://onlinelibrary.wiley.com/doi/full/10.1111/1468-4446.12805>; (3) Pereira, M. G., Bernardo, A., Fernandes, I., & Almeida, A. (2023). Quality of life in heterosexual menopausal women: The indirect effect of sexual and marital satisfaction, menopause representations, and psychological morbidity. *Health Care for Women International*, 00(00), 1-19.; (4) Allen, A., & Tully-Wilson, C. (2023). Early adaptive schemas and sexual wellbeing in women: Exploring differences in menopausal status. *International Journal of Applied Positive Psychology*, 8(1), 1-29.; (5) de Boer, M. (2023). "Becumming" oneself as one relates to others: An empirical phenomenological study about sexual identity work in menopause. *Sexualities*, 0(0). <https://doi.org/10.1177/13634607231200969>

*All About Her - The Centre for Menopause acknowledges that all people born with ovaries and who live long enough will experience the menopause transition. This includes cisgender women, transgender men, non-binary individuals, and any other individual with ovaries. We use the terms individuals/people to be inclusive of the many who do not identify as women, but who will nonetheless experience this significant life stage.

Disclaimer: The information presented is for general understanding only and should not substitute professional medical advice. If you are concerned about your health, talk to your doctor or healthcare team for personalised guidance.

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