

Painful sex associated with estrogen changes

DEAR MAYO CLINIC: I am in my late 50s and have recently found that sex is becoming quite uncomfortable. I am assuming this is because I'm past menopause, but what's the best way to make sex less painful?



MAYO CLINIC Q & A

Dyspareunia, the term for painful vaginal sex, is quite common. Estimates vary, but surveys of postmenopausal women not on hormone therapy report dyspareunia in as many as 20 to 30 percent. It's often divided into three categories: superficial pain, deep pain or both. Most women complain of superficial pain, which occurs upon vaginal penetration. Often, the pain has a sharp or burning quality. Deep pain occurs with deep penetration or thrusting. For some women, dyspareunia is temporary. For others, it can become chronic.

intercourse often is associated with changes due to decreased estrogen levels. The vaginal tissues tend to become less elastic, more fragile, and more susceptible to bleeding, tearing or pain during sexual activity or during a pelvic exam. It can make sex painful or even impossible. The loss of estrogen can cause urinary problems, which also can make sex uncomfortable. Lack of sexual activity contributes to loss of

tissue health and elasticity. Sometimes, other factors are at play, including injury or trauma, such as from childbirth, pelvic surgery or an accident. Skin conditions like eczema or lichen sclerosus, or an infection in your genital area or urinary tract also can cause sex to be painful. Involuntary spasms of the vaginal wall muscles (vaginismus) can make attempts at penetration painful or impossible. Certain medications, such as antidepressants, high blood pressure medications and others, can contribute to vaginal dryness. In addition, stress, fear of intimacy, and concerns about body image or relationship difficulties can make pleasurable sex a challenge.

Pain associated with deep penetration or certain positions may be caused by inadequate relaxation of pelvic

muscles or conditions that affect the pelvic area, such as pelvic floor dysfunction, endometriosis and uterine fibroids. Scarring from pelvic surgery or treatments such as pelvic radiation can cause changes that make sex painful.

Fortunately, you don't have to forgo sex altogether to avoid pain. The first step is talking to your health care provider, who can refer you to an appropriate specialist. He or she may ask when your pain began, where it hurts and if it happens every time you have sex. Your health care provider also may ask about your history of surgery, childbirth and sexual relationships.

Examination of the genital area and pelvic muscles can help identify the location of your pain and possibly the cause. If there are physical conditions contributing to

your pain, treating the underlying cause may help resolve the pain. Your health care provider also may suggest medication changes if they may be affecting your sexual health.

There also are a number of other treatment options. Vaginal lubricants help decrease pain during sex and can be applied as often as needed. Keep in mind that oil-based lubricants may degrade condoms. Vaginal moisturizers used every two to three days can help maintain vaginal moisture.

When estrogen levels are low, the first choice for treatment is usually low-dose vaginal estrogen therapy. This typically comes in the form of a cream, vaginal tablet or flexible vaginal ring. A once-daily vaginal insert, prasterone, is also available. Estrogen doses in these forms are low enough

to minimize risks of overall systemic estrogen exposure. Unlike moisturizers and lubricants, low-dose vaginal estrogen therapy actually helps reverse vaginal tissue changes related to loss of estrogen with menopause.

A counselor or sex therapist can help you identify specific stressors that may be negatively affecting your sex life. Sex therapy can help you improve communication with your partner and learn how to decrease anxiety. (Adapted from Mayo Clinic Health Letter) — **Beatriz Stamps, M.D., Gynecology, Mayo Clinic, Phoenix**

Mayo Clinic Q & A is an educational resource and doesn't replace regular medical care. Email a question to MayoClinicQ&A@mayo.edu. For more information, visit www.mayoclinic.org.

Thoughtful gifts don't bring thoughtful gifts in return

DEAR ANNIE: I've always been great at gift-giving. I enjoy giving others things that they will thoroughly enjoy. But others are rarely as good at getting gifts for me. I don't think I should feel bad for being a little materialistic; I think everyone likes getting thoughtful presents. I recently read "The 5 Love Languages," which showed me that "receiving gifts" is a very valid desire. I know I can't control other people's actions, but is there some way I can make peace with always being the more thoughtful person in my relationships? — Gift-Giving Guru



DEAR ANNIE

Annie Lane

DEAR GIFT-GIVING GURU: It's not only about asking others to speak your love language; it's about learning to understand theirs. Just because you enjoy giving thoughtful gifts doesn't mean your partner isn't equally thoughtful in other ways, such as the other four languages mentioned in Gary

Chapman's book — words of affirmation, quality time, acts of service and physical touch. Encourage your partner to read the book, too, so you can share a better appreciation of each other's communication style.

DEAR READERS: I recently printed a letter from "Put on the Back Burner," who had been dating a man for three months when he told her he needed to focus on helping his 17-year-old son, who was having legal troubles. I said that she shouldn't wait for him and

that she deserves better treatment, but many people felt I was too harsh on the man. Read on.

TOO HARSH: Though I agree "Put on the Back Burner" shouldn't wait for the man she was dating, I feel you judged him way too harshly.

They only dated for three months; then, obviously, something really bad happened with his son. He needed to put all his energy into dealing with that situation and apparently felt it was too much to put on her so early in their relationship. When bad things happen, sometimes good people have to make hard choices.

Though he did not break up with her in the best way, at least he was honest with her. He didn't ask her to wait. Thanks for listening.

LOYAL READER: I read your column every day and enjoy it very much. I almost always agree with you. I've learned

a lot from you. Today you replied to "Put on the Back Burner" that her boyfriend was showing his "true colors" after an issue with his teenage son. I feel that you judged him too harshly without knowing the full situation. First of all, they had been dating for only three months. His son got into some kind of legal trouble and trouble at school. No clue what the issue was. Dad decided he must make the child his priority for the time being. Kudos to him! And he was honest with his lady friend. He did not simply "ghost" her. Stinks for her, for them, for the relationship, but I'm guessing the situation was pretty serious, needing all his time, attention and emotional energy.

She probably shouldn't wait for him. But at least he didn't lead her on.

Send your questions for Annie Lane to dearannie@creators.com.

HEALTHY VOLUNTEERS NEEDED FOR INFLUENZA VACCINE RESEARCH

Mayo Clinic is seeking healthy volunteers, ages 65 and older, to participate in an influenza vaccine research study. The purpose of this study is to learn more about two licensed influenza vaccines designed to create strong immune responses in older individuals. We want to learn why the immune response tends to lessen as people get older and how these vaccines overcome this problem.

YOU MAY BE ELIGIBLE TO PARTICIPATE IF:

- You are 65 years old or older.
- You are generally healthy.
- You have not yet received the Fall influenza vaccine for 2018.

Participation includes 4 visits over 31 days. Remuneration will be offered.

Please contact the Department of Medicine Clinical Trials Unit at (507) 266-1944 or RSTDOMCTU@mayo.edu.



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