Sexuality in Menopausal Thai Women

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Abstract :

Objective To evaluate the type and incidence of sexual problems and their relationship to vaginal problems and hormonal replacement therapy (HRT) in menopausal Thai women.

Design Cross-sectional study.

Patients 96 women, who were followed-up at the Menopause Clinic, Department of Obstetric Gynecology, Faculty of Medicine Siriraj Hospital from September 2001 to August 2002.

Method All women were interviewed about sexual problems. The questionnaires requested demographic data, reproductive history, history of hormonal replacement therapy, postmenopausal complaints of sexual experience and responsiveness.

Main outcome measurement Types of sexual problems, the relationship between sexual and vaginal problems and the effect of HRT on sexuality.

Results Common sexual problems encountered after menopause were loss of libido, orgasmic dysfunction and dyspareunia. Both sexual desire and sexual activity decreased in the premenopausal period. Forty-three percent of natural menopausal women had sexual activity less than once a month. Similar results were found in the surgical groups. Only 24% of the subjects occasionally reached orgasm. Vaginal problems were found to have a significant relationship to the loss of sexual desire, whereas the decrease in vaginal secretion had significant relationship to the lack of orgasm. About 45.2% of menopausal women with HRT did not have a significant change in libido and sexual response.

Conclusion There is a decline in sexual response and activity in menopausal Thai women. Women with surgical menopause demonstrated a similar kind of sexual dysfunction as women with natural menopause. HRT cannot alleviate all the symptoms of sexual dysfunction but it is beneficial for vaginal complaints. Counseling and health education in which a positive attitude towards menopause is portrayed is important.

Key words : Sexuality, vaginal problems, hormone replacement therapy, menopause

เรื่องย่อ : **เพศสัมพันธ์ในสตรีวัยทองไทย**

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วัตถุประสงค์ : เพื่อรายงานขนาดและชนิดของปัญหาเพศสัมพันธ์และศึกษาความสัมพันธ์ระหว่างปัญหาเพศสัมพันธ์กับความผิดปกติทางช่องคลอด และการใช้ฮอร์โมนทดแทนในสตรีวัยทองไทย

รูปแบบการวิจัย : การศึกษาแบบมีกลุ่มเปรียบเทียบ

สถานที่ทำการวิจัย : คลินิกวัยทอง ภาควิชาสูติศาสตร์-นรีเวชวิทยา คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล

กลุ่มตัวอย่าง : สตรีวัยทองที่มารับการตรวจรักษาในคลินิกวัยทอง โรงพยาบาลศิริราช ระหว่างเดือนกันยายน 2544 ถึง สิงหาคม 2545 จำนวน 96 ราย

การกระทำ : ทำการสัมภาษณ์สตรีวัยทองเกี่ยวกับปัญหาเพศสัมพันธ์ในภาวะวัยทองเปรียบเทียบกับภาวะก่อนวัยทอง แบบสอบถามรวมถึงข้อมูลทั่วไป ข้อมูลทางสูติกรรม และการใช้ฮอร์โมนทดแทน

ตัววัดที่สำคัญ : ชนิดและอุบัติการณ์ของปัญหาเพศสัมพันธ์ ความสัมพันธ์ระหว่างปัญหาเพศสัมพันธ์กับความผิดปกติทางช่องคลอด และผลของการใช้ฮอร์โมนทดแทนต่อปัญหาเพศสัมพันธ์

ผลการวิจัย : จากการศึกษาพบว่าปัญหาที่พบบ่อยทางเพศสัมพันธ์ได้แก่ การขาดความสนใจทางเพศ ปัญหาการถึงจุดสุดยอด รวมถึงการเจ็บขณะมีเพศสัมพันธ์ ความสนใจและกิจกรรมทางเพศลดลงชัดเจนเมื่อเปรียบเทียบกับวัยก่อนหมดระดู จำนวนร้อยละ 43 ในกลุ่มสตรีวัยทองที่หมดระดูตามวัยมีกิจกรรมทางเพศน้อยกว่า 1 ครั้งต่อเดือน เช่นเดียวกับกลุ่มสตรีวัยทองที่หมดระดูจากการผ่าตัด พบเพียงร้อยละ 24 ที่มีภาวะจุดสุดยอด ความผิดปกติทางช่องคลอดมีผลต่อความสนใจทางเพศ ในขณะที่ช่องคลอดแห้งมีผลต่อปัญหาการถึงจุดสุดยอด ร้อยละ 45 ในสตรีวัยทองที่ใช้ฮอร์โมนทดแทนยังคงมีปัญหาทางเพศสัมพันธ์

สรุป : จากการศึกษาพบว่ามีปัญหาทางเพศสัมพันธ์เพิ่มขึ้นในสตรีที่อยู่ในวัยทอง เช่นเดียวกันในกลุ่มวัยทองที่หมดระดูตามวัยและจากการผ่าตัด แม้ว่าการใช้ฮอร์โมนทดแทนสามารถรักษาอาการของวัยทองรวมถึงอาการทางช่องคลอดได้ แต่ไม่สามารถลดปัญหาทางเพศสัมพันธ์ได้ทั้งหมด ดังนั้นการให้คำแนะนำให้มีเจตคติที่ดีด้านเพศสัมพันธ์ และการดำเนินชีวิตที่เหมาะสมในช่วงวัยทองเป็นสิ่งสำคัญในขณะนี้

INTRODUCTION

In this era, the life-span of human has increased. For women these surplus years are added to the menopausal period. In 2,005-2,010, the life expectancy of Thai women is estimated to be 73 years[1] but the age of menopause is stable at 48 ± 2 years old[2]. This means that Thai women have to spend approximately 30 years of their life in the menopausal period. The ultimate goal in taking care of menopausal women is to have them obtain good quality of life. This goal can be achieved by applying the principles of preventive medicine, which include health promotion, prevention of common health problems, treatment of diseases, and rehabilitation. Although the majority of women can obtain a good quality of life by mean of health promotion and prevention of common health problems, some may also need medical treatment.

Menopause is the period of life after complete cessation of ovarian function[3]. In this period, many physiologic changes occur as a process of aging. Some, however, are consequences of the decreased ovarian function, and the resultant estrogen deficiency. In addition to vasomotor symptoms, somatic changes in the vagina, changes in the vascular system and bone metabolism, sexuality is known to be affected by estrogen deficiency.

Sexual function is a product of the complex interplay between biological, psychological, interpersonal, and socio-cultural factor[4]. The dynamics of sexuality are not clearly understood. There are multiple factors affecting sexual expression in

women. There is abundant evidence that during the menopausal period, sexual interest and activity declines among couples. This corresponds with a decrease in sexual responsiveness and loss of sexual satisfaction[4-6].

The female sexual response has a triphasic pattern. First is the desire phase called libido which is a conscious experience of desire preceeding and accompanying sexual arousal and activity. It is cerebral in origin. The second and third are excitement and orgasmic phases which are vascular in origin. It is believed that the three components of sexual response are affected in the menopausal women[6]. In menopausal women, estrogen deficiency results in decreased vaginal blood flow, vaginal atrophy and a decline in vaginal elasticity and lubrication in response to sexual arousal[7,8].

The aim of this study is to evaluate the sexuality in menopausal women including surgical and natural menopausal women and to report the effect of HRT on menopausal sexuality.

MATERIALS AND METHODS

The study population comprised 96 post menopausal women, 34-57 years old, who were followed up at the Menopause clinic, Division of Gynecologic Endocrinology, Department of Obstetrics and Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University, from September 2001 to August 2002. The patients may be natural menopause or surgical menopause. Natural menopausal women are the patients who did not have menstruation for at least 1 year before HRT. Surgical menopausal women are the patients who had had a hysterectomy. Some patients had been using HRT for some time before the interview.

All the women were interviewed about their sexual experience and symptoms. The symptoms were recorded as unaltered, decreased or absent as compared to the premenopausal period.

The questionnaire requested demographic data including the woman's age at menopause, age at HRT commencement, duration of HRT, reproductive history, vaginal problems, sexual experience and responsiveness. Vaginal problems noted were dyspareunia, vaginal dryness, vaginal discharge and vaginal itching. The data was analyzed using a computerized program (SPSS 10.0) and presented as mean ± SD or percentage. Chi-square test was used to compared proportion of various categorical variables, with a significance level of $P = 0.05$.

RESULTS

Characteristics of the study population are shown in Table 1. The average age at menopause was 47.5 years. Age at surgery of the surgical menopause patients (45.3 ± 5.1 yr) was less than the age at menopause in the natural menopause patients (48.3 ± 3.6 yr). The women were interviewed 3.6 years after menopause. All the subjects had a single sexual partner and the average age of the husband at, the time of the interview was 51.2 years.

Table 1. Characteristics of menopausal women.

Characteristics	Range	X ± SD
Age at menarche (yr)	11 - 19	14.0 ± 2.0
Age at menopause (yr)	34 - 57	47.5 ± 4.2
In natural menopause patients	45 - 54	48.3 ± 3.6
In surgical menopause patients	34 - 57	45.3 ± 5.1
Age at interview (yr)	42 - 64	51.1 ± 4.6
Age of husband at interview (yr)	37 - 71	51.2 ± 6.3
Age at delivery (yr)		
First child	16 - 37	24.4 ± 5.0
Last child	18 - 40	30.8 ± 4.8

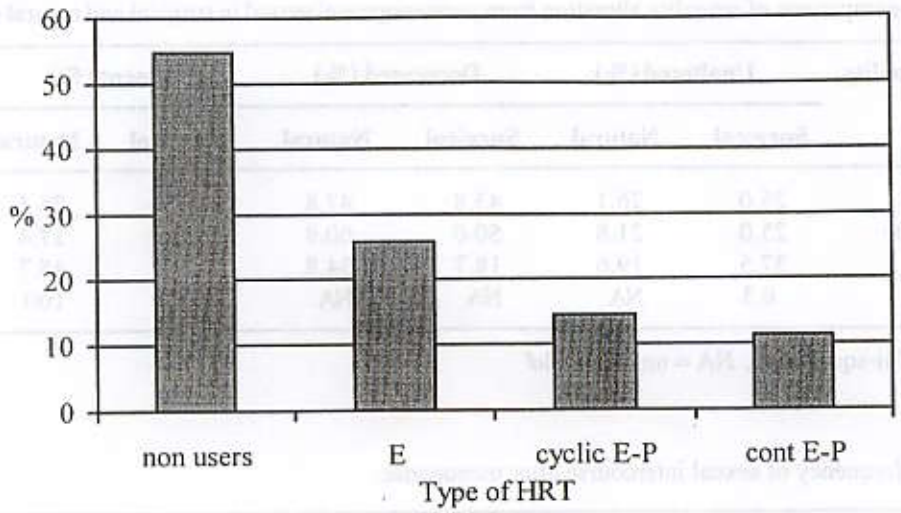

Figure 1. The prevalence of HRT usage and type of HRT in the study population:
E = Estrogen only; cyclic E-P = cyclic estrogen-progestogen; cont E-P = continuous combined estrogen-progestogen

Figure 1 shows the prevalence of various types of HRT used in the study population. 45.2% of menopausal women had been using HRT for an average duration of 9 months.

Table 2 shows various types and degrees of sexuality alteration as compared to the premenopausal period. Over 70% of menopausal women experienced a loss of sexual desire and sexual activity after menopause. Forty-five percent never had orgasm. Masturbation was a very unusual practice among this group of women.

Tables 3 and 4 demonstrate that the majority of surgical menopause women as well as natural menopause women studied had sexual dysfunction. Both groups had sexual activity after menopause less than once a month.

Tables 5 and 6 show the relationship between vaginal problems or vaginal secretion and alteration in sexuality. The decresed sexual desire was significantly related to vaginal problems ($P = 0.04$). The absence of sexual orgasm was significantly related to the dryness of vaginal secretion ($P = 0.01$).

Tables 7 and 8 show the relationship between sexuality alteration and HRT. The women with HRT did not experience a difference in sexuality as compared to the women without HRT even though it can effectively relieve vaginal symptoms.

Table 2. The prevalence of sexuality alteration as compared to premenopausal period.

Types of sexuality	Unaltered (%)	Decreased (%)	Absent (%)
Sexual desire	25.8	46.8	27.4
Sexual activity	22.6	58.1	19.4
Orgasm	24.2	30.6	45.2
Masturbation	6.3	-	93.7

Table 3. The comparison of sexuality alteration from premenopausal period in surgical and natural menopause.

Types of sexuality	Unaltered (%)		Decreased (%)		Absent (%)		P value[a]
	Surgical	Natural	Surgical	Natural	Surgical	Natural	
Sexual desire	25.0	26.1	43.8	47.8	31.2	26.1	0.922
Sexual activity	25.0	21.8	50.0	60.9	25.0	17.4	0.774
Orgasm	37.5	19.6	18.7	34.8	43.8	45.7	0.204
Maturation	6.3	NA	NA	NA	93.7	100	NA

Note (a) Chi-square test, NA = not available

Table 4. The frequency of sexual intercourse after menopause.

Types of menopause	Frequency (times/month)			P value[a]
	≤ 1	2 - 3	≥ 4	
Surgical menopause	43.8	43.8	12.4	0.986
Natural menopause	43.4	45.7	10.9	

Note (a) Chi-square test

Table 5. The relationship between vaginal problems and sexuality alteration.

Types of sexuality	Vaginal problems		P value[a]
	No (%)	Yes (%)	
Sexual desire			
Unaltered	32.1	20.6	
Decreased	25.0	64.7	0.050
Absent	42.9	14.7	
Sexual orgasm			
Unaltered	25.0	20.6	
Decreased	25.0	35.3	0.594
Absent	50.0	44.1	

Note (a) Chi-square test

Table 6. The relationship between vaginal secretion and sexuality alteration.

Types of sexuality	Vaginal secretion		P value[a]
	Dry (%)	Wet (%)	
Sexual desire			
Unaltered	17.4	30.8	
Decreased	43.5	48.7	0.233
Absent	39.1	20.5	
Sexual orgasm			
Unaltered	4.3	35.9	
Decreased	26.1	33.3	0.011
Absent	69.6	30.8	

Note (a) Chi-square test

Table 7. The relationship between HRT usage and sexuality alteration.

Types of sexuality	HRT usage		P value[a]
	No (%)	Yes (%)	
Sexual desire			
Unaltered	25.0	24.0	
Decreased	52.9	48.0	0.802
Absent	22.1	28.0	
Sexual orgasm			
Unaltered	14.7	22.0	
Decreased	35.3	30.0	0.195
Absent	50.0	48.0	

Note (a) Chi-square test

Table 8. Relationship between types of HRT and sexuality alteration.

Types of sexuality	Types of HRT (%)				P value[a]
	Non users	E	Cyclic E-P	Cont E-P	
Sexual desire					
Unaltered	25.5	33.3	44.4	-	
Decreased	52.9	41.7	22.2	57.1	0.429
Absent	23.5	25.0	33.3	42.9	
Sexual orgasm					
Unaltered	14.7	33.3	44.4	28.6	
Decreased	35.3	33.3	11.1	28.6	0.428
Absent	50.0	33.3	44.4	42.9	

Note (a) Chi-square test, E = Estrogen only; Cyclic E-P = cyclic estrogen-progestogen; cont E-P = continous combined estrogen-progestogen

DISCUSSION

The incidence of sexual dysfunction among postmenopausal women in this study was similar to that of earlier reports[9]. The results of this study showed that there was a decrease in sexual activity, sexual desire and capacity for organism. What is not clear is the mechanism of sexual dysfunction in menopause. This may be partly due to the gradual reduction in the level of sex hormones, especially estrogen and androgens[10]. On the other hand, biological and interpersonal relationships, rather than hormonal factors appear to play a greater role in determining the sexual lives of older women[11].

In our study the main symptoms of sexual dysfunction included reduced libido and dyspareunia. The common urogenital symptoms were vaginal dryness, and vaginal secretion, finding that were similar to those in other studies[9,11]. Less than 30% of the menopausal women in our study did not have sexual dysfunction. This did not seem to be related to estrogen deficiency since HRT did not affect the incidence of sexual dysfunction. It is believed that androgen deficiency has more effect on sexual function alteration than estrogen deficiency does[12-14]. Androgen deficiency can be found in surgical menopause women because the ovaried, which are an important source of androgen in women, are removed. Interestingly, we did not find any significant difference in sexual function between the natural and the surgical menopause women, showing that sexual dysfunction in the study population was not directly related to sex hormone deficiency.

Many of the menopausal women in the present study, had sexual activity less than once a month. Only 10% of the women reported that they had the same level of sexual activity as they did during the premenopausal period. It is possible that the frequency of sexual activity may be correlated to both previous and present health status, mental status, social background, and traditional conception of the sexuality. Unfortunately, we did not assess these parameters in the present study.

Vaginal problems such as dryness and discomfort were commonly reported[11]. Two third of the menopausal women in our study suffered from vaginal discomfort. The incidence was similar or even higher than that previously reported by Lindgren et al[15]. Most of the women with local vaginal discomfort reported that their symptoms had significantly negative influence on their sexual function, especially sexual orgasm.

Hormonal replacement therapy seems to attenuate some symptoms of vaginal problems. In addition it might indirectly benefit sexual pleasure by reducing the distressing vasomotor symptoms including hot flushes and night sweats, but this was not confirmed in this study.

Since sexual function is affected by multiple factors, Particularly in older women with a traditional gender role expectation, sexual activity may depend to a large extent on partner availability and interest, partner competency, and the sociocultural expectation of appropriate sexual behavior of older individuals.

CONCLUSION

There is a decline in sexual response and activity in menopausal Thai women. Types of menopause and hormonal replacement therapy seemed not to affect all types of sexual dysfunction. Sexual function in menopause may be affected by multiple biosociocultural factors and further studies are needed in the Thai population. Improving the health status and the degree of harmony in the family, especially between the husband and wife, may be key factors in alleviating most of the sexual problems encountered during the menopausal period. Improving the sexual function of menopausal women may give them and those arousal them a better over-all quality of life.

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