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### **Natural or Induced Menopause Can Interfere With Sexual Satisfaction, But There Are Things You Can Do About It**

*MiddlesexMD offers a simple recipe for maintaining your sex life after menopause.*

HOLLAND, Mich. – June 22, 2010 – Menopause is a natural transition in a woman’s life. We expect to go through it sooner or later. Preferably later. But for roughly 25 percent of women, menopause arrives early, and with it comes hormonal shifts that can affect sexual drive and functioning.

Knowing what to expect and having access to clinically sound information from expert sources like [Menopause.org](http://Menopause.org), sponsored by the North American Menopause Society (NAMS), and [MiddlesexMD.com](http://MiddlesexMD.com), a sexual health website founded by menopause care specialist Dr. Barb DePree, can help menopausal women maintain their sexual well-being.

#### **Causes of Premature Menopause**

NAMS defines premature menopause as “menopause that occurs at or before age 40. It can be genetic, or it can be induced via a medical intervention that removes or damages the ovaries, resulting in the abrupt loss of ovarian hormones such as estrogen.”

Most cases of surgically induced menopause are caused when both ovaries are removed in a procedure called an oophorectomy or when a hysterectomy includes removing the ovaries or cutting off the blood supply to the ovaries.

“Removing both ovaries brings on immediate menopause, so it’s important to talk to your doctor about both the reasons for the surgery and the possible outcomes,” urges Dr. DePree. “Surgical menopause is not reversible. It’s important to have a good understanding of what you will face after the surgery.”

#### **Medical menopause**

Certain medical procedures such as chemotherapy and pelvic radiation therapy can also cause menopause by damaging the ovaries. However, notes Dr. DePree, not all premenopausal women undergoing these procedures will experience induced menopause.

“In cases where ovarian functioning has been damaged by medication or radiation, the impact on fertility is unpredictable. You still have to protect against unplanned pregnancy during this transitional time,” explains Dr. DePree. “Also, even if the ovaries stop producing hormones, that change may not be permanent.”

## **Sexual Function and Premature Menopause**

So what happens when levels of estrogen fall?

According to NAMS, women going through induced menopause experience an abrupt decrease in hormone levels. This may have a more negative effect on sexual function than the more gradual changes of natural (spontaneous) menopause.

“Although each individual is different, for most women the loss of ovarian hormones leads to diminished sexual drive and a changed experience,” Dr. DePree points out. “In addition, changes in the vagina and vulva can create discomfort or even pain.”

- With little or no estrogen, vaginal walls become thin, dry and less elastic, causing pain during penetration.
- Vaginal secretions lessen, resulting in decreased lubrication.
- Blood flow to the genital area is reduced, making it more difficult to become aroused.

Understanding these issues, making adjustments, and knowing where to find help can alleviate anxiety, improve sexual satisfaction, and enhance intimacy.

“Unfortunately,” says Dr. DePree, “it is difficult to get reliable, clinically sound information about our sexuality as we age. I founded MiddlesexMD to make it easier for women to understand both the changes to their sex lives and their options for remaining sexually active.”

### **A Recipe for Maintaining Sexual Well-Being**

MiddlesexMD is organized around a “[recipe](#)” for sexual health that synthesizes the latest and best advice of physicians, researchers and therapists into five central elements. Each element provides a factual guide to the physiological changes that come with menopause and explains different actions to accommodate those changes.

“By having a thorough understanding of these normal changes and how to compensate for them, midlife women can keep their bodies and minds in shape for continued sexuality through menopause and beyond,” says Dr. DePree. “The intimacy that is created strengthens our primary relationship, so we can live longer and happier lives.”

Here is Dr. DePree’s “recipe” for sexual health excerpted from MiddlesexMD:

#### 1. [Knowledge](#)

Midlife women need to know the physiology of menopause, so they can understand what is happening when it happens. Although each woman’s experiences are unique to her, none of us is alone. And each of us needs to learn some new approaches to keep sex enjoyable as we age.

#### 2. [Vaginal Comfort](#)

Midlife women need to learn how to take care of their vulvo-vaginal tissues so that sex remains comfortable.

3. [Genital Sensation](#)

Midlife women need to understand how to compensate for less blood flow and less sensitivity in their genital tissues and create sufficient sexual sensation.

4. [Pelvic Tone](#)

Midlife women need to learn how and why to strengthen and maintain their pelvic girdle to encourage circulation and maintain or strengthen their orgasms.

5. [Emotional Intimacy](#)

Midlife women need what every woman needs at every age for sex to be good. Sex needs to be intimate. Enjoying sexuality as we age helps us create and reinforce real connection.

**About Dr, Barb DePree and MiddlesexMD**

Barb DePree, MD, is a women's health provider in West Michigan, specializing in menopause care. She founded [MiddlesexMD.com](http://MiddlesexMD.com), a safe, comfortable website where women can learn how aging affects sexual health. MiddlesexMD.com offers clinically sound information, practical advice and intimacy aids that help women enjoy sexuality for life. MiddlesexMD is funded by private investors, many of whom are women over 40.

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Note: Dr. DePree is available for interview. Please contact Beth Parenteau at 847-425-9812 or [b.parenteau@comcast.net](mailto:b.parenteau@comcast.net) to make arrangements.