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Sexual Health and Nursing Approaches in Menopausal Period

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Abstract

The aim of this review is to reveal the effects of changes occurring during the menopausal period on sexual health and nursing approaches to it. During this period, changes in vasomotor, genitourinary, musculoskeletal, cardiovascular system, and skin and body perception are observed. As a result of these changes, decreased sexual desire and motivation, coital difficulty, dyspareunia, vaginismus, avoidance of sexual intercourse, libido, orgasm, and lubrication problems may occur. Education, which includes regular and balanced nutrition, adequate sleep and rest, regular physical activity, Kegel exercises, and communication with a partner, is among the important nursing approaches to improving sexual health. Upon the increase in life expectancy, since women spend a third of their lives in the menopausal period, approaches to improving sexual health during this period will contribute to improving the quality of their life.

Keywords: Nurses, women's health, menopause, sexual health

Introduction

The Climacterium, also known as the menopausal period, is an important stage and transition period in women's life, characterized by symptoms caused by alteration of hormonal balance due to morphological and functional changes in the ovary, which are located between sexual maturity and old age of women's life. This period, which is usually experienced between the ages of 40 and 65, consists of premenopause, perimenopause, menopause, and postmenopause.[1,2] Stages of Reproductive Aging Workshop (STRAW+10) classified the woman's reproductive period and divided it into the menopausal period, the menopausal transition (premenopause and perimenopause), and the postmenopausal period. The fixed point in the STRAW declaration is the final menstrual period. These periods vary in terms of hormonal and menstrual characteristics.[3] The most important state observed in the menopausal period, in which various physiological, psychological, and social shifts occur, is the menopausal period, which indicates the beginning of the transition to old age and the end of productivity.[2,4] According to the World Health Organization (WHO), menopause is defined as the cessation of menstruation for 1 year as a result of decreased ovarian functions.[5]

Menopause is a period of time that affects the majority of women in the world bio-psychosocially and sexually and can impair their quality of life, and this period is usually experienced between the ages of 45 and 55.[2,6] In the 2018 data of the Turkey Demographic and Health Survey, it was stated that the percentage of women in the menopausal period in Turkey increased with age, and 45% of women aged 48-49 experienced the menopause period.[7] The premenopausal period is the period that occurs 2-6 years before menopause due to insufficiency in the ovaries and has a low fertility rate, and anovulatory cycles, vasomotor symptoms, and emotional disorders are observed,[2,4] and the period in which symptoms are experienced frequently, covering several years before menopause, is called the perimenopause period. In the case of 12 consecutive months without a menstrual period, the menopause period has started.[3] The postmenopausal period is the period of 6-8 years after menopause, in which disorders such as vaginal atrophy and osteoporosis due to the decrease in ovarian hormones are observed.[2] Hormonal, physiological, and psychological shifts observed in women as a result of menopause caused naturally by the decrease in estrogen hormone due to ovarian failure and surgically caused by the removal of the ovaries can cause changes in sexual function and affect sexual health.[8,9]

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Various stages of women's life affect sexual health and quality of life. The Declaration of Sexual Rights states that sexual health is a fundamental human right like the right to health and an important measure of women's quality of life.[10] In the 2017-2019 data of the Turkish Statistical Institute (TUIK), the life expectancy of women at birth was determined as 81.3 years.[11] Upon the increase in the life expectancy of women, since women spend one-third of their lives in the menopausal period, maintaining sexual health in this period is important in terms of quality of life.[9] Sexual health in the menopausal period is affected by the age of the woman, menopausal symptoms, menopausal type, chronic health problems, communication status with the partner, general and sexual health of the partner, the woman's approach to menopause, surgical/medical treatments, and psychological and socio-cultural factors.[12,13] The most important physiological factor affecting sexual health during menopause is the permanent decrease in estrogen levels. Shifts such as shrinkage of the uterus and vagina, thinned vaginal wall, and decreased vaginal lubrication caused by the decrease in estrogen levels cause pain during sexual intercourse, decrease in sexual desire and frequency of intercourse, decrease in genital sensitivity and sexual satisfaction, and difficulty in orgasm, thus negatively affecting sexual health.[2,12,13] As getting older and the severity of menopausal symptoms increases, sexual dysfunction, lubrication, arousal, sexual satisfaction, orgasm, and sexual intercourse frequency decrease.[9] It has been found that surgical menopause increases the risk of absence of orgasm, and each year increase in hormone therapy and education period reduces the risk of orgasm absence in menopause. Natural, surgical, and early menopause cause a decrease in the frequency of intercourse,[2,8] and the positive relationship with the partner is effective in relieving sexual problems easily.[14] It has been stated that sexual health is negatively affected as the period of menopausal transition increases. The most intense vaginal dryness complaint occurs during the perimenopausal period and dyspareunia complaint occurs during the postmenopausal period. The vaginal dryness complaint during the postmenopausal period negatively affects the sexual health.[15]

The fact that sexuality is still ongoing for women experiencing the menopausal period suggests that they need information regarding sexual health.[6] Health professionals and nurses have important roles in providing counseling, education, and support for women to adapt to changes and to approach menopause positively.[6,15] This compilation is aimed to reveal the effects of changes in menopause on sexual health and nursing approaches to this period.

Effects of Menopausal Changes on Sexual Health

Changes in body image due to hormonal changes in the menopausal period, sagging breasts, wrinkles on the skin and thinning of the hair, age-related general/sexual health problems of the woman/partner, various drugs used, the roles and responsibilities attributed to women in relation to the beliefs, culture, and values of the society, perceptions, attitudes, and marital problems regarding fertility, sexuality, menopause, and femininity can adversely affect sexual health.[16] In addition to all these changes, vasomotor changes, cognitive and psychological changes experienced in the menopausal period, genitourinary system changes, musculoskeletal system and skin changes, cardiovascular system changes, and chronic diseases affect women's sexual health.[4,16] This section describes the effects of these changes on the sexual health of women.

Vasomotor Changes

Vasomotor symptoms begin to occur during the premenopausal period and continue to appear after menopause.[2,16] Although the etiology of vasomotor symptoms is not fully known, it is known that it develops in response to a decrease in the amount of estrogen. Due to the fact that the symptoms are not the same in every woman and there is a difference in the response to treatment, it is thought that the symptoms occur due to cultural and lifestyle differences.[2,6] Hot flashes, night sweats, insomnia, dizziness, nausea, headaches, and heart palpitations are symptoms observed during this period. The most common symptoms are hot flashes, night sweats, and insomnia. Hot flashes, which are observed with a frequency of 60%-85% in the menopausal period, are the characteristic symptoms of the menopausal period. During hot flashes, the temperature starts on the face and spreads to the chest, appears intermittently, and lasts about 30 seconds to 5 minutes.[4,6] Hot flashes, which often are experienced at night, cause sleep interruption, and as a result, symptoms such as chronic fatigue, depression, forgetfulness, poor concentration, and memory can occur.[17] Excessive physical activity, extreme fatigue, smoking, caffeine, alcohol, fatty diet, and environmental factors cause increased severity of vasomotor symptoms in women.[18] Demirel and Sevil[6] stated that as a result of vasomotor symptoms, distance from the partner, fatigue, decrease in the frequency of intercourse with the partner, decrease in sexual desire, and problems in the relationship may be experienced.[6] It is usually stated that hot flashes during sleep can cause women to lie apart from their partners, insomnia, and adjustment problems between couples.[19]

Cognitive and Psychological Changes

Changes in reproductive hormones during the menopausal period can affect moods and behaviors through the central nervous system.[16] Changes in hormone levels, menopausal symptoms, social, cultural, and age-related factors may cause changes such as decreased overall performance, impaired memory, difficulty concentrating, and forgetfulness.[4,6] There is no direct relationship between hormonal changes and psychiatric symptoms; however, psychiatric disorders such as depression and anxiety are more common during this period.[20] The vasomotor symptoms during this period lead to sleep disorders; sleep disorders lead to depressive symptoms,[21] also the drugs used in the treatment of these diseases negatively affect sexual health by causing libido and orgasm disorder. Sleep disorders, negative body perception, and withdrawal caused by incurable psychiatric problems cause a decrease in sexual desire.[22] Considering the body image–depression–sexual communication triad, it is stated that depression and menopause symptoms can affect body image negatively,[20] while depression and negative body image negatively affect sexual communication and function.[22]

In addition to psychological changes such as anxiety and depression due to the decrease in estrogen secretion in the menopausal period, sexual distress, which is observed at a rate of 12.5%, can negatively affect sexuality. It is stated that sexual distress is more common in middle-aged women than in young and old women, and sexual distress is more common in the premenopausal period.[23] It is stated that there is a significant relationship between anxiety, sexual distress, and sexual problems, and women with more anxiety have more sexual distress and more lubrication problems.[24] Similarly, Dinçer

and Oskay[1] emphasized that anxiety, depression, and sexual distress cause a decrease in sexual desire and frequency of intercourse.

Genitourinary System Changes

The changes associated with the genitourinary system are characterized by changes in the external genital organs, pelvic floor tissues, bladder, and urethra during the menopausal transition and postmenopausal period. The genitourinary symptoms experienced by 50% of menopausal women due to estrogen deficiency have a negative impact on sexual health.[25]

Vaginal epithelium, cervix, endocervix, endometrium, myometrium, and uroepithelium undergo atrophy, a decrease in estrogen during this period, genitourinary infections, urinary incontinence during intercourse, vaginal dryness and burning, vulva stenosis in the next period, coitus difficulty and dyspareunia, and subsequently leads to loss of sexual function and libido.[26] Vulvo-vaginal atrophy and dryness cause difficulty in orgasm, and atrophy in the clitoris and labial structures causes dyspareunia. Due to the anxiety that dyspareunia will occur during sexual intercourse, avoidance of sexual intercourse, decreased vaginal wetting, and vaginismus may develop. Since sexual intercourse increases the circulation in the genital system, it is stated that the formation of genital atrophy is less in sexually active advanced age women.[4] Özcan and Beji-Kızılkaya[16] emphasized that vaginal atrophy seen in the postmenopausal period causes painful association and vaginismus. Nappi et al[26] stated that severe vulvovaginal atrophy seen in the postmenopausal period causes worse quality of life. Tangal and Haliloğlu[27] reported that overactive bladder and urinary continence negatively affect sexual health.

Changes in the Musculoskeletal System and Skin

Depending on the decrease in estrogen in the menopausal period, muscle–joint pain, decrease in body volume, bone fractures, decrease in movements, decrease in skin elasticity, moisture, and fat ratio occur. Since bone cells contain estrogen receptors, insufficient estrogen secretion in the postmenopausal period causes an increase in osteoclastic activity compared to osteoblastic activity, leading to a decrease in bone cells. Osteoporosis is a health problem that causes mortality and morbidity in the postmenopausal period and can negatively affect body image, quality of life, and sexual attractiveness. It has been stated that bone loss and the severity of osteoporosis increase in direct proportion to age in the postmenopausal period.[1,4,16] Demirel and Sevil[6] emphasized that the use of low-dose oral contraceptive pills in the perimenopausal period is important in reducing the rate of bone formation and destruction and can significantly reduce the occurrence of osteoporosis.[6] In addition, skin cells, sweat glands, and hair follicles also contain estrogen receptors. In the postmenopausal period, depending on the decrease in the functions of these structures with the decrease in estrogen secretion, changes such as dryness and thinning of the skin of the vagina and vulva, as well as other skin changes such as dryness, wrinkling, thinning, decrease in skin moisture and oil, breakage in nails, decrease in hair follicles may develop.[2,4,16] On the other hand, it is stated that as a result of a decrease in estradiol level and an increase in adrenocortical activity, thick hairs may appear on the chin, upper lip, chest, and abdomen, thinning of armpit and pubic hair may occur, and if a woman has alopecia, its severity may increase. These changes in the body, on the one hand, lead to a decrease in sexual attractiveness and the development of negative body image, and on the other hand, sexual reluctance, pain during sexual intercourse, and vaginal dryness can negatively affect sexuality.[17]

Cardiovascular System Changes and Chronic Diseases

Cardiovascular disease is an important health problem that occurs especially in postmenopausal women, is associated with obesity, hyperlipidemia, hypercholesterolemia, hypertension, smoking, inactivity, stress, and socio-economic status, can cause mortality and morbidity, and negatively affects the quality of life. Women are protected from cardiovascular disorders due to the protective effect of estrogen throughout their reproductive age. In case of estrogen deficiency, the risk of developing atherosclerosis and heart attack increases as a result of the decrease in high-density lipoprotein level and increase in low-density lipoprotein level. It has been found that there is a decrease in the frequency of sexual intercourse as a result of cardiovascular diseases, and there is a stronger relationship between high triglyceride levels[2,4,16] and the risk of sexual dysfunction, and sexual health is adversely affected.[28]

It is stated that chronic diseases such as heart failure, renal diseases, diabetes, and hypertension may cause the absence of orgasm.[29,30] It has been determined that abdominal obesity may occur due to hyperinsulinemia and impaired glucose tolerance as a result of decreased estrogen in menopause.[31] Constipation, diarrhea, hemorrhoids, stomach problems, gallstones, dryness of the mouth, bad taste, and periodontal diseases are among the other health problems that can be seen in the menopausal period.[30] Many diseases such as metabolic, vascular, and neurological diseases seen with aging and the drugs used in their treatment and operations such as mastectomy and hysterectomy can also negatively affect the sexual harmony of both the woman and the partner by causing sexual problems such as dyspareunia, inability to orgasm, difficulty in lubrication, and decrease in sexual desire and motivation.[29,30]

Nursing Approaches in Improving Sexual Health in the Menopausal Period

In order to improve the sexual health of women during the menopausal period, the needs of women regarding their sexual life should be determined, and women should be encouraged to express their sexual problems and to overcome these problems.[21] Health professionals and nurses should cooperate in the holistic planning, delivery, development, and evaluation of health services.[29] During this period, women's needs should be carefully evaluated, and women should be informed by nurses about hormone therapy, which is recommended by the physician in accordance with the latest updated international instructions and when deemed necessary by the physician.[32]

In order to improve sexual health, nurses provide education and counseling to women on regular and balanced diet, adequate sleep and rest, regular physical activity, Kegel exercises, communication with partners, the importance of regular sexual intercourse, and sexual problems.[20,29] While performing these functions, nurses use the roles of consultant, educator, practitioner, researcher, and manager.[2,29]

Regular and Balanced Nutrition

In the menopausal period, due to estrogen deficiency, a slowdown in metabolic rate, weight gain, and an increase in cholesterol level occur. Avoiding foods with high cholesterol, consuming foods rich in calcium, and improving lifestyle will contribute to a positive body image by having a healthy body, help to maintain healthy body energy

created by a healthy diet, and reduce the risk of cardiovascular disease and osteoporosis. It is known that hormonal deficiencies that cause menopausal symptoms can be supplemented with natural nutrition.[2,15] Food and beverages that do not contain high fat and calories and vegetables, fruits, fiber-rich, grain-rich, spicy, and not hot foods should be preferred, and caffeine, alcohol, and smoking should be avoided. Consumption of foods containing phytoestrogens (natural estrogens) such as black cohosh, flaxseed, sesame seeds, cereals, soya bean, licorice root, valerian, and sage is recommended. Gold et al[33] reported that women with a high body mass index have frequent and severe vasomotor symptoms and that the severity of symptoms can be reduced by weight control. It has been stated that regular exercise, acupuncture, yoga, meditation practice, vitamin E support, consumption of foods such as soya bean, dark green leafy vegetables, and cereals have a positive effect on the reduction of menopausal symptoms and sexual function, and the use of isoflavone is effective in reducing vaginal dryness and hot flashes.[34] Lagana et al[35] found that calcium and vitamin D intake increased the quality of life and positively affected sexual life by reducing hot flashes, anxiety, and depressive symptoms in menopausal women. On the other hand, it is stated that alcohol use reduces sexual desire and satisfaction and increases pain and lubrication problems.[36] Hirose et al[37] emphasized that nicotine, caffeine, and alcohol consumption have negative effects on sexual life as they cause dryness in the skin and around the vagina. With appropriate counseling, women can develop a positive approach toward menopause, gain healthy lifestyle behaviors, and reduce stress related to the menopausal period.[29]

To summarize, it is seen that the literature draws attention to the importance of proper nutrition in reducing the symptoms associated with hormonal deficiencies and complaints related to sexual life, and the counseling role of nurses on regular and balanced nutrition.[33-37]

Adequate Sleep and Rest

Sleep is one of the most important physiological requirements of a healthy life, which affects the quality of life and health status of the individual. Sleep disorders are among the most common symptoms after night sweats and hot flashes in menopausal women. Decrease in serotonin metabolism due to estrogen deficiency, hot flashes, and night sweats cause disruptions in sleep patterns during this period.[38] Problems in the sleep quality of women in the perimenopause period cause fatigue and thus loss of libido and motivation.[19] It has been found that increased duration of marriage and not sleeping with a spouse negatively affect sexuality,[8] and the use of combined oral contraceptives (COC) in women over the age of 40 improves depression and sleep disorders.[19] Cotton, thin, wide, and spacious bedclothes, avoiding heavy and bitter foods before going to bed, caffeine, alcohol, and nicotine that can disrupt sleep, avoiding strenuous movements 1-2 hours before bedtime, practices such as yoga, exercise, breathing and relaxation techniques, clinical hypnosis, acupuncture, and acupressure are practices aimed at meeting the need for sleep and rest in the menopausal period.[39] In a study conducted with women with vasomotor and depressive symptoms, it was stated that cognitive behavioral therapy improved sleep quality and sexual function and reduced major depressive disorder by 50%. It has been found that acupuncture, which is one of the cognitive behavioral treatment methods, provides a significant reduction in the occurrence of sleep disorders and sexual dysfunction in perimenopause and postmenopause.[40]

Özcan et al[39] stated that consumption of foods such as milk and dairy products, honey, fruits and vegetables, herbal teas and complementary practices such as listening to music and exercising are effective in reducing sleep problems in menopausal women. Vardar et al[41] stated that regular and brisk walking improves the sleep quality of postmenopausal women, Abiç et al[42] emphasized that yoga reduces tension, insomnia, depression, and vasomotor symptoms in menopausal women and has positive effects on sexuality.

To summarize, it is seen that the literature draws attention to the positive effects of complementary practices such as appropriate food consumption, cognitive behavioral therapy methods, physical activity, and exercise on sleep quality and sexual life quality and the counseling roles of nurses in meeting the sleep and rest needs of menopausal women.[39-42]

Regular Physical Activity and Kegel Exercises

Physical activity has important effects such as reducing muscle tension, preventing cardiovascular disease, hypertension, diabetes, and osteoporosis, maintaining ideal weight, and providing adequate sleep and rest. It has been found that exercises increase blood flow, thicken the vaginal wall, and strengthen orgasm by increasing clitoris sensitivity, and exercise in postmenopausal women increases sexual function and reduces problems with lubrication and orgasm.[18] The exercise program should be done 3-5 times at least thrice a week, should not be less than 30 minutes, and should be planned in a way that does not disturb the individual.[2,6] It is stated that physical exercise is effective on hormones such as oxytocin, cortisol, and estrogen, which are important in sexual arousal and sexual function.[43]

As a result of the increase in perineal muscle tone with Kegel exercises, blood flow to the region increases, orgasm increases, sexual problems decrease, and sexual pleasure increases. Carcelén-Fraile et al[44] stated that pelvic floor muscle exercises are effective on sexual function and they recommend that Kegel exercises, which are described as pelvic floor muscle contraction and consist of voluntary pelvic muscle contraction, should be performed at least 3-4 times a week for 15-20 weeks and applied for life when a certain muscle tone is reached. Nazarpour et al[45] stated that sexual education programs and Kegel exercises provide improvement in sexual functions such as sexual satisfaction, arousal, and orgasm. It has been emphasized that pelvic floor exercise may be effective[44] in the treatment of painful sexual intercourse associated with genitourinary syndrome, lubricants that do not disturb the vaginal pH may be effective in lubrication, and relaxation and breathing exercises may contribute to[39,46] the quality of sexual life. On the other hand, it is stated that excessive physical activity increases the severity of vasomotor symptoms and negatively affects sexual health.[18]

To summarize, it is seen that the literature draws attention to the positive effects of regular physical activity and exercises on sexual life and the counseling role of nurses in this regard.[18,44-46]

Balanced Sex Life

Effective communication between the woman and her partner in the menopausal period, maintaining regular sexual intercourse, and providing treatments for sexual problems are important in terms of maintaining sexuality and sexual health.[12,13] In this period, it is of great importance for couples to question the problematic aspects of their relationships and make the necessary changes. First of all,

the importance of sexual intercourse for the woman and her partner should be questioned. If couples do not complain about not having an active sexual life, conditions such as vaginal dryness/erectile dysfunction should not be perceived as a complete sexual problem at this point.[16] With good communication, it will be possible to find the root cause of the problem between the couples and to prevent misinterpretations and alienation about sexuality.[19] It has been stated that there may be a decrease in the frequency of sexual intercourse and sexual desire in women who experience menopausal symptoms more intensely.[6,47] Ertekin Pınar et al[47] stated that married women in the menopausal period generally have low marital adjustment and that their communication with their partner should be increased. It has been determined that sexual desire and lubrication increase and dyspareunia complaints decrease with regular continuation of sexual activity and sufficient time for arousal before sexual intercourse.[34] Ghazanfarpour et al[49] emphasized that women in the menopausal period should take into account the sexual needs of their partners. It has been found that satisfaction in the relationship with the partner has a positive effect on sexual satisfaction, arousal, and sexual function,[14] and regular painless intercourse, vaginal stimulation, and vaginal moisturizers help preserve sexual function.[49]

Although fertility decreases in the premenopausal period, it is known that unwanted pregnancies may occur in this period. Pregnancy and birth at an advanced age can cause physiological, psycho-social, and economic problems. Stress and problems caused by unwanted pregnancies/pregnancy termination should be taken into consideration, and nurses should provide counseling on modern contraceptive methods.[29,32] Hotun[29] stated that barrier methods are suitable for advanced age, and spermicides can be used as lubricants for women with vaginal dryness and dyspareunia complaints. In a study conducted with women in the perimenopausal period, it was determined that the contraceptive method used at the highest rate (25.1%) was intrauterine device (IUD), and 23.9% of women used tubal ligation to protect from pregnancy, and 14.8% used withdrawal method. Due to the fact that the use of contraceptive methods is decreasing in the perimenopausal period and fertility continues even slightly, women should be given counseling on this issue.[48]

To summarize, it is seen that the literature draws attention to the importance of personalizing the counseling and training services to be provided by nurses by taking into account the sexual needs of the woman and her partner.[14,21,29,48,49]

Conclusion

This review aimed to reveal the effects of changes in the menopausal period on sexual health and nursing approaches toward this. In the menopausal period, vasomotor changes due to estrogen deficiency, changes in genitourinary system, musculoskeletal system and skin changes, changes in the cardiovascular system, and chronic diseases can negatively affect sexuality. These changes cause problems such as decrease in sexual desire and motivation, libido, orgasm and lubrication problems, difficulty in coitus, dyspareunia, vaginismus, avoidance of sexual intercourse, and anxiety about sexuality and adversely affect sexual health. Health professionals and nurses have important duties in determining the sexual health needs of women in the menopausal period, enabling them to cope with sexual problems and improving sexual health. Trainings including regular and balanced nutrition, adequate sleep and rest, regular physical activity, Kegel exercises, and communication with partners are nursing approaches that will contribute to the development of women's sexual health. With the increase in the life expectancy of women, since women spend one-third of their lives in the menopausal period, it is thought that improving sexual health in this period will also contribute to improving the quality of life.

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