

# Sexuality and Hormones

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# Declaration of interests

British Menopause Society: Accredited  
BMS Menopause Specialist.  
Previous Member of Medical Advisory  
Council Executive.

Trustee and medical advisor to the  
National Association of Premenstrual  
Syndrome

Member of the Institute of Psychosexual  
Medicine, Previous Exec and Trustee

Previous Exec Treasurer and Trustee of  
the British Society of Psychological  
Obstetrics, Gynaecology and Andrology

Member of the British Fertility Society



Salisbury



NHS Foundation Trust

## *Sponsorship*

*2001-4 Travel grants -Galen and  
Ferring*

*2002 - Clinical trial - Servier*

*2019 - Consultant for Shionogi*

*2020 – Congress Sponsorship –  
Theramex*

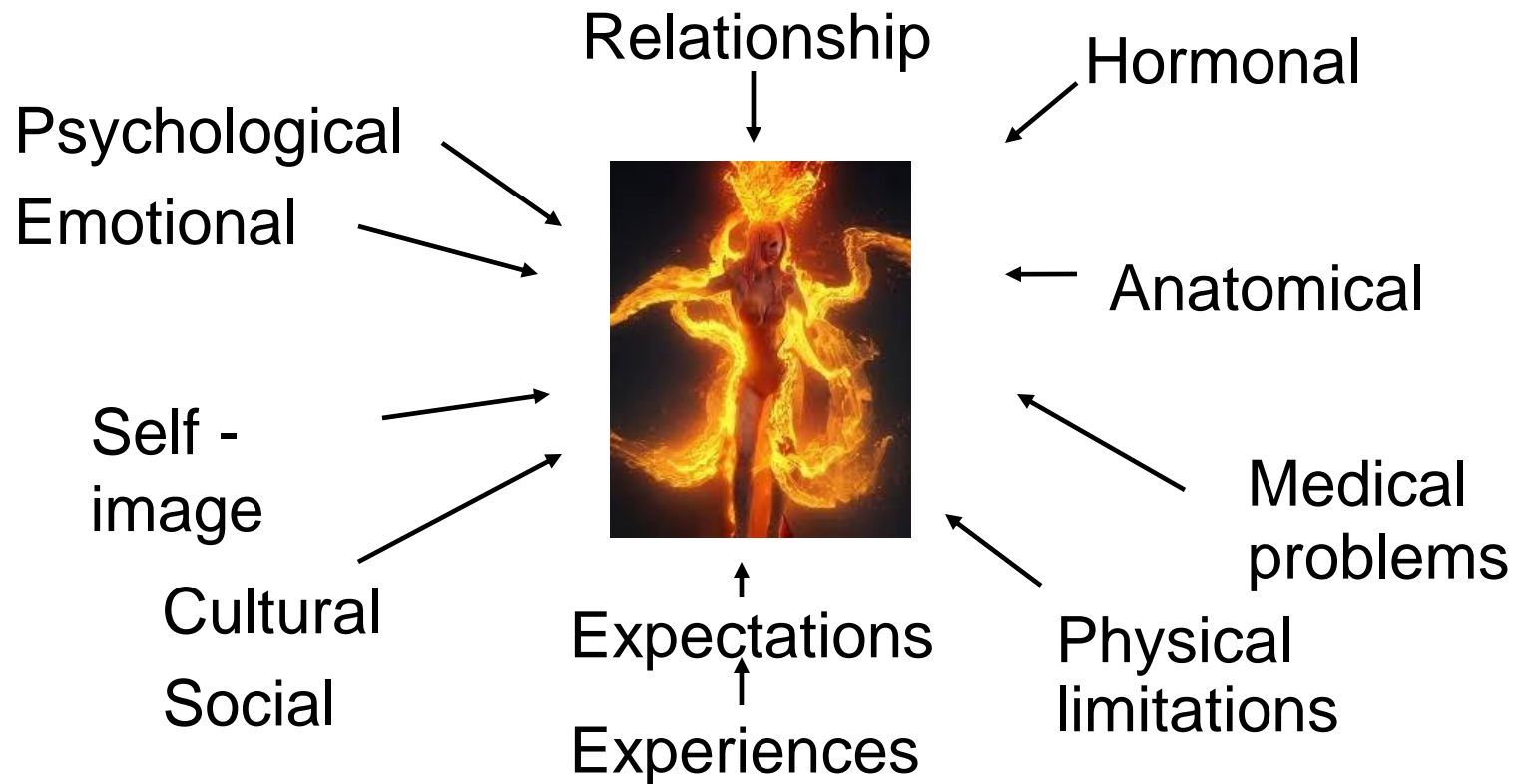
*2021 – Consultant – Theramex, Besins  
Speaker - Gideon Richter*



# Topics

- 1) Sexual function
- 2) Contraception
- 3) Childbirth
- 4) PMS
- 5) POI
- 6) Perimenopause Menopause
- 7) Prescribing HRT
- 8) Hormonal sexual dysfunction
- 9) Vulvo-vaginal atrophy
- 10) Psychosexual medicine
- 11) Summary

# Human female sexual response



## Physical limitations, side effects of treatments

Reduced mobility

Chronic pain, arthritis

Post surgical physical effects

Lymphoedema

Post radiotherapy – bowel / bladder

Vaginal stenosis

Temporary or long lasting



"On a positive note, video of the incident has gone on to become an internet sensation."

## Medications

SSRIs / SNRIs

Anti-hormones GnRH

Enzyme inducers

Gabapentin



# Anatomy

Normal anatomy

“Abnormal” anatomy  
episiotomy, prolapse

“Normal” surgery  
abdominal incision, anterior  
repair

Disfiguring surgery  
vulvectomy, circumcision

Radiotherapy  
scarred vagina



What is normal?

Self in relation to normal

Fantasy

Self-image



# Desirable?



Self image



# Relationship



Cause or effect?



# Desire through the menstrual cycle

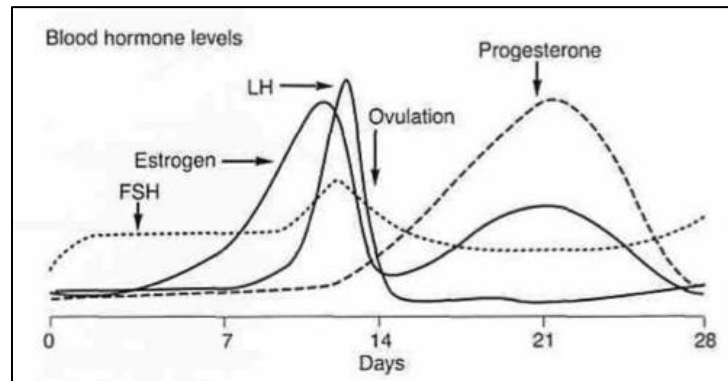
Some support for  
higher sexual  
interest at ovulation

Some support for  
higher E = higher  
interest

And higher P =  
Lower interest

PMS / PMDD and lower sexual  
interest in luteal phase

*“He comes near me at his own risk...”*



Stanislaw H, Rice FJ. Correlation between sexual desire and menstrual cycle characteristics. Arch Sex Behav. 1988 Dec;17(6):499-508. doi: 10.1007/BF01542338.

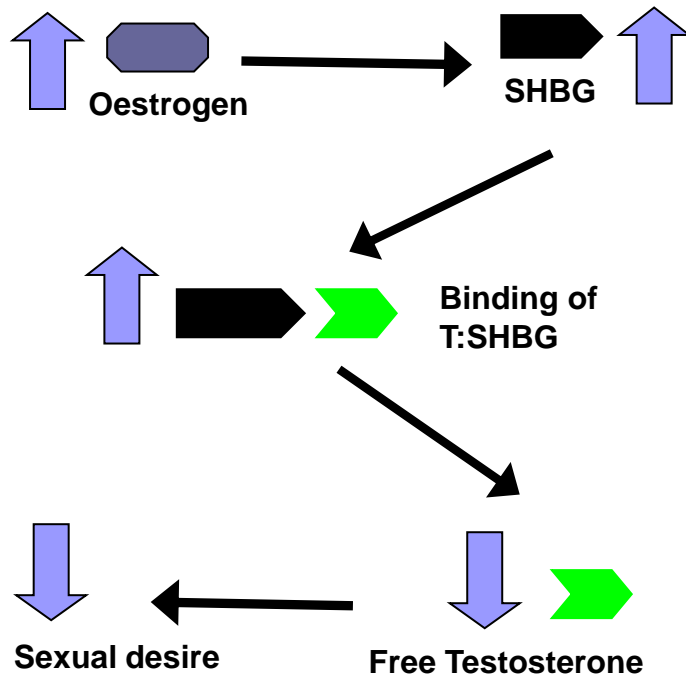
Kiesner J, Bittoni C, Eisenlohr-Moul T, Komisaruk B, Pastore M. Menstrual cycle-driven vs noncyclical daily changes in sexual desire. J Sex Med. 2023 May 26;20(6):756-765. doi: 10.1093/jsxmed/qdad032.

Marcinkowska UM, Shirazi T, Mijas M, Roney JR. Hormonal Underpinnings of the Variation in Sexual Desire, Arousal and Activity Throughout the Menstrual Cycle - A Multifaceted Approach. J Sex Res. 2023 Nov-Dec;60(9):1297-1303. doi: 10.1080/00224499.2022.2110558. Epub 2022 Aug 26.

Gollapudi M, Thomas A, Yogarajah A, Ospina D, Daher JC, Rahman A, Santistevan L, Patel RV, Abraham J, Oommen SG, Siddiqui HF. Understanding the Interplay Between Premenstrual Dysphoric Disorder (PMDD) and Female Sexual Dysfunction (FSD). Cureus. 2024 Jun 20;16(6):e62788. doi: 10.7759/cureus.62788.

# Contraception

## COCP - SHBG effect



Progestogens -  
Progestogenic side effects

POP -  
Amenorrhea  
Low oestrogen  
VV Atrophy



# Pregnancy and postnatal

High levels E P in  
pregnancy -  
Well-being  
Oestrogenic side effects  
Headache  
Nausea

Postnatal  
Lactational amenorrhea  
VV atrophy  
PN hormone mediated  
depression



# NAPS

National Association for  
Premenstrual Syndrome

# Premenstrual Syndrome

Symptoms that occur or increase in the luteal phase of the menstrual cycle, that completely resolve or return to baseline by the end of the period.

[www.pms.org.uk](http://www.pms.org.uk)

My recurring nightmare is that there is no such thing as PMS.



# Premature ovarian insufficiency

Loss of ovarian activity <age 40

Prevalence = 1%

Diagnosis

>4/12 amenorrhea

Elevated FSH >25iu/l

on 2 occasions >4 weeks apart



Variable presentation

Devastating diagnosis

Can be idiopathic or iatrogenic

Need psychological support

Need hormonal support E P T

Appropriate doses!



European Society of Human Reproduction and Endocrinology (ESHRE)  
Guideline on the management of Premature Ovarian Insufficiency (POI)

*Panay N, Anderson RA, Bennie A, Cedars M, Davies M, Ee C, Gravholt CH, Kalantaridou S, Kallen A, Kim KQ, Misrahi M, Mousa A, Nappi RE, Rocca WA, Ruan X, Teede H, Vermeulen N, Vogt E, Vincent AJ; ESHRE, ASRM, CREWHIRL, and IMS Guideline Group on POI. Evidence-based guideline: premature ovarian insufficiency. Hum Reprod Open. 2024 Dec*

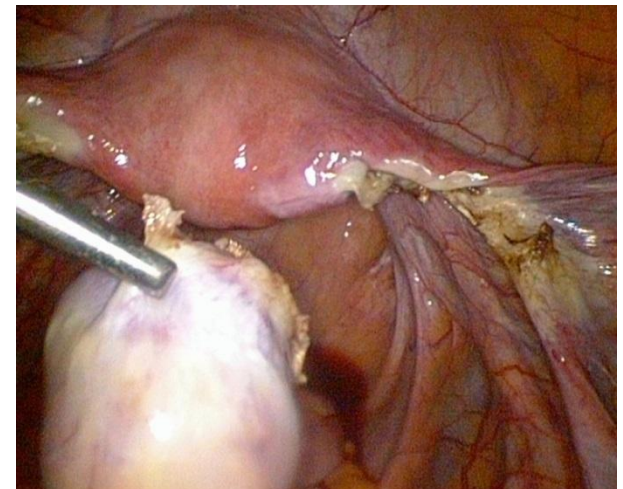
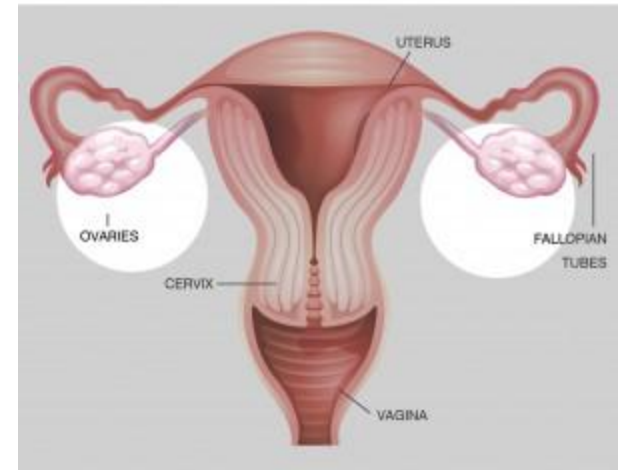
[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)



# Premenopausal Bilateral salpingo-oophorectomy

Need BOTH E+T  
(and P if uterus)  
Remember SHBG effect  
Appropriate doses  
up to age 50 – at least

## OOPHORECTOMY



# Perimenopause - Short term impact

Vasomotor symptoms 60-80% women

25% women “significant”

Last for 2-5 years

Up to 20% flushes >10 years

Huge impact on QOL

Bleeding changes

Insomnia

Labile mood





# Symptoms of the menopause

Hot flushes /Night sweats

Poor sleep

Low mood / Anxiety

Tiredness / lack of energy

Poor concentration

Difficulty with cognition

Loss of self confidence

Loss of sexual interest

Mood swings

Sexual dysfunction

Dryness of hair, skin, nails

Urogenital atrophy

Bladder symptoms

Recurrent UTIs

Vulvovaginal atrophy

Superficial dyspareunia

Pains in joints

Pains in muscles

Itchy skin

Headaches

# Effects of oestrogen on female body

“Oil” that keeps the female body going

E receptors found in most tissues

Longer term effects

Signs of ageing

- Collagen - Skin Nails Hair Eyes Teeth
- Central thermo-regulation
- Cardiovascular system, blood vessels, atherosclerosis
- Bone thinning osteoporosis
- Brain function Alheimers
- Bladder
- Colon cancer
- Affective disorders



Oestrogen Deficiency

Hot flushes  
Night sweats

Poor sleep

Dry eyes, tooth loss

Dowager's hump  
- osteoporosis

Dry hair, skin, nails

Central obesity

Memory loss  
poor concentration

Low mood  
Loss confidence  
Anxiety



# Non-hormonal medications

## Menopausal symptoms

Clonidine

Gabapentin

Pregabalin

Citalopram

Venlafaxine

Zopiclone

## Sexual Dysfunction

Viagra

Cialis

(Flibanserin (5HT<sub>1</sub> agonist))

Bupuprion

## Possible Actions

Promotion of blood flow

Antidepressant

Anxiolytic

Sedative

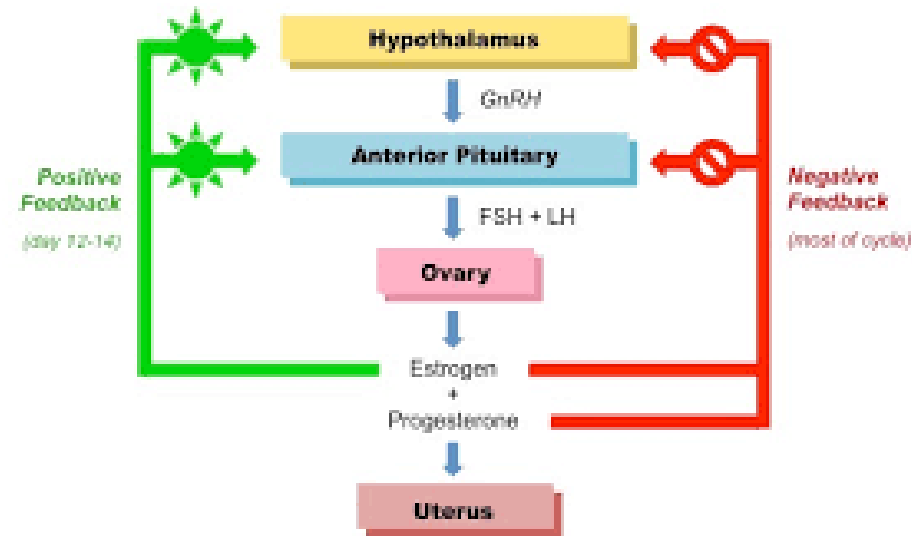


# What is “HRT”?

A medicine that contains sex steroid hormones –

Either the same as the human body makes

Or similar with similar effects



Includes:

- Oestrogens
- Progestogens
- Androgens
- (Thyroxine)

# Long term Health – individualise risk

## Benefits oestrogen

Symptom relief

Urogenital atrophy

Osteoporosis / Osteopenia

Cardiovascular disease

Colon cancer

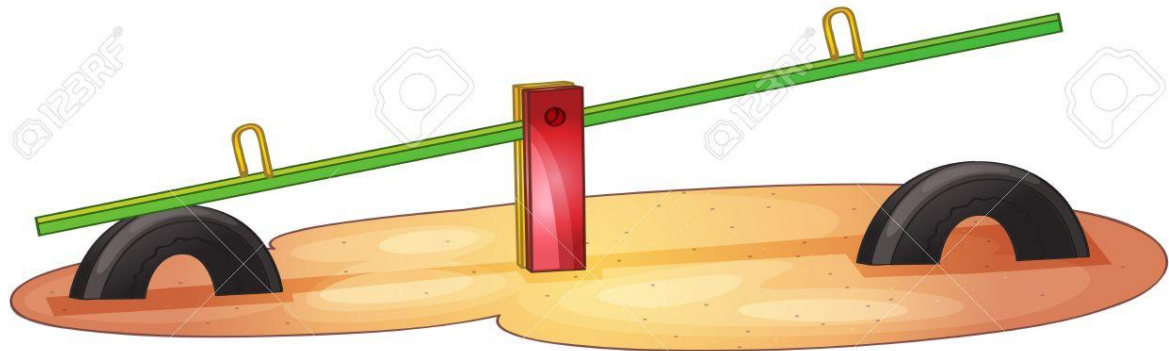
Alzheimers disease

## Concerns oestrogen

Breast cancer

VTE

Stroke



# International and National recommendations on HRT

## International Menopause Society Statements

**The IMS White Paper – Menopause and MHT in 2024: addressing the key controversies** October 2024 N. Panay et al. Climacteric

**Global Consensus Position Statement on the Use of Testosterone Therapy for Women** September 2019 Susan R. Davis et al. Climacteric

## British Menopause Society Recommendations

**BMS & WHC's 2020 recommendations on hormone replacement therapy in menopausal women**  
March 2021 Haitham Hamoda et al

## NICE guidance on Menopause

[www.nice.org.uk/guidance/ng23](https://www.nice.org.uk/guidance/ng23) 2015, 2024

**NICE** National Institute for  
Health and Care Excellence



# Hormonal treatments – E / T / P

# Oestrogens

# Oral

# Gel

# Patches



# Androgens

# Testosterone gel



# Progestogens

## Oral tablets capsules

## Vaginal pessaries creams

(Patches – combined)

## Intrauterine systems

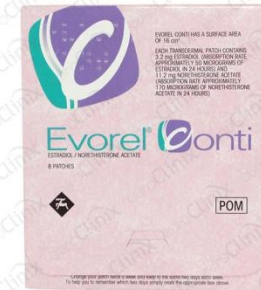
## Implants

# Preparations - combined

Oral or patch oestradiol  
combined with  
progestogen

Cyclical / continuous  
combined

Tibolone



# Prescribing points



If uterus present need  
progestogen

Daily or in a cycle

Type of Progestogen  
matters

Vulvo-vaginal atrophy  
can be big problem

Extra topical E is safe

Indefinite

Continued use for well- being,  
no set duration or age to stop

Individualised risk / benefit  
assessment and yearly review

New use after 60 unusual – but  
if needed

Don't start and stop – VTE

Wean off slowly

# Problems with HRT



## Side effects

Oestrogenic – breast tenderness, headaches, nausea

Progestogenic – bowel changes, headache, irritability low mood,

Androgenic – facial hair, greasy skin, hair loss

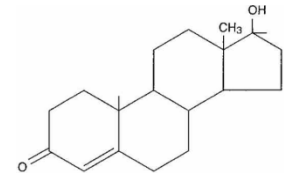
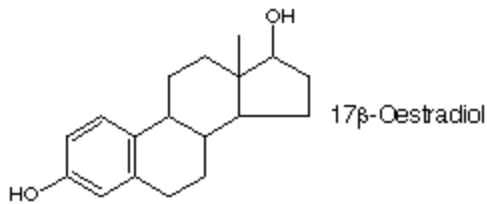
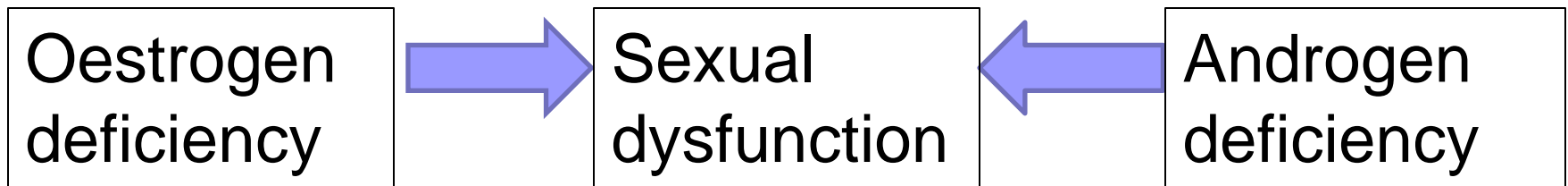
Bleeding

## Under-dosing

Dose appropriate to age  
Every woman is different with different metabolism and absorption  
Starting and stopping



# Hormonal sexual dysfunction



# Hormones – oestrogens and sexuality

Oestrogens have a secondary effect on arousal and libido

Relief of oestrogen deficiency symptoms

Improvement of dryness of mucus

membranes (vagina/mouth/eyes)

Maintenance of secondary sexual characteristics

Improvement of skin sensitivity

Altered olfactory function and pheromone secretion

Improved higher psychological function (self-perception)



• *Bachmann GA 1991*

# Androgens have a direct effect on sexual interest and arousal

Young women produce 350mcg T a day (3-4 x oestradiol)

Half from ovaries, half from adrenals

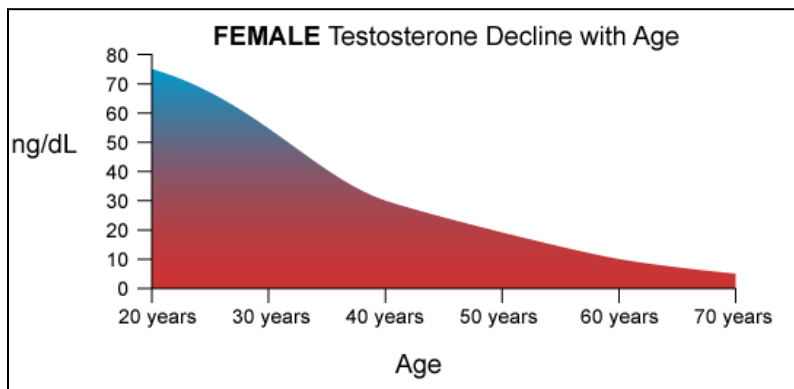
Gradual decline with age

Abrupt decline with BSO

## Female Androgen Deficiency Syndrome

↓ libido (Primary)  
↓ energy  
↓ self confidence  
↑ headaches  
↑ depression

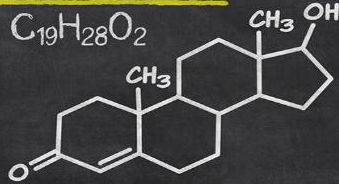
*Sands R, Studd J; Am J Med, 1995  
Davis S, J Reprod Med, 2001*



### Deficiency symptoms

Decreased desire, arousal, orgasm  
Well-being, energy, mood, self confidence  
Bone density, muscle mass

## Testosterone



# Prescribing Testosterone

Patient complains of reduced sexual desire

Measure total testosterone or Free androgen index = in lower third of female range (<1.0 nmol/l or <2%)

Prescribe testosterone 5mg (2-10mg) daily  
Be aware of local restrictions

Check levels at 3m 6m and yearly

NO licensed treatments for women  
Use 1% or 1.62% concentrations

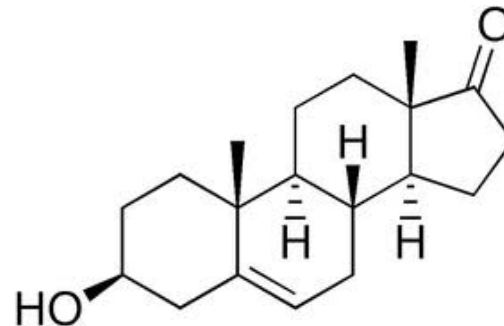


Australia licences  
Androfeme Testosterone  
for women



# DHEA

DHEA not available in Europe  
Little evidence efficacy  
systemically, not recommended  
(Vaginal Intrarosa)  
Food supplement in USA  
Weak androgenic activity



# Genito-Urinary Syndrome of Menopause



Vulvo-vaginal atrophy  
Urinary Symptoms  
Sexual difficulties  
Sexual pain  
Change in vulval and clitoral  
sensation  
Decreased lubrication  
Difficulty in reaching orgasm

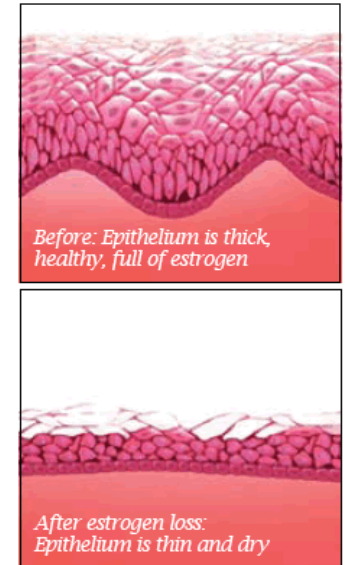
# Vulvo-vaginal Atrophy

15% pre-menopausal women

10-40% post-menopausal women

10-25% women on HRT

66% over age 75



## Problems:

Recurrent UTIs

Soreness / irritation

Bleeding / trauma

Changing anatomy

Sexual difficulty

Loss of elasticity of the vagina

Thinning of epithelium

Reduced secretions

Less acidic pH

Reduced blood flow

Reduced nerve transmission

*Sarrel PM Obstet Gynecol 1990;75:26s-30s*  
*Bachman et al Menopause 2004;11:120-130*

# Non-hormonal vaginal treatments

## Moisturisers



## Lubricants



# Vaginal atrophy – Topical oestrogens

Intravaginal

*Vagifem / Vagirux / Gina*

*Invaggis*

*Blissel Gel*

*Intrarosa DHEA*

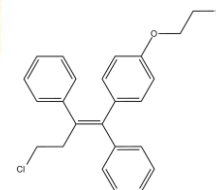
Cream *Ovestin*

Ring *Estring*

Oral *Ospemifene*



Use once daily for 2 weeks  
then twice weekly for  
maintenance. Indefinitely  
NO systemic absorption



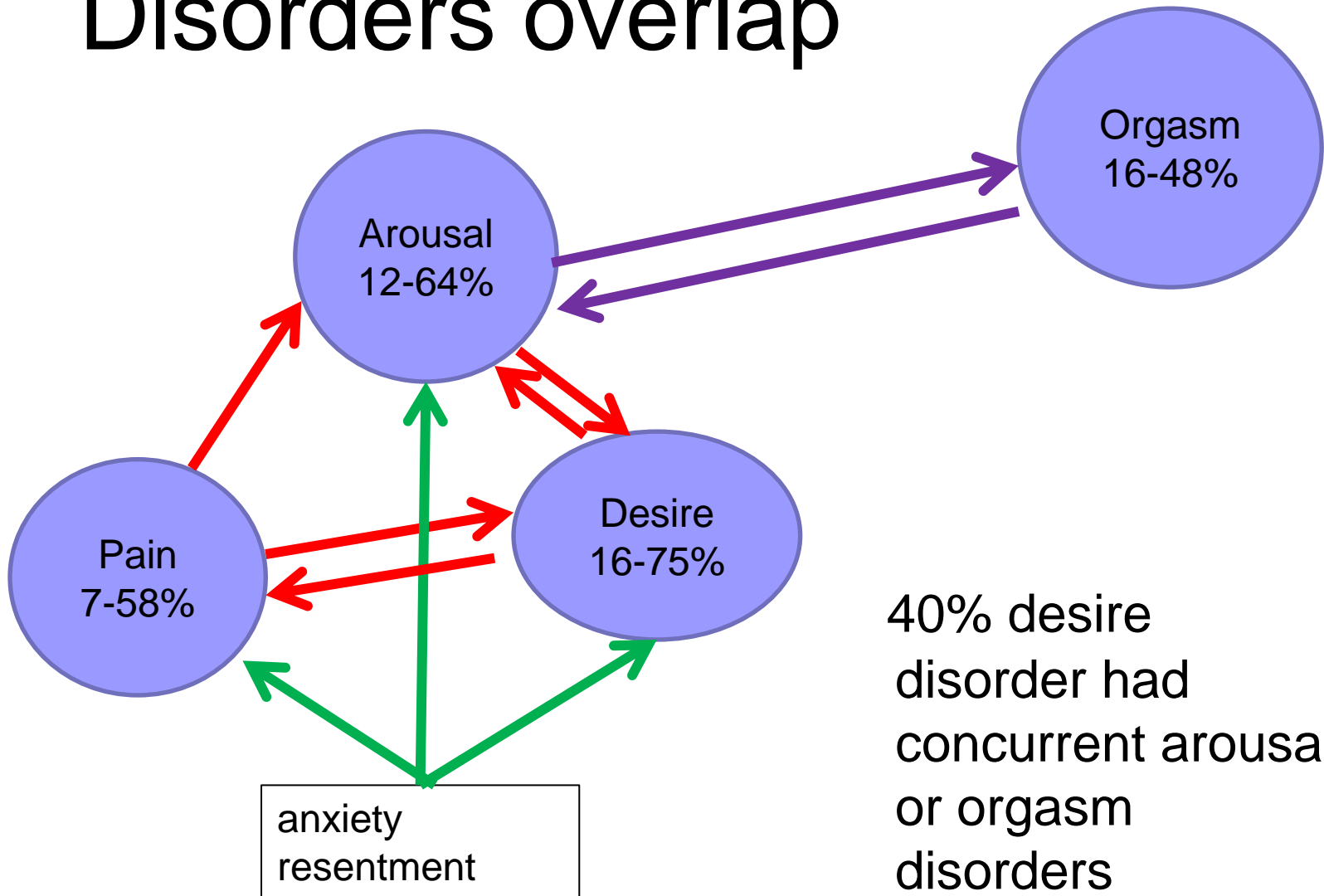
# Thinking about hormones?

Listen! Individualise care  
HRT: consider pros/cons  
risks/benefits for each  
woman - Yearly review  
Know prescribing rules in  
your area  
Indefinite vaginal estrogens



Benefits almost always outweigh the risks  
See the specialist if problems or concerns

# Disorders overlap



40% desire  
disorder had  
concurrent arousal  
or orgasm  
disorders

# Psychosexual Medicine



Institute of  
**Psychosexual  
Medicine**

- Brief
- Interpretative
- Psychodynamic
- Psychosexual
- Counselling

## **Institute of Psychosexual Medicine**

Set of skills

DPR

Balint  
groups

[www.ipm.org.uk](http://www.ipm.org.uk)

# Presentation



Institute of  
**Psychosexual  
Medicine**

## Complaints

Too small

Too large

Blockage

Looks wrong

Feels wrong

Body fantasy

Recurrent discharge

Pelvic pain

Post-op problems

Different symptoms

Vague inconsistent  
symptoms

## Behaviours

Fear of examination

Re-presenting

Non-consumation

Good patient

Demands –  
sterilisation,  
hysterectomy

Blame of HCPs

# How it works



Institute of  
**Psychosexual  
Medicine**

Listen  
Observe  
Feelings in the room - Patient or Dr?  
Interpretation  
Discussion  
Understanding  
Resolution

Why come?  
Why come now?  
When did this start?  
What does the patient bring?

Psychotherapeutic examination  
feelings revealed at time of vulnerability  
can be reflected

## Simple questions



“How long have you had this problem?”

“What do you think is the matter?”

“How does this problem make you feel?”

“How is it affecting your relationships?”

“What made you tell someone about the problem now?”

## How you can help



Recognise and acknowledge problem together

Stay with it & consider examination to reveal what patient feels about their body

Listen –this may be the first time patient has found a non-judgmental source of help

Share distress and acknowledge you do not have all the answers

Invite back –you may have started the healing process

Refer on – know what available / appropriate

# Sexual Problems at menopause

Listen and support  
Holistic and personalised care  
Social context  
Discussion around feelings  
and implications

Treatment  
Adequate E/T/P replacement  
suitable doses  
Vulvovaginal health, local  
oestrogens, moisturisers and  
lubricants  
Refer on



Patients bring us their mind and their body

## Thinking about Sex?



# Resources

British  
Menopause  
Society

[www.bms.org.uk](http://www.bms.org.uk)



Women's  
Health Concern  
[www.womens-health-concern.org](http://www.womens-health-concern.org)



Institute of Psychosexual  
medicine

[www.ipm.org.uk](http://www.ipm.org.uk)



Institute of  
Psychosexual  
Medicine

Menopause Matters

[www.menopausematters.co.uk](http://www.menopausematters.co.uk)

**Menopause**  
*matters*

DAISY *premature ovarian failure*  
[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)



NAPS *premenstrual  
syndrome*  
[www.pms.org.uk](http://www.pms.org.uk)

