

LITERATURE IN BRIEF

Sexual Activity and Vaginal Atrophy

Just because you're a physician doesn't mean you're comfortable talking about sex—especially with a woman who's old enough to be your mother or even your grandmother. But by failing to raise the topic, you risk transmitting the unspoken message that older women are "beyond all that." And, according to a team of New Jersey investigators, the result could be a missed diagnosis of vaginal atrophy, dyspareunia, or other related sexual dysfunctions.

Many studies have suggested that an active sex life can help postmenopausal women maintain vaginal elasticity. To determine the extent to which this is true, a study was conducted by Sandra Leiblum, Ph.D., associate professor of psychiatry, and Gloria Bachmann, M.D., assistant professor of obstetrics and gynecology, at the University of Medicine and Dentistry of New Jersey-Rutgers Medical School. In the study, vaginal atrophy was measured in 52 postmenopausal women between 50 and 65 years of age and related to their sexual activity. A vaginal atrophy index was devised to quantify the subjective evaluations of the physician. The index includes an assessment of skin elasticity and turgor as well as an evaluation of pubic hair, labia minor and majora, introitus, vaginal mucosa, and vaginal depth. For the purposes of this study, "sexually active" was defined as having intercourse at least three times a month, "sexually inactive," has having intercourse less than 10 times a year.

Significantly less overall vaginal atrophy was noted in sexually active women than in sexually inactive women. Also, as frequency of current coital activity increased, atrophy decreased, but only at a marginal level of significance. When the sexual activity score included masturbation frequency, however, the correlation was even more significant.

The positive message in this study is that physicians can recognize atrophic changes and, using a scale such as the vaginal atrophy index, actually rate the degree of atrophy they find. On the basis of this rating, the physician can predict whether an older patient will have vaginal discomfort that might require treatment. The study also emphasizes the importance of sexual activity and sexual expression apart from coitus. We tend to forget that, for widows and women without a partner—or women without a sexually functional partner—there are other avenues of sexual expression, among them masturbation and such simple expressions of physical affection as embracing and kissing.

Masturbation is an especially important sexual outlet for women, since women do not, as a rule, initiate sexual exchange. Whether a woman has high or low sexual desire, her coital frequency will usually be determined more by her partner's desire than by her own.

The data from this study also show that women who have more atrophic changes of the vagina experience more dyspareunia than women who

continue to be sexually active—and therefore experience less atrophy. As a result, women with vaginal atrophy tend not to want as high an ideal level of coital activity as those who aren't troubled by atrophy. For women past 50, this vicious cycle is often accelerated by factors beyond their control—divorce, the death of a spouse, or a spouse's sexual dysfunction. In lieu of intercourse, masturbation appears to be a useful substitute, both for maintaining transudation and vaginal elasticity.

The authors of this study emphasize the importance of raising the topic of sex with your patients—but not in a way that focuses attention on the particular woman in front of you. A physician might say, for example, "For women in the menopausal years, there are many forms of sexual expression—including masturbation." That's not ducking the issue, but neither is it confronting directly a female patient who may be uncomfortable talking about sexual issues. It is also important to use the correct terminology—"intercourse" and "masturbation"—to emphasize that these are normal outlets, that they have absolutely no negative connotations, and that they are natural ways of expressing sexual desire, regardless of a person's age.

Leiblum S, et al: "Vaginal atrophy in the postmenopausal woman: the importance of sexual activity and hormones." JAMA, 249:2195, 1983. For reprint: Dr. Leiblum, Department of Psychiatry, University of Medicine and Dentistry of New Jersey-Rutgers Medical School, P.O. Box 101, Piscataway, NJ 08854.