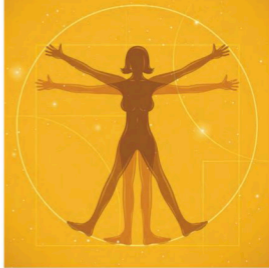


Let's Talk About Sex

Female doctors give us a lowdown on how to take charge of your sexual health

By Brigitte Surette



We've gotten the message that self-care is important. Taking care of our sexual health should be part of that self-care. Sexual health is defined by the American Sexual Health Association as the ability to embrace and enjoy our sexuality throughout our lives. Yet some women still report "putting up" with issues and learning to live with them because they are too embarrassed to discuss them with their health care providers. A key factor in achieving sexual health is communicating your fears and concerns to your partner and to your health care providers.

Writer Brigitte Surette sat down with Dr. M. Susan Jones of Mount Pleasant Internal Medicine and Dr. Amy Warner of Lowcountry OB-GYN for an open discussion about sexual transmitted diseases, mammograms, contraceptives, libido and menopause.

We women are gloriously complicated creatures. Taking control of our sexual health throughout our lives is empowering. Go ahead, start a vagina dialogue with your doctor with no fear or embarrassment.

Women get conflicting information about what's necessary. How often should women get pap smears, mammograms, STD tests and vaccinations?

SUSAN: The vaccination for the human papillomavirus, Gardasil, is for both sexes. The best age is 10, 11, 12... the younger the better. It prevents cervical cancer in women and throat cancer in men. Your overall health affects your sexual and reproductive health, as well as body image, how you feel.

As an internist, I take that into account for my patients, and how often I see them depends on any issues they may have. Once you hit menopause, you need annual pelvic exams, not necessarily pap smears unless you have a history of abnormal pap smears. As far as checking for STDs, that's also dependent upon your history and, of course, if you have symptoms. Pap smears check for the HPV virus.

AMY: (American College of Obstetricians and Gynecologists) recommends a pelvic exam every year to check the uterus, ovaries, the vulvar skin... which doesn't necessarily mean an annual pap smear. That's dependent on the individual. As far as mammograms, there are different schools of thought.

It depends on the body of evidence you look at, but most of us agree that after 40, (women should have) yearly mammograms. Regarding the HPV vaccination, the cutoff age was 27, but they've upped the age to 47. If you're

not in a monogamous relationship and you're sexually active in your 40s, it's a discussion to have with your doctor.

Talk about contraceptives and the morning-after pill.

AMY: The [birth control] pill is a good choice, dependent upon health and the ability to take it, to be consistent. It's safe up to age 50 if you're not a smoker, hypertensive and you don't have other issues... you can take the pill for that long. IUDs are very popular because it's not something a woman has to remember every day. The morning-after pill is fairly safe; it's high-dose progesterin, and you take it within the first 72 hours of having sexual intercourse and

(it is) 70 to 90 percent effective.

SUSAN: (The morning after pill) keeps the implantation from happening... If there's a fertilized egg, it won't be able to attach itself to the uterine lining.

Is decreased libido common after childbirth? What about during and after perimenopause and menopause?

AMY: Decreased libido is very common. There's a number of things that affect female libido... stress, anxiety, depression, which are very common in sleep-deprived new mothers. It can take up to three years for some women to feel they're back to their baseline. It's not abnormal. Stress is so impactful.

SUSAN: Regarding menopause, there's been numerous studies regarding libido... part of the problem with menopause is vaginal dryness and vulvar changes, painful sex. Painful sex is also psychological because both you and

...Soy itself has estrogen-like effects and some women will take these internally but you don't see these doing anything for vaginal issues that we discussed.

AMY: I've had some patients report some improvement (with black cohosh) over menopausal issues such as hot flashes but not vaginal dryness. To some extent, all women will experience these issues. It bothers some more than others... Some women are very symptomatic with the changes and there's a myriad of ways to treat it. Women don't have to suffer.

SUSAN: Yes, vaginal suppositories, estrogen cream. For vaginal dryness and atrophy, estrogen treatment is necessary. Some of my patients have had vaginal laser treatments and been helped immensely by the procedure. It modifies the vaginal mucosa and stimulates mucus production.

AMY: There's also a steroid suppository,

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your partner are thinking about it and it affects libido enormously.

AMY: It blunts your sexual response.

SUSAN: Yes, it's generally a little more complicated to have sex when you're older... Arousal is an issue and then there's these physical barriers. So all require you and your partner to be very patient with each other. Try different things... It's always nice to hear from patients that they have adapted to these changes and their level of intimacy is stronger than ever.

What's out there to help alleviate peri- and menopausal issues? Any holistic products?

SUSAN: Black cohosh and soy prod-

Intrasora, that is converted to estrogen in the vaginal tissue... Ophena, an oral medication, is an estrogen receptor modulator. Breast cancer patients have benefited from laser treatments.

SUSAN: What fell out of favor was hormone replacement therapy... Those who can't sleep, have night sweats, hot flashes, mood changes... you can, safely... and if you don't have a history of breast cancer in your family, do (hormone replacement therapy). It's a lifesaver for some women.

Brigitte is a full-time writer. She blogs at brigittebarter.com and maintains her portfolio of writing at brigittesurette.com. She lives with her husband and two kids with paws near Charleston.