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# Current Management Strategies of the Postmenopausal Patient with Sexual Health Problems

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## ABSTRACT

### Introduction

Sexual health concerns of menopausal women include decreases in sexual interest, arousal, lubrication, and orgasm, and increases in sexual pain, all of which may be associated with distress.

### Aim

To review a step-care progression of sexual healthcare management: identification of the sexual health problem; education of the patient and the partner; modification of reversible causes; first-line therapies consisting of devices and medications; and second-line therapies with more invasive treatments including surgery.

## Methods

The healthcare provider is presented with a clinical diagnosis and treatment paradigm that engages mind, body, and relationship issues proceeding step-wise in a rational and cost-effective fashion.

## Main Outcome Measure

Literature review in women's sexual health.

## Results

Women's health, including sexual health, is a fundamental human right. Supported by evidence-based data, a step-care approach to diagnosis and management of women with sexual health problems is advised. Multidisciplinary interventions should be considered as needed. Identification of sexual health concerns engages diagnostic components of psychologic consultation, history, physical examination, and laboratory testing as appropriate. Key to clinical assessment is the detailed sexual, medical, and psychosocial history. No agreement exists on necessary laboratory tests. Patient (and partner) education improves understanding of treatment options and expectations, and promotes a trusting patient–physician partnership. Modification of reversible causes includes sex therapy, lubricants, altering medications, modifying lifestyle and physical therapy for pelvic floor disorders. First-line therapies should be administered based upon diagnosis, needs, expectations, risks, benefits, and cost, and include medical devices and drugs such as hormones, vasoactive agents, dopamine agonists, topical steroids, anti-infectious agents, and analgesic agents. Second-line therapies, such as surgery, are initiated upon failure, insufficient response, or adverse side effects associated with one or more of the first-line therapies or patient preference.

## Conclusions

For postmenopausal women with sexual dysfunction, a rational clinical management strategy begins with treatment options that are most reversible and least invasive and costly. **Goldstein I. Current management strategies of the postmenopausal patient with sexual health problems.**



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## Keywords

Postmenopause; Androgen Insufficiency; Hypoactive Sexual Desire Disorder;  
Testosterone

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