

SEX...IN YOUR 40's¹

If you've spent years calorie counting or worrying about body image and clothes the 40s can be an empowering time for women. You're probably more confident in your skin and you know who you are.

There is much talk of the frisky forties, so it's not surprising that there has been an increase in unplanned pregnancies for women in this age group. Although fertility is declining women can still get pregnant in their late 30's, 40's and even 50's and abortion rates for women aged over 40 are double those of the under 16s, figures for England and Wales show.

We've described some of your contraceptive choices in the "your choices" section and you still have many options for contraception. You should also talk to your partner about contraception about what suits you both best.

Remember that great sex is all about feeling comfortable and in control, so make sure that you make decisions together about what works best for you both. If you want more tips on talking to your partner about sex, try this link <http://www.nhs.uk/livewell/talkingaboutsex/pages/talkingtoyourpartner.aspx>

THE MENOPAUSE & PERIMENOPAUSE

After puberty and pregnancy, this is the last big change a woman's body will go through. It might come as a relief as having to deal with your periods is finally over, or you might feel anxious about it because it symbolises an end to one stage of life.

What's the Perimenopause?²

Perimenopause is the time leading up to menopause when you start to notice menopause-related changes.

Perimenopause is what some people call "being in menopause" or "going through menopause." But the menopause itself is only one day, the day you stop having periods.

The perimenopause can start as early as the mid thirties, but on average most women go through the perimenopause between the ages of 45 and 55.

What is happening to my body?³

Women are born with thousands of eggs inside them, contained in the ovaries. On average a single egg is released into the womb every month. If the egg is fertilised by a sperm it develops into a baby. If it isn't then it is shed and this is what causes your period. Eventually a woman's ovaries run out of eggs – this can either happen naturally or because of treatment, e.g. a hysterectomy. Because of this, the ovaries will also stop producing the sex hormones oestrogen and progesterone. The hormone production reduces very gradually, so some women can experience symptoms while they still have their periods. The resulting low and changing levels of these hormones, especially oestrogen, are commonly thought to be the cause of menopausal symptoms in many women.

When is it likely to happen and how long will it last?

On average, a woman will go through the menopause in her late 40s / early 50s (the average age in the UK is 51).

However, the menopause can set in a lot earlier (as early as late 30s).

It can last for up to five years, but again that varies from woman to woman.

What are the symptoms?

Menopausal symptoms come in all shapes and forms, so here is a quick guide:

EARLY	
Irregular periods	Irritability
Hot flushes	Poor concentration and memory
Night sweats	Depression
Palpitations	Loss of self-confidence and libido
Headaches	Generalised aches and lethargy
Insomnia	
INTERMEDIATE	
Vaginal dryness	Brittle nails
Dry skin	Sexual intercourse is painful
Dry hair	Frequent or painful urination
LONG-TERM	
Osteoporosis	Heart disease

What are the long-term effects?

In recent years it has been recognised that low oestrogen levels may be responsible for long-term health problems.

- *Heart disease*

Research suggests that oestrogen protects blood vessels and has a beneficial effect on blood cholesterol. The lack of oestrogen after the menopause puts some women at a greater risk of heart disease

- *Osteoporosis*

Low oestrogen levels also account for bones becoming thinner, putting menopausal women at a greater risk of bone fractures, especially of the hip, wrist and spine

What is hormone replacement therapy?

Hormone replacement therapy (HRT) aims to replace the oestrogen that menopausal women no longer produce - relieving symptoms such as hot flushes, night sweats, tiredness, vaginal dryness, headaches and irritability.

Women who still have a womb (uterus) will also take an additional hormone - progestogen. The progestogen produces a regular period - ensuring their womb stays healthy.

In the UK HRT is prescribed for symptom control and can come in a number of preparations: tablets, patches, implants, gels, vaginal creams, peccaries and ring.

Alternatives to drug therapies

Many women who are interested in more 'natural' approaches such as diet and exercise can find that they provide effective alternatives to drug therapies. These include:

- A healthy balanced diet
- Avoiding or reducing smoking
- Staying physically and mentally active
- Using a vaginal lubricant if dryness is making sex difficult
- Alternative therapies like aromatherapy to assist relaxation
- Deep breathing to 'cool down' hot flushes
- Herbal remedies such as soya, red clover, black cohosh and wild yam

Few controlled studies have been undertaken to assess the effectiveness of herbal remedies. Some of these over-the-counter (OTC) preparations can interact with other medications.

Do I still need contraception?

A woman can still ovulate up to 12 months after her menopause, so even though your periods may have stopped, taking extra precautions avoids unwanted surprises!

1. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_099285 accessed on 11/03/2010 at 12:42

2. <http://www.womenshealth.gov/faq/perimenopause.cfm> accessed on 16/02/2010 at 19:14

3. Based on "05-12-12 the Menopause" from former Bayer Website