

Support for Women's Sexuality— Leave it to the Italians!!



Dr. Kate Thomsen and Silky

I wrote an article, *It Takes Two to Tango, The Vagina After Menopause* in the Nov./Dec. 2011 issue of the Mercer County Woman. It described how the physiologic changes of menopause affect women's sex lives. The decreasing circulating estrogen of menopause creates a new state of being that has both temporary and permanent changes in a woman's body. One of the permanent changes is the effect of low estrogen in her reproductive organs. Vaginal dryness is very common after the menopause, affecting over half of post-menopausal women between the ages of 51 and 60. Natural secretions diminish and eventually the vagina becomes shorter and the walls thinner and less elastic. Clinicians used to call this change, vulvar and vaginal atrophy (VVA) but it has been renamed Genitourinary Syndrome of Menopause (GSM). These changes usually take months or years to develop after the menopause but the timing will vary from woman to woman. One can imagine these changes would make vaginal intercourse uncomfortable and often painful.

Research on sexuality in older aged men and women has shown interesting and confusing results. Data show that at least half of older heterosexual couples are having regular sex, and at least half experience some sort of sexual dysfunction. About half of sexually active older women report lack of interest in the experience. About four in ten older women report reduced lubrication and four in ten older women are unable to reach a climax. A quarter of older women report no pleasure from their sexual activity and more than one out of 10 older women have pain during intercourse. The

reluctance to talk about sex in a clinical setting and the perceived judgement of answers may skew results of sexuality research. But what I gather from these results is that many older women are having sex to please their partner even if it is painful. Many other older women would probably show interest, and even climax, if sex weren't painful. Imagine that!

Communication about sex is confusing and conflicting in our culture and in our relationships. Couples often have difficulty negotiating divergent vs. expected needs. The objectification of women in sexually explicit advertisements and media confuses both sexes about what an individual woman really wants. Even in health education materials about sex in older age, it was only in European websites that I found the printed word vagina.

Older men and women have also reported satisfying non-intercourse related sexual experiences. But in 1998 when Viagra was introduced, the sexual equilibrium in many heterosexual relationships changed. Where 50% of men and women may experience sexual dysfunction, the availability of a pharmaceutical treatment for erectile dysfunction in men sent women running for the lubricants. Many women also opted for vaginal estrogen creams which, in time, would restore comfortable sex.

Since the Baby Boomers are aging, and apparently "want their sexual selves back"...there have been continuing developments in this area since I wrote the article in 2011.

- In Oct. 2011 Cialis (the medication for male erectile dysfunction) was approved for "daily use" vs. "as needed" use. Sexual equilibrium in relationships was upset once again. With men being ready for sex "at any time" women needed to adapt – keeping a tube of lube in the purse!

- On February 26, 2013 a once daily pill, Ospheña, was FDA approved for the treatment of vulvovaginal atrophy. This pill has had less than stellar results in restoring women's sexual comfort. In addition, it has potential estrogen-like

adverse events including uterine cancer, stroke and blood clots. Side effects can include hot flashes, urinary tract infection, vaginal yeast infection, vaginal discharge, and headache. (Hmmm, not many lining up for that...)

- On August 18, 2015, the FDA approved a new drug that treats FSIAD (female sexual interest/arousal disorder). Flibanserin's approval is a first for this category of drugs and is not without controversy. Several other drugs to treat this condition are still in development. Brand-named Addyi, the drug appears to be only marginally effective and carries some risk of serious adverse effects including low blood pressure, fainting, dizziness, and sleepiness. A mouse study showed an increase risk in breast cancer. The Advisory Panel to the FDA did not recommend approval of the drug on 2 separate occasions prior to this eventual approval. (Sounds like they should go back to the lab one more time with that one...)

- BUT, the game changer came from the Italians in September 2014. A fractionated CO2 laser from DEKA in Italy received FDA approval for the treatment of Genitourinary Syndrome of Menopause. The CO2 laser named Mona Lisa Touch was launched in 2008 in Europe and has treated thousands of women worldwide since then. It is being marketed and distributed in North America by CynoSure, a leading developer and manufacturer in the aesthetic laser market since 1991.

CO2 lasers have been used in surgery and in aesthetic medicine for decades. Lasers emit light and, in cosmetic surgery, the laser is used to heat up water in surface cells to slough them off. This signals the layer of skin underneath to 'grow a new healthy top layer' hence the term "resurfacing". Plastic surgeons use this procedure to stimulate collagen in the skin of the face.


The Mona Lisa Touch laser is applied via a probe inside the vagina. The treatment is done in a physician's office with no anesthesia. It is painless and lasts about 5 minutes. Three

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WOMEN'S HEALTH AND WELLNESS

**Treatments For
GenitoUrinary Syndrome of Menopause**

- Topical lubricants as needed—not that effective, messy, where is it when you need it?
- Systemic Hormone Therapy—estrogen treatment for hot flashes and night sweats does not always relieve vaginal symptoms. Topical vaginal estrogen is sometimes still needed. Not recommended for women with a history of breast cancer.
- Estrogen Vaginal cream—Requires 2 -3 x per week applications in the vagina, and some women find it "messy"
- Ospheña—the daily pill that is not very effective and has potential adverse effects. Not recommended for women with a history of breast cancer
- ❖ Mona Lisa Touch Vaginal Laser Treatment—
 - ❖ painless procedure done without anesthesia in a doctor's office
 - ❖ remarkably effective
 - ❖ no side effects or safety concerns
 - ❖ after the first 3 initial treatments, only one treatment per year is needed
 - ❖ it is available at the office of Dr. Kate Thomsen

Call the office to set up your appointment



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treatments 6 weeks apart have been shown to regenerate the vaginal walls to their former condition: lubricated, stretchy and cushioned. After the first treatment, women typically feel 50 - 60% improvement. By the third treatment, they are 80 - 90% improved. A maintenance treatment is needed once per year. Best of all, there are no side effects and almost no downtime after treat-

ments. The Mona Lisa Touch is an appropriate treatment for women who are menopausal "naturally" or as a result of having their ovaries removed. Since there is no estrogen involved, the Mona Lisa Touch treatments are also appropriate for women who have GSM due to breast cancer treatments. No wonder the website is—smilemonalissatouch.com.

Dr. Kate Thomsen's office for holistic health care is located in Pennington, NJ. She is board certified in Family Medicine, certified in Integrative/Holistic Medicine, and an Institute for Functional Medicine Certified Practitioner. She has been practicing Functional Medicine for over 15 years. For more information visit www.drkatethomsen.com or call the office at 609-818-9700.