Testosterone deficiency is a rare cause of ED. If it is suspected, then blood should be taken at 9am to confirm the diagnosis and repeated on a further one or two occasions. Testosterone therapy with injections, patches or gels is only indicated in men whose loss of libido or ED is due to a proven lack of testosterone. Failure to respond to the normal drugs for treating ED may also indicate testosterone deficiency and taking additional testosterone in this situation can then make the drugs effective.

Because lack of testosterone can cause subtle symptoms, some doctors use questionnaires. Questionnaires may help to reduce feelings of embarrassment that arise when talking about sexual problems. The ADAM questionnaire is one way to establish whether a man’s low testosterone level may account for his erection problems. The questionnaire includes 10 questions that have a yes or no answer (see page 68). A positive response to questions 1 or 7, or any other three questions, suggests the need to have an early morning (9am) testosterone blood test.

With increasing age, there is a fall in testosterone levels in most men and this coincides with many other hormone changes that take place simultaneously. Additionally, with increasing age, there are a number of changes that occur in sexual performance. Often the libido will be decreased, penile sensitivity is diminished and it takes longer for full erection to be achieved.

In older men the higher centres of the brain are less reactive to psychogenic stimuli such as fantasising or visual stimuli, so the erections become more dependent on manual stimulation. Increased interaction between the couple, especially in terms of foreplay, is needed to achieve a satisfactory erection. There is a decrease in the frequency, duration and rigidity of nocturnal erections and an increase in the refractory period (the time from ejaculation to the next erection). This interval may
range from 30 minutes in a young man, to several days in an 80 year old enthusiast! Many older men fail to recognise that they need longer to become aroused; this delay could lead to increased performance related anxiety, which in turn could lead to a vicious circle, resulting in a complete loss of erectile function.

**The ADAM questionnaire**

1. Do you have decreasing libido?
2. Do you have lack of energy?
3. Do you have a decrease in strength or endurance?
4. Have you lost height?
5. Have you decreased enjoyment of life?
6. Are you sad or grumpy?
7. Are your erections less strong?
8. Is it difficult to maintain your erection?
9. Are you falling asleep after dinner?
10. Has your work performance deteriorated recently?

**CASE STUDY 7**

Robert was 52, in a very happy relationship but complained of constantly feeling tired and he could not be bothered to initiate sexual activity. His erections had also been unpredictable and when he ejaculated he felt as if some of the pleasure had diminished.

His girlfriend was worried, not so much about this erections, but the fact that he had not initiated sex seemed unusual, especially as they were so much in love.

This is when it is so important to talk to a specialist. On the surface it seems that at 52, Robert was just tired from work and it could be said that as the relationship was a few years old, sex would not be so regular. Some men, when they experience these symptoms go onto internet sites and complete questionnaires and then either buy testosterone treatment on the web or spend an enormous amount of money at expensive private clinics in London. (continued on next page)
This is not necessary and can be dangerous. First of all, if you take testosterone when your hormone levels are normal, you create a tremendous risk of shutting down the whole hormonal feedback system, and it may never recover; there are serious long term health consequences to using testosterone unsupervised. Secondly, some clinics outside the NHS prescribe testosterone without necessarily following all the appropriate guidelines and tests associated with treatment.

If anyone has concerns as to whether their testosterone levels are low, the first point of call is your local doctor to explain your symptoms and worries, and to ask for your hormone levels to be measured. It is still best to have a 9am check; you do not need to fast but the levels do change throughout the day and therefore a 9am test gives you the best levels. Testosterone levels can be low for a number of reasons, and I cannot stress enough how important it is to see an appropriate specialist.

Robert was found to have a high level of prolactin which lowers testosterone. The tests showed a small tumour, which was benign, and was treated accordingly. He was then placed on testosterone treatment, which made a considerable difference to his sex life and their relationship.
If you have a significant score on the ADAM questionnaire, discuss the matter with your doctor and a testosterone blood test may be helpful.

One abnormal testosterone test is not reliable and does need to be repeated to confirm the result.

There is a wide range of normal testosterone levels; what might be low for one man may be normal for another.

A trial of treatment can sometimes be helpful.

If you are not getting a good response to the tablets prescribed for ED, then it is worth discussing the possibility of a low testosterone with your doctor.

Testosterone treatment can turn a non-responder into a responder if they are truly testosterone deficient.

Many of the changes that occur in erectile function in older men are a normal part of aging and not related to a low testosterone.

The best way to stay fit for sex in older age is to keep your weight down, be moderate with alcohol, be a non-smoker, take plenty of exercise and eat a healthy, balanced diet.
One of the most common reasons why women in the menopausal years shy away from sexual activity is because they have bladder problems. There are some studies that show that 50% of women with urge incontinence, sometimes described as an overactive bladder, are likely to be incontinent at orgasm and many women avoid becoming too sexually aroused and stop short of being orgasmic, in case they are incontinent.

In the USA there is more money spent on adult incontinence pads than children’s nappies. Many women, rather than risk leaking or having to suddenly break off from sexual activity, often just give up sex; the sad thing is that there are a variety of treatments available if only we ask.

Many of my patients give up foreplay, especially oral sex, but they forget to tell their partners, often just pushing them away and saying no. The partner then tends to enter the vagina with a slightly softer penis, and everything is over in seconds: unsatisfactory sex and, of course, if sex is not pleasurable, why go back for more?
In the menopausal years our faces lose their lustre and become wrinkly and vaginas become shiny and smooth – just the opposite of what we need for pain free sex! This is called atrophic vaginitis and affects 10% – 40% of post menopausal women. It can lead to:

- Pain on intercourse
- Reduced vaginal lubrication
- Performance anxiety
- Loss of sexual desire to initiate sex
- Relationship distress and lack of intimacy
- Avoidance of sexual relationships

Unfortunately, doctors don’t always ask about the health of our vagina; this is partly because the “ticket” we have used in the past when we discuss HRT has gone. So many women are now worried about the side effects of HRT, as well as the embarrassment of undergoing a vaginal examination and the fear of what else the doctor might find, that they are walking around unaware that their vaginas have less oestrogen, which means that the cushioning effect we have when a penis enters us has been reduced. Hence, we get that pain and soreness and even urinary problems. Pain is the greatest inhibitor of sexual activity which is why we need to get treatment for these symptoms.

When a man enters you and you experience discomfort, you may think to yourself: “This is not much fun, let’s not to do it again.” So it’s separate bedtimes and bedrooms as quickly as possible.
Imagine an upholstered chair which is comfortable to sit on, and then imagine yourself sitting on a hard chair and the discomfort associated with that. That is what happens to your vagina. It also loses its elasticity.

Most women, I believe, want to be given the information about HRT. They can then make an informed decision about possible treatment. Certainly, if your quality of life has deteriorated because of sleepless nights, hot sweats and mood changes, HRT can be the answer. However, there is always the choice of using a special hormonal cream, which will provide you with a nice spongy soft, plumped up vagina, and then there will be no pain and no urinary symptoms. Now that so many men are taking treatments to improve their erections, we women must look after our vaginas – if not, only one of you will have healthy genitals.

Another problem in the menopause is that our senses seem to alter. That means that the touch and smells we have enjoyed before become irritating and often not very arousing. I have known women who for years have really enjoyed their face being touched or their arm stroked, and then for some reason, the touch their partner gives them is annoying and not a ‘turn on’. The main problem is that we forget to tell our partners about this change and they go on, for years sometimes, still touching the same place, wondering why it is no longer enjoyable.

Please tell them it is not them you are criticising, it is their actions that you want them to change. Just because a partner has been with you for years, it does not mean he can or should be able to read your mind.
Vaginal atrophy in the menopause from a male doctor’s point of view

Menopausal symptoms of hot flushes, night sweats and mood changes are well known and can be effectively treated with hormone replacement therapy (HRT). A common problem in the menopause which can cause sexual difficulties is vaginal atrophy. Under the influence of oestrogen, the vaginal lining is thick, elastic, and supple, with a good blood supply which allows fluid from the capillaries in the vagina to provide lubrication and moisture. In addition to this, mucous production from the glands adds to lubrication. Lactic acid produced in the vagina by healthy bacteria keeps the vagina acid, which provides resistance against infection.

Reduced oestrogen, associated with the menopause, leads to reduced blood supply and thereby less moisture and reduced mucous production. The lining of the vagina becomes dry, thin and fragile with reduced elasticity. There is less colonisation by the important lactobacilli, which leads to less lactic acid production and increased susceptibility to infection. Unfortunately, these changes can be made worse by smoking and they are also more common in women who have not given birth vaginally.

Vaginal atrophy can occur before the menopause, when the oestrogen levels are low. The diagnosis is made from the symptoms and by an examination. An examination will reveal the vulva to lack plumpness, the labia minora to be small, the vagina to appear thin, pale and dry and sometimes little blood spots known as petechiae may be present. Some specialists measure the acidity of the vagina to help make the diagnosis.

Reduced lubrication on sexual arousal is often one of the first symptoms of vaginal atrophy. Many women complain of vaginal dryness, which can lead to reduced sensation and discomfort during intercourse. Any discomfort or pain naturally leads to decreased interest in, and decreased frequency of, intercourse, which in turn leads to further decreases in vaginal lubrication. In addition, thinning of the vaginal and vulval skin causes irritation and discomfort, even to a gentle touch. In some women the lining of the vagina may be so fragile that bleeding can occur after intercourse. Any bleeding after the menopause should be appropriately investigated and not be assumed to be due to age related changes.
Urinary symptoms can also be related to a lack of oestrogen; these include pain on passing urine, frequency, urgency and urge incontinence, together with night time passing of urine. There are safe and effective treatments for vaginal atrophy which come in the form of topical creams to rub into the skin or pessaries to insert into the vagina. Replens is a non-hormonal vaginal remoisturiser and can be of some help. However, it will not reverse all the local changes produced by the lack of oestrogen.

The treatments, vaginal creams, tablets or pessaries, are typically a single dose used each night for a fortnight then one dose twice per week. Some women will need higher doses for longer to achieve good symptom relief. There is some evidence that a maintenance dose twice weekly is more effective than once weekly.

**TOP TIPS**

- Menopause and vaginal problems are very common
- Good treatment is available that really makes a difference
- Try facing side to side
- Man on top, but not with the woman on her tummy
- Plenty of lubrication
- Plenty of foreplay – don’t rush it
- Put a little bit in and then see how comfortable you are
- “Brace yourself, Sheila” is not good enough!
- A shiny smooth vagina is a sign of lack of oestrogen
A couple came to see me many years ago, and I remember the lady’s face was beautiful and she looked a lot like Julie Andrews; I always wanted to be a nun, so I remember her very clearly. Goodness knows how I changed direction to become a sex therapist!

This lady and her husband had been married for 30 years, and they had stopped being intimate. I asked him on his own what they always did as foreplay, and what turned them on. “I always kiss my wife goodnight and that kiss would lead to more touching and then intercourse.” I asked, “Why are you not kissing anymore?” He replied, “Well, every night she puts this seaweed cream on her face, and it smells dreadful. I would have to hold my breath to kiss her, which is not possible.” I asked, “Have you told her?” He replied, “No, my wife is very worried about looking older and I don’t want to worry her.” I asked him to tell her about the cream, and he agreed. Her reply was, “I hate the smell too, but I didn’t want you to think that I didn’t care about my complexion, and so I have been using it for you”.

From that day, the cream was thrown away, they started kissing again, and intimacy returned. Simple, but a good lesson for us all – we must communicate!