

# Many Options Available To Alleviate Vaginal Dryness

What do you think is the best way to tell if a woman is sexually turned on? If you said vaginal lubrication, you'd be wrong about women who can be turned on in their heads but not in their genitals.



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INTIMACY, SEX  
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Theresa, 42, is one of these women. She and Karl, 39, have been married for 17 years and are still “crazy about each other.”

“We’ve always had great sex,” she said, “but over the past year or two, I’ve developed

vaginal dryness, and it’s taken away my sex drive. I love the way Karl touches me, but now it hurts when we make love.”

Theresa’s cheeks flushed as she spoke. “I don’t know what’s wrong. . . . I feel excited in my head — but the message doesn’t go to the rest of my body. We’ve tried all kinds of gels and lubricants, but they only help for a little while — then I start to feel raw again. Karl is worried that I’m not attracted to him anymore, but that’s not true. I still have my periods, so I couldn’t be menopausal.”

Problems with sexual arousal can make a woman feel out of control and at odds with her body — similar to the anxiety or helplessness experienced by men with erectile dysfunction. The difference is that males with good erectile functioning have observable evidence of their sexual excitement.

Female arousal is internal (formed deep within the vagina), more diffuse and less well identified. Because the opening of the vagina may be dry, it’s not unusual for a woman to be physiologically aroused but think she’s not. If she and her partner begin to worry about the dryness, their thinking can physically shut down excitement and create the problem they feared.

Vaginal dryness is rarely an isolated problem. It often leads to pain, impaired desire, reduced pleasure and difficulty with orgasm in a downward spiral of disuse and disappointment. Causes can be physical, emotional or relational. Virtually anything that reduces blood flow, affects body image or hormonal status or alters your sense of well-being can reduce sexual excitement — hysterectomy, diabetes, neurological problems or the aftermath of cancer treatment. The periods of pregnancy, post pregnancy, breast feeding and menopause are especially challenging.

There are also countless medications that affect arousal: antidepressants, blood-pressure medications, antihistamines, diuretics and others. Although certain forms of estrogen may improve vaginal wetness, they can also reduce desire by altering the delicate estrogen-testosterone balance. Depending on your own history and circumstances, hormone replacement may not be the treatment of choice.

As a psychologist, I’d be remiss not to mention the role of emotion in decreased arousal. Depression, anxiety, guilt,

addiction, trauma and abuse can cause sexual problems — and sexual problems can cause emotional concerns in a self-perpetuating cycle. And let’s not forget the impact of financial worries, work problems, concerns about children or aging parents. Anything that distracts from pleasure pulls you away from arousal. Well-meaning friends may tell you to relax, have a martini, and things will just work out. And maybe they will (although go easy on the martinis). But if things don’t improve with time, see a professional.

Theresa’s problem was easily resolved. I suggested she make an appointment with her gynecologist and speak candidly with him. She was embarrassed to admit it had been over a year since her last check-up. She was not a big fan of going to the doctor and had never raised the subject of sex. “He didn’t ask, and I didn’t tell,” she said.

What Theresa was surprised to discover is that she was going through menopause, even though she was still menstruating. The blood tests confirmed it. The levels had finally dropped low enough for the walls of her vagina to show changes in thickness and elasticity. Because her vagina was estrogen-deprived, over-the-counter lubricants merely coated the surface and didn’t offer much relief.

Theresa was prescribed Vagifem, a vaginal estrogen that’s minimally absorbed in the rest of the body. She was the “perfect candidate,” her doctor said. He also recommended several dietary

and lifestyle changes — exercise, drinking lots of water and taking vitamin supplements (E, C and a good multivitamin). I suggested she also try Zestra oil (available over the counter) and consider buying a gentle vibrator (to help with the vascular “sludge” buildup that can accompany aging). Armed with explanations and suggestions, Theresa felt in control again, and Karl was reassured that she was still attracted to him.

For some women, the solution to temporary vaginal dryness is to eliminate nightly bubble baths or harsh detergents. Others find it helpful to experiment with lubricants. Astroglide is a favorite among many of my patients who say it feels a lot like the “real thing.” You can use vegetable oils if you don’t mind the mess (even Crisco is great), but if you’re using condoms, be careful that the product is non-corrosive to latex. Another good product is Replens. It’s nonhormonal and lowers the vaginal pH, preventing certain infections. One application can last more than two days, so it’s a good choice for women who feel vaginal dryness when they exercise or just walk around. And if you use lubrication, don’t treat it like you were basting a cake pan. Incorporate it into your lovemaking, and make it fun. Some men find that putting lubrication on their own genitals heightens sensitivity for both. But don’t overdo it — too much of a good thing can reduce friction to the minus zone.

Masturbation is another way to boost

your blood flow — if it’s something that doesn’t conflict with your value system. If you think of it as a therapeutic “prescription,” you may feel more relaxed about doing it. Practice alone, if you prefer, or with a partner. If you feel awkward about exploring your body, identify what makes you feel this way. Silence the guilty voices of the past that are telling you you’re naughty. If not now, when? You can also pump up the volume by walking, dancing, laughing and fantasizing. Enjoy more; stress less. It’s all good.

Sex is not static. Everything changes. Fluctuations in vaginal lubrication are as normal as variations in erectile firmness. Sexual satisfaction is greater than the sum of its parts — “mens sano in corpore sano,” which means a healthy mind in a healthy body leads to the best sexual turn-on.

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