

How To Get Back In Your Sexual Groove



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INTIMACY, SEX
& RELATIONSHIP

married for 30, and have a family history of heart disease. I'm about 40 pounds overweight (seems like whatever I eat goes to my belly). I'm taking cholesterol-lowering medication and blood pressure medication. My sexual interest feels like it's slipped off the planet. My husband and I would both like to get back some of our old zing. I'd like to get into the LibiGel study you mentioned in your column. Can you give me some information about who to contact? Are there risks of taking testosterone when I still have my ovaries (they have not been surgically removed, but I have gone through

Dear Dr. Sandy,
I read your article on March 2, "Getting Back in Touch With Your Desire," and it sounded like you were talking about me. I'm 50 years old,

menopause)? Thank you!

Herminia in Hartford

Dear Herminia,

I've received many e-mails from women asking about the LibiGel study. These are exciting times, but no medication (hormone or other drug) is without some risk. The question is how much risk. Before you "commit" to taking any medication, it's important to discuss the risk/benefit ratio with your health care provider. Use your doctor as your primary wellness support network, not just someone you call when you have a sniffle or pain.

The short answer to your question about testosterone is that we really don't know the long-term safety effects for post-menopausal women. If you have cardiovascular risk factors (have a family history of heart disease, smoke, have elevated serum cholesterol, obesity, high stress and don't exercise), you should consult with your doctor. You might also discuss whether your current medications are

suppressing your sexual desire.

Clinical investigatory studies for cardiovascular safety are underway in multiple centers. It is very exciting that we will finally have long-term data about how testosterone impacts post-menopausal women with cardiac risk factors. These are randomized, double-blind, placebo-controlled studies. Women will be exposed to either LibiGel or placebo for 12 months, and one of the study centers is in New Britain. After getting the green light from your doctor, you can contact Drs. Anthony or Danielle Luciano.

Until then, there are a number of other things you can do to lift your libido. Eat healthfully. Get your weight under control. I know it's easier said than done, but feeling better about your body often translates into more energy and sexual enthusiasm. Exercise regularly, even if it's taking the stairs and not the elevator at work. Take a few moments to

close your eyes, take a breath and feel grateful for this moment in time. If you can find an extra half-hour, take a pilates or yoga class to get connected to your body in positive ways. I tell couples to "treat yourselves like company" (don't save the good china and towels for the guest). Indulge whenever you can. Get a massage or a facial. Have some fun. Laugh with your partner. Improving your overall well-being will do wonders for your sexual well-being.

Dr. Scantling

Dear Dr. Scantling, *Your column on "Dumbing-Down Women's Sexuality" made me smile but also made me wince. I'm one of those women who like the word "va-jay-jay." It's sweet, and it just makes me feel comfortable when I say it. After reading your article, I feel a little guilty because I'm not using a "grown-up" word. So here's my question. If I don't feel comfortable using the "proper" word, as you advised, should I just stay silent? What*

difference does it make what word I use? Thanks for your columns, and thanks for bringing up the subject, but for now, I'm sticking with my new "nicer" name for my lady parts.

Vivienne in Bloomfield

Dear Vivienne,

No. Vivienne, please don't stay silent! If va-jay-jay is your word of choice, go for it. As I said in my column, language is powerful, and you can name it anything you like. Euphemisms serve a purpose. Steven Pinker, professor of psychology at Harvard, calls it the "euphemism treadmill" and that we are searching for new words to sweeten up or clean up the emotionally charged imagery.

The last thing I want to do is give women one more reason to feel guilty. I suppose its part of my own agenda to take the subject of sex more seriously. I've been teaching human sexuality at the University of Connecticut School of Medicine since the early 80s, and it took years for the

subject to attain legitimacy. Students (and even a few faculty) would laugh nervously during my lectures. When compared to other more "academic" areas (like cellular molecular biology), it was considered a "fluff course." Fortunately, attitudes are changing.

I support your right to choose. You've obviously given this subject some thought, and that's the important part. Whatever you do, please do it without guilt. Hold your head up, and speak your word out loud. Silence has been our enemy for too long.

Dr. Scantling

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