



Community Memorial
HEALTHCARE

Intimacy, Desire, and Confidence Throughout Life's Transitions

Women's Health Connection and
Pleasure

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Closeness is Built From Attention, Safety & Curiosity

- Attention: Being fully present — even briefly.
- Safety: Knowing honesty will be met with respect.
- Curiosity: Staying interested in who each person is becoming.
- Intimacy is less a fixed state than a pattern of returning.



Desire For Connection is Contextual — Not a Verdict on Your Worth

- Energy: How much capacity is available today?
- Stress: What is competing for attention?
- Health: What does the body need right now?
- Identity: What part of self is shifting?
- Relationship climate: What has the relationship felt like lately?
- Ask “What is shaping connection?” before asking “What is wrong?”

Transitions Change the Conditions for Closeness

- Work and purpose: New roles, retirement, and reinvention.
- Caregiving: Less time and more responsibility.
- Health changes: Different energy, routines, and needs.
- Loss and grief: Absence reshapes attention.
- New beginnings: Permission to meet one another again.
- Reflection: What transition are we actually responding to?

Confidence Grows When Self-Trust Becomes a Practice

- Notice: What is true for me?
- Name: Can I say it without apology?
- Ask: What would support connection?
- Choose: What honors both people?
- Self-trust replaces performance with presence.

Honest Conversations Can be Both Direct & Kind

- “I notice...” — Name a pattern without blame.
- “I feel...” — Share an emotion without accusation.
- “I need...” — Ask for clarity, reassurance, space, or support.
- “Could we...” — Suggest one small next step together.
- Listen for understanding — not for the fastest reply.

Esther Perel: Relationships Grow Through Adaptability and Repair

- Perel's work focuses on how people communicate, connect, and navigate conflict in relationships.
- Healthy relationships balance stability with change: dependable "roots" and enough flexibility to adapt.
- Recurring arguments often reflect deeper concerns — such as affection, respect, or influence — rather than only the surface topic.
- Repair starts with recognizing that each person may experience the same event differently and validating that impact.
- Accountability can include naming what happened, acknowledging hurt, apologizing, and showing that the relationship matters.
- Curiosity interrupts assumptions: ask what has changed, what matters now, and what each person hopes to understand.

Sources: EstherPerel.com (2018, 2021, 2023, 2024); TED speaker profile. Paraphrased for patient education.

Small Rituals Build Durable Closeness

- Hold a ten-minute check-in: What mattered today?
- Create a device-free pause and make attention visible.
- Repair after friction before resentment settles.
- Try shared novelty by learning or exploring something together.
- Use clear boundaries to protect energy, dignity, and choice.
- Ask a clinician or counselor for support when change feels hard.
- Choose one ritual that feels realistic enough to repeat.

Connection Can Change Shape Without Disappearing

- Begin with one honest question.
- “What would help us feel more connected now?”

Changing Vaginal Health in the Perimenopausal and Postmenopausal State

- Vaginal atrophy
- Low dose vaginal estrogen therapy
- Non hormonal treatments (Hyaluronic acid)

Connection is Built in Small Moments

Relationship Closeness

- Closeness can create the safety to speak honestly — without making sex an obligation
- Goal: more curiosity, less pressure

Notice

“When do you feel most connected to me?”

Name

Share needs without blame or mind-reading.

Protect

Create time, privacy, and affection with no required outcome.

Desire Often Needs Both Security and Surprise

A Sex-Positive Mindset

LOVE

- Safety
- Belonging
- Reliability

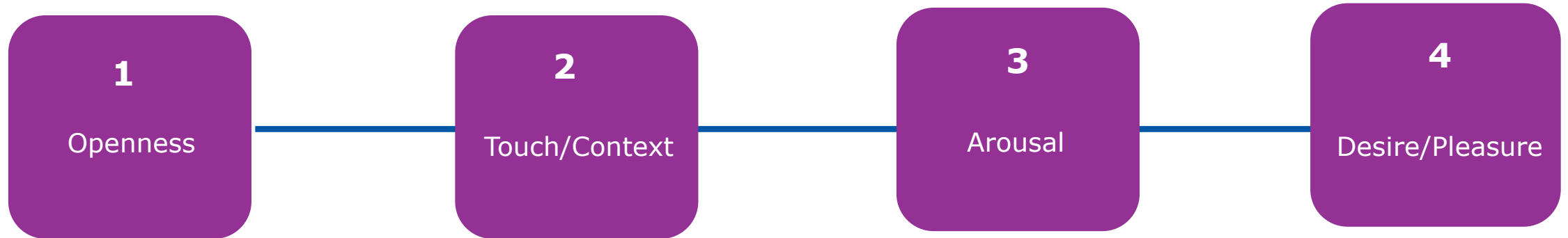
DESIRE

- Curiosity
- Autonomy
- Novelty

Esther Perel's invitation: keep seeing your partner — and yourself — as a separate, evolving person.

Wanting May Arrive After Arousal Begins

Reframing Desire



Spontaneous desire is one pattern — not the standard everyone must meet

Pain, pressure, resentment, fatigue, and distraction can interrupt this cycle

Start With the Person — Not the Prescription

Putting it Together

1. Name what changed
2. Remove pain and pressure
3. Rebuild connection and curiosity
4. Then consider medication

The second half turns this framework into practical treatment choices.

Genitourinary Symptoms Can Quietly Shut Desire Down

Menopause & Comfort

Lower estrogen can affect vulvar and vaginal tissues, the urethra, and bladder

Comfort is not a luxury — it is part of sexual health

Dryness

Less lubrication;
burning or
irritation

Pain

Discomfort with
touch or
penetration

Urinary

Urgency, recurrent
infections,
discomfort

Desire

The brain learns
to avoid what
hurts

Breast Cancer History Does Not End the Treatment Conversation

START HERE

Non-hormonal Options First

Lubricants, moisturizers, hyaluronic/polyacrylic products; try more than one when needed.

IF SYMPTOMS PERSIST

Low-Dose Vaginal Estrogen May be Considered

ACOG permits use after discussion of risks and benefits – including for patients taking tamoxifen.

ON AROMATASE INHIBITORS

Add Oncology Collaboration

Use only after shared decision-making among the patient, gynecologist, and oncologist.

ACOG: available evidence suggests low-dose vaginal estrogen is safe in hormone-receptor-positive survivors at low risk of recurrence.

There is No Universal “Libido Pill” For Women

Medication Reality Check

Flibanserin (Addyi)	FDA-approved for acquired, generalized HSDD in premenopausal women.	Daily bedtime pill; dizziness/somnolence, hypotension and important alcohol/drug-interaction precautions.
Bremelanotide (Vyleesi)	FDA-approved for acquired, generalized HSDD in premenopausal women.	As-needed injection; nausea and transient blood-pressure increase; avoid with uncontrolled hypertension/CVD.
Transdermal testosterone	Evidence-based option for carefully assessed postmenopausal HSDD-but off-label in the U.S.	Use physiologic female-range dosing with monitoring; compounded products generally not recommended.

Treat pain, medication side effects, sleep, mood, and relationship factors first — or alongside medication.

Treat Discomfort Before Asking Desire to Return

A Practical Ladder

- | | |
|-------------------------------------|---|
| 1. Lubricant during sexual activity | Water-, silicone-, or oil-based when appropriate |
| 2. Vaginal moisturizer regularly | Used on schedule — not only during sex |
| 3. Pelvic-floor physical therapy | Helpful for guarding, tightness, pain, or weakness |
| 4. Prescription local therapy | Vaginal estrogen, DHEA, or other options when appropriate |

The right starting point depends on symptoms, medical history, and personal preference

Talk About Sex Without Turning it Into a Verdict

Conversation Tools

INSTEAD OF...	TRY SAYING...
Instead of "You never want me."	Try "I miss feeling close. What kind of touch feels good lately?"
Instead of "We need to fix our sex life."	Try "Can we explore without requiring intercourse or orgasm?"
Instead of "What is wrong with me?"	Try "What conditions help me feel present, safe, and interested?"

Invitation works better than pressure.

Expand the Menu; Lower the Performance Pressure

Sex-Positive Practice

Affection

**Sensual
Touch**

Massage

Kissing

**Mutual
Touch**

Oral sex

Vibrators

Fantasy

Intercourse

**Rest &
Reconnection**

Pleasure can be intimate without penetration-and successful without orgasm.

Low Desire Becomes Hypoactive Sexual Desire Disorder (HSDD) Only When it is Persistent & Distressing

Before Prescribing, Evaluate

1. Was desire previously different?
2. Is the pattern generalized-not only situational?
3. Does it cause personal distress?
4. Could pain, illness, mood, medication, or relationship factors explain it?

Not everyone with low desire needs-or wants-treatment.

Two Medications Exist, But Only For Selected Premenopausal Women

FDA-Approved Options

FLIBANSERIN ADDYI

Daily at bedtime

Acquired, generalized HSDD
Modest average benefit
Dizziness, sleepiness, nausea
Alcohol and drug-interaction precautions

BREMELANOTIDE VYLEESI

As-needed injection

Acquired, generalized HSDD
Used before anticipated activity
Nausea is common
Blood-pressure and cardiovascular cautions

Neither is approved to enhance performance or for postmenopausal HSDD.

Testosterone Can Help Some Women, But U.S. Use is Off-Label

HSDD Postmenopausal HSDD

- Carefully evaluated postmenopausal women with HSDD.
- No testosterone product is FDA-approved for women in the United States.

DO

Use a transdermal dose intended to keep levels in the normal premenopausal female range.

MONITOR

Symptoms, total testosterone, androgenic side effects, and appropriate labs.

AVOID

Pellets, injections producing high levels, or compounded products when quality and dosing are uncertain.

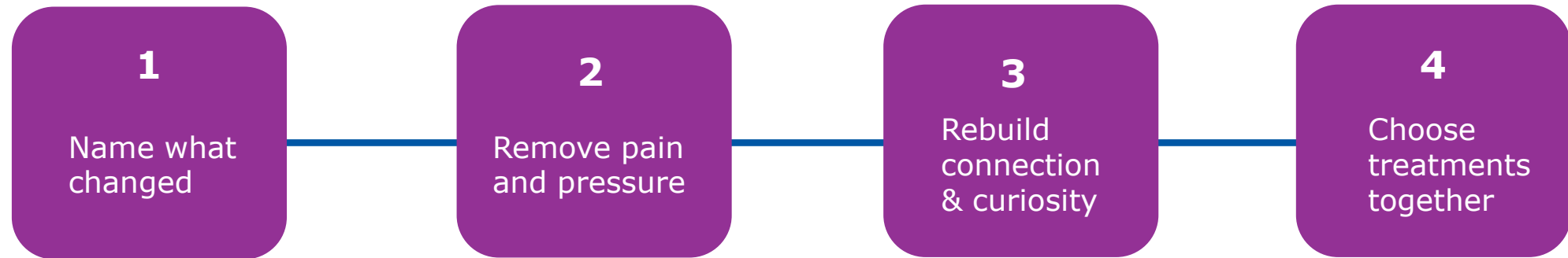
Bring a 1-Page Sexual-Health History

Your Appointment

BODY & TIMELINE	GOALS & PREFERENCES
What changed—and when?	What kind of intimacy do I miss?
Is there dryness, pain, bleeding, or urinary trouble?	What treatments have I tried—and for how long?
Which medications or health events coincide with the change?	What outcome would feel meaningful to me?

A good plan may combine medical treatment, pelvic-floor care, and relationship or sex therapy.

Pleasure Is Personal — Care Should Be Too



Sexual health remains part of health throughout life's transitions.

THANK YOU

Jill Hall, MD

