In October [2017], Sunday Times Lifestyle conducted a sex survey in association with local research house Ratepop, using their proprietary chatbot technology. This chatbot is a computer program, designed to simulate conversation with human users, and is hosted on Facebook Messenger. As part of the survey, more than 2,000 ordinary South Africans with internet access answered a number of questions about their sex lives.

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Read the full article here.

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March 11, 2018  by Elna Rudolph

Low Libido, Men's Health, Sex Life, Testosterone Deficiency

How's Your Sex Drive?

Published by Bayer Men's Health SA.

How's Your Sex Drive? Interview discussion with Dr. Elna Rudolph. Brought to you by Bayer in the interest of men's health. #owetheoomph
When Your Libido Goes AWOL

By Catriona Ross, for Women's Health Magazine.

Has your sex drive packed up and headed for the hills? Whether the reason's medical or you simply need the right touch to get into the mood, you're not alone.

So, while having lunch at your desk, you suddenly you recall how your man's chest looked when he stepped out of the shower this morning, sculpted and glistening. Maybe he'll be up for sex when he's home from work, you speculate. I could greet him wearing only high heels... You're smiling, already glowing with the mere anticipation of sex.

Sound familiar? Well, probably not, since statistics show that the norm for many women, especially those in long-term relationships and those with kids, is that they're generally not in the mood for sex. The National Health and Social Life Survey, published in the US, showed that approximately 32% of women surveyed had experienced lack of libido.

Alexia* used to be proud of her healthy sex drive. An attractive working mom in her thirties with a five-year-old son, ruggedly hunky husband and a love of fast cars, she says her lusty libido has waned over the years and, at times, disappeared completely. 'I had a lot of resentment towards my husband at one point and I didn't want him to touch me with a barge pole. Also, having a child definitely affected our sex life and my libido. Eleven years into our relationship, the passion has gone in the bedroom,' she admits.

There's a multitude of physiological and psychological reasons why we may lose interest in sex, from high blood pressure to insufficient blood flow to the clitoris, to domestic boredom – but low libido may also simply be the standard mode for women in long-term relationships, experts believe, and your best bet is to cultivate an open mind.

When medication messes with your mojo

'A few years ago, when I went onto antidepressants, I completely lost my libido, and yes, my husband did complain,' says Jenna*, 34. 'I couldn't feel anything; it was like a local anaesthetic to my nether regions. The medication worked for the depression but not for my sex life: I didn't want to have sex at all, but we were trying for a baby, so I had sex anyway. Mentally, I couldn't function properly on this medication either. I told my psychiatrist, and as soon as he changed me to a different type of medication, things came right. It took about two weeks for the new medication to work and the old one to wear off – and all sensation came flooding back. It was lovely!'

Certain prescription antidepressants have a dramatic affect on one's sex drive; a US report suggests that 33% of women taking antidepressants will experience a loss of libido and difficulty achieving orgasm. 'The standard class of anti-depressants, SSRIs such as Prozac, are terrible for your libido as they affect your sex hormones,' says Dr Elna Rudolph, sexual health physician and head of MySexualHealth.co.za.

Other drugs that may suppress your sex drive include antipsychotics, antiepileptic drugs, antihypertensives and diabetes medication, antihistamines taken daily (for hayfever, for instance) and pain medicine that's taken daily. Of course, not taking medication you need, whether it's for diabetes or depression, is dangerous, and potentially damaging to your libido. Depression, for example, affects your brain hormones, reducing levels of dopamine which affects your drive in general and therefore lowers libido.

Beware the contraceptive connection. 'The better your Pill is for your skin, the worse it is for your libido,' warns Rudolph. 'The same applies to the patch, and the injection is the worst of all.' As the authors of a 2011 US study into the Pill's effects on clitoral and vulvar sensation explain, many women taking low oestrogen-dose combined oral contraceptive pills (OCPs) complain of decreased libido and arousal. OCPs result in decreased biologically-available testosterone, an important factor influencing female sexual drive. In the study, those women on OCPs were found to have significantly lower levels of free testosterone – approximately 38% lower – than those not on OCPs.
What you can do about it: According to Rudolph, anti-depressants such as Agomelatine, Bupropion and Trazodone have a neutral effect on the libido, but it's essential to consult a professional before changing your prescription. Libido-wise, a better contraception option is the vaginal ring called the Nuva ring, the new oral contraceptive Qlaira, or Mirena – the T-shaped, hormone-releasing intrauterine (IUD) device, which works by not allowing sperm to enter the uterus and doesn't affect your natural testosterone levels, although that's not guaranteed for everyone, and it costs a few thousand rand. A copper T IUD device costs approximately R80 and doesn't influence libido, but increases bleeding significantly, she adds.

The downside of having a baby

Tara*, 34, has been with Jerry* for seven years. They have a toddler, and she's five months' pregnant with their second child. 'Sometimes I wonder, “Will I ever be up for sex again?”' she sighs. 'For the first year after our son was born, I was desperate for sleep, with just enough energy to survive each day; sex was superfluous. Each night I'd go to bed anxious, worrying about how many hours of sleep I could get before the baby woke up. I was so not available at night – night was sacred, for sleeping – so if we had sex, it had to be in the daytime.'

'I felt resentful of Jerry, and I know he felt rejected, that I loved our baby more than him. We had our son in our bedroom for over a year, then we realised we needed to reclaim the marital bed and moved into the guest room downstairs, where we did have some fun times.'

Pregnancy and new motherhood are legendary libido killers – after all, 'you've moved from being primarily a lover to primarily a mother,' Rudolph notes. The strong hormonal changes associated with pregnancy and breastfeeding, combined with sleep deprivation and being under so much stress, will cause the natural libido to be suppressed in most women.'

What you can do about it: Make the marriage, and sex, a priority, Rudolph advises. 'Take time out from your baby, make yourself look pretty and go on a date.' It also helps not to have your child sleeping in your room. But don't panic about the lack of sex, she says: 'You could also choose to see yourself as just giving sex a break for a few months.'

When you're programmed that way

Some people are genetically less wired for sex than others. Cherie*, a confident, outspoken woman in her forties, says, 'I've never been interested in sex; once a month would be more than enough for me. This caused problems in my marriage almost from the start, especially after we had our two children. I've faked more orgasms than you can believe! I'm very independent, and my husband's controlling ways also made me resentful, which had a huge impact on my already low libido. We had no sex for the last three years of our marriage. He's a very good man – he remained faithful all those years and still loves me, but I can't give him what he wants. I've been celibate for five years now and do not miss a sexual relationship at all, although I get plenty of opportunities. I like living alone; however, I miss the sharing, the closeness, the cuddling up in bed that a relationship brings. My ideal relationship would be with a man who doesn't live with me, and who shares my low libido.'

What you can do about it: 'Sex is all about hormones, and if your hormones aren't in balance, you're fighting a losing battle,' says Rudolph. As a physician, her first approach with a patient is to stabilise her hormones to help her feel good, then suggest lifestyle changes. She runs through possibilities: 'It could be more oestrogen, progesterone, testosterone, dopamine, being on the wrong pill, being menopausal.' Also, be realistic about who you are. 'If you've never been interested in sex, the chances of your becoming a nymphomaniac are not great,' she says.

Body image blues

When you look in the mirror, do you see only your flaws? If so, chances are you're obsessing over them in bed too. Women are generally very self-conscious about their bodies, explains clinical sexologist Catriona Boffard: if you have a negative view of your body, you probably won't feel sexy and confident naked, 'and it's therefore less likely that you'll want to take your clothes off in front of someone, even a long-term partner.' For a woman, sex is about an emotional connection and feeling safe with your partner, she says. 'Negative body image can have a direct impact on your libido by hindering your feelings of openness and emotional safety – even if your partner repeatedly tells you how beautiful you are.'
Lizette*, 27, says, 'Last winter I picked up weight, and then put on more while on holiday in Mauritius. My boyfriend, Jaco*, and I stayed in a hotel where there were buffets, and we ate. My butt is big, man! I can feel my thighs are bigger, and I have cellulite. We were on beaches with people prancing around in their bikinis, and I felt self-conscious and not so attractive and sexually desirable. I need to feel that he desires me, as that turns me on. It's affected my sex drive; I've told Jaco when I'm just not feeling it. He's sporty and in good shape and he's learnt not to say anything about my appearance. But when I complained recently about putting on weight, he said, “Maybe exercise a bit more? Go walking?”, whereas I wanted him to say, “You look fine,” and not try to fix me.'

**What you can do about it:** Get to know your body, intimate bits included, Boffard advises, as ‘understanding your body can help you feel more confident in your own skin. If keeping the lights on isn't your thing, but your partner wants to see you, light candles and wear a sexy satin slip or lingerie that makes you feel more confident.’ But if deep-seated body issues from childhood are blocking you, book a few sessions with a psychologist.

**Maybe you’re normal**

For many women, feeling spontaneously horny is the exception rather than the norm, Rudolph says, so don't think you're abnormal or ill. Low libido may be a symptom of your too-rushed lifestyle: 'Busy women see sex as a frivolous activity, so it slips down on your priority list, unless you realise how good it can be, and you see it as a form of stress relief.'

And perhaps it's time the world stopped regarding low libido in women as a dysfunction. No, we don't wake up with 'morning glories', but we certainly can get into the mood, given the right treatment. For us, the traditional male model of sexual functioning (first you feel horny, then you have sex) isn't true. First, we need some sexy stimulation, then we start feeling like it. This alternative 'circular model' of female sexual response presented by Dr Rosemary Basson, a clinical professor in the department of psychiatry and director of the University of British Columbia Sexual Medicine Program: '...many of us, while sexually healthy and satisfied, agree they frequently begin a sexual experience sexually neutral,’ she wrote in a 2001 paper.

Also, women consider that attraction, passion, trust and intimacy are more significant than their genital response, according to research by British biomedical scientist Dr Roy Levin. So, we need to feel happy in a relationship to have good sex – or any sex at all!

**What you can do about it:**

‘If you're a low-libido woman, don't let sex go out the door,’ advises Rudolph. ‘Find ways of doing it for your own reasons, or you'll eventually hate it if you're only doing it for your husband's sake. Besides, men hate “pity sex”; they want their partners fully involved.’

Make time to feed your brain, perhaps with movies or erotic literature that conform to your value system. (Don't expect hard-core lesbian porn to excite you if you're more of a romantic Mills & Boon type). This creates positive pathways in your brain regarding sex, making it easier for spontaneous desire to arise, Rudolph explains.

A holiday or weekend away can work some sexy magic, as your mind isn't cluttered with daily To-Do lists. Anxiety is a passion-killer: overthinking problems causes an overproduction of cortisol, which can actually make sex painful. It helps to accept that you often won't feel like sex, but stay open to sensitive, satisfying stimulation from your partner that'll warm you up. Says Rudolph, 'If, after foreplay, you don't get in the mood, you can either disengage – or choose to continue with sex because it's a fun, intimate thing to do, using lube if you're unlubricated, or participate in a sexual encounter without penetration.'

Teach your man how to touch you, and know where each others’ arousal hotspots are. Melissa*, 30, says, 'My boyfriend used to do this really deep massage on my buttocks and my inner thighs, which was such a turn-off for me; the lightest, feather-like touch is what gets my erogenous zones going. It took me years to actually tell him.’

*Names have been changed.
Multiple Sclerosis: Your Guide to Sexual Health & Intimacy

Guide to sexual health and intimacy for people living with Multiple Sclerosis, and those who love them. By Dr. Elna Rudolph.

Sexuality is an integral part of every person. Whether you are in touch with it or not, whether you enjoy it or not, whether you can still do it or not – you remain a sexual being. We all have the need to feel loved and give love in return. Apart from that, most people experience great joy in being close to another person – physically and emotionally.

This guide provides information and suggestions to equip you to deal with some of the challenges you might be experiencing in your sexual journey due to your diagnosis of MS.

Download the full guide here.

October 18, 2017 by Elna Rudolph

Sex Q & A with Dr. Elna Rudolph

Dr. Elna Rudolph answers a few questions about sex.

My partner wants to try anal sex more often, but I don’t enjoy it. I’m worried that if I don’t do it, he will feel unfulfilled...

There are certain no-no’s when it comes to sex in relationships and they are different for each couple. The one might never want to have sex unless she first had a shower, the other will never allow oral sex, and another will not do it with the lights on. These taboos should be respected by the partner, but it does not mean that they cannot shift when the reasons behind them are explored and some basic information with specific suggestions are given in the form of sex education or formal therapy.

When it comes to anal sex being one of the taboos, there are usually two reasons: Firstly some people have religious or moral issues with it. These can be quite difficult to shift and should sometimes just be respected. The other reason is that it is just too uncomfortable and therefore really not enjoyable. Guys expect that they will be able to just penetrate their partners as easily as it looks in porn. The reality is that most people have to go through a process to get used to being stimulated first around and then in the anus. Start with some light touch and rubbing and then move to inserting a well lubricated little finger and then progressively go larger from there. If you are really committed to it, you could also practice by yourself to get used to what it takes for the anal sphincter to relax. Like any muscle, it has the ability, but it takes time. If you perceive the attempt at penetration to be threatening and you anticipate the pain, the muscle will just go into spasm and make it more difficult and unpleasant.

How many times a week is it normal to masturbate? I’m in a long-term relationship and masturbate at least once a week, but my partner says he never does.

It depends on many things. If there is so-called “desire discrepancy” in a couple (which is the case in most relationships) the partner with the higher desire is left frustrated if he or she does not...
in most relationships!) the partner with the higher desire is left frustrated if he or she does not
masturbate. Masturbating is also a form of self-loving and soothing. You might get something
completely different from masturbating than what you get from sex and therefore remain to have
a need for it although you are in a very sexually fulfilling relationship. More than five times a week
probably becomes excessive (according to international definitions anyway). It is also normal to
never masturbate if you are in steady relationship. Whatever works for you.

I found a stash of lesbian porn on my husband’s computer and watched a video
out of curiosity. It really got me off. What does this mean? Am I a closet lesbian?

Not necessarily. Up to 80% of women get turned on by some girl-on-girl action! You are a lesbian (if
we have to use such a rigid term) if you would like to build a life with another woman. If lesbian
porn excites you, you have just expanded your repertoire of excitement and fantasy.

I sometimes feel like my husband and I are more in the best friend zone than
sexually connected. What can I do to get the spark back?

Make sure that you create special experiences when it comes to sex. The longer the relationship,
the more difficult it is to create more and more exciting sexual experiences and then you get stuck
in a rut.

It is however possible to create a special experience in a different way each time. Take time to
make love through sensual massages and external stimulation, do the romantic candle lights and
special music thing, make regular dates for love making, increase the oxytocin (bonding hormone)
between you by looking each other in the eye, hugging and cuddling – all things to make a
concerted effort to say: this is a special relationship with an intimate bond, not merely a friendship.

The more you are like friends, the more difficult these things are, but get started sooner rather
than later!

How do I get my partner to go down on me more often?

Ask for it! Make sure you have the hair and hygiene under control and buy some special lubes that
taste nice to encourage him. Returning the favor also goes a long way in encouraging him! (His
favour might not be oral sex, it might be something else he loves that you are not doing frequently
– find out what that is).

My guy doesn’t know how to make me climax – while he’s well-endowed, he’s
not an expert at making it work. How do I nudge him in the right direction?

Firstly, you have to be honest about the fact that you are not getting there. Make it about you, not
him. Tell him that there is only a specific way that works for you to come and you want to show
him how to help you to get there. Show him how you do it and let him get involved in taking over
more and more of the stimulation each time.

If he is offended by this and does not want to cooperate, think twice about sorting out a budget or
raising kids with him!

How do I tell if he has an STI?

Sometimes you see a discharge, sore, blister, bump or wart in your genital area. It might have a
bad smell or burn when you urinate. The reality is that most of the times you won’t even know
about it. You will have to get tested.

I’ve just woken up from a night of tantric sex, but I’ve broken out in a nasty rash
– I think it might be from the latex condoms we used. Are there any others we
could try?

You could get latex-free condoms, but they are very difficult to find. Order them off the internet. It
can also be due to oils you used for massaging.

I’m really in love with my partner but I struggle to get turned on by him. What
should I do?

Check your hormone levels. Getting turned on is heavily dependent on testosterone. If you are
taking an oral contraceptive, it breaks down and block your testosterone and therefore it is
difficult to become sexually aroused. Some women just don't produce enough testosterone. It can
be supplemented through the skin, though. Never ever through injections!
My partner is amazing in bed, but he enjoys taking drugs before sex. I sometimes do it with him, but it bothers me that he wants to be high when we’re having sex. How do I tell him?

Be honest about it. Tell him that you value the relationship and that you would like to have real intimacy with him and not just a fun, exhilarating experience. Ask him to do it your way every second time.

My partner is always super aroused when we’re in public, and not so much in private. While the thrill of getting caught is sexy, I’m over the riskiness. How do I get him to be as aroused when we’re at home?

It has to do with his sexual arousal template that was probably formed in his brain before the age of nine! He will have to learn that he has a very rigid arousal template and that it can actually be adapted and expanded. He also has to learn that sex is sometimes not that exciting, sometimes it is more special and for the purpose of bonding than for the purpose of that ultimate high. Guys with a rigid arousal template often have problems with real intimacy and if the problem is really severe, it should be addressed in therapy.

I’m very attracted to my partner, but during sex, I get uncomfortable and clamp up. How do I get over this?

That sounds like it could be vaginismus. We are a team of professionals that specialise in helping women deal with this problem. I wish there was a one-liner answer to that one, but unfortunately there isn’t. It’s usually caused by a combination of medical conditions, childhood trauma, religious upbringing with excessive guilt, poor sex education, psychological as well as relationship issues. These all need to be addressed for you to stop clamping up with the man you love.

Help! His penis is too big!

You can use muscle relaxants, better lube, vaginal dilators and even physiotherapy to get over this hurdle! There is also a device from Pure Romance, called Super Stretch Lips, that you can put over his penis to keep a part of it outside of the vagina during intercourse, but it is usually the girth that is the problem. Make sure you have plenty of foreplay in order for your body to get ready for penetration.

Help! His penis is too small!

Make sure you get satisfied before penetration happens. You can also do kegel exercises and even see a physiotherapist that specialises in the area to help you strengthen your muscles in order to “feel” him better. A device like a We-Vibe also helps to improve the sensation during penetration if you need more than what he “has to offer”.

My boyfriend asked me to stick a finger in his bum while we were having sex. At first, I wasn’t keen, but eventually I agreed, and he said he had the most intense orgasm ever. Now he wants to do it all the time. Does this mean he’s gay?

No, not at all! It just means that he has discovered his p-spot. The nerve that supplies sensation this area is the same as the one that supplies your clitoris, so you do the math.

My new boyfriend has marathon-runner stamina in the bedroom. Sex goes on forever. I actually start getting bored and sometimes even chafed. How can I make him come faster?

Ask him to! If he can’t, he has what is called delayed ejaculation. Although it is a difficult condition to treat in sex therapy or sexual medicine, it can be done. Firstly, check if he is not on anti-depressant drugs that may be causing the problem. That can easily be changed to a different type, if it is the case. You can also tell him that you will help him come in another way or he can get himself there (which is usually much quicker) but you are only up for ten minutes of penetration in any one round (the vagina struggles to stay lubricated for longer than that in most women).

I want to do a striptease for my guy but I’m really uncoordinated and I’m worried it’s going to be more comedy than sexy. What’s the best costume to wear that’s easy and sexy to remove?

Probably a man’s shirt, tie and a top hat. Make sure you have the sexy stockings with dispensers...
Probably a man’s shirt, tie and a top hat. Make sure you have the sexy stockings with dispensers and heals that you can still move in to complete the outfit (or at least that is what I’m told by the Carmen Electra Strip Tease DVD that was given by a friend! Not exactly the content covered in a Master's Degree in Sexual Health!).

**I don’t feel pain during sex, but afterwards, I bleed for two to three days, as if I’m having a period. What’s up?**

You probably have an infection. See a gynae or doctor who knows something about this as soon as possible! Worst case scenario – it might be a cancer, so don’t wait!

**I had my period twice last month. Google says it may be due to stress and my diet. But now I’m feeling some pain below my stomach. What could it be?**

Ovarian cysts can cause abnormal bleeding and lower abdominal pain. You need to see a gynae or at least get a pelvic ultrasound done.

**What can I do to reduce wetness before and during intercourse?**

It may sound a bit strange, but you can just be practical about it and keep a towel handy to remove some of the excess moisture. We also compound a special cream to be applied into the vagina prior to sex to reduce the lubrication. Just also check for an infection. Sometimes the wetness is not lubrication but actually from an infection. Another option is to go onto a low dose estrogen contraceptive. That often causes vaginal dryness which could help in your case.

**How do I tighten and strengthen my vaginal muscles?**

You can get lots of information about Kegel Exercises on the internet – with different variations and programmes. Many women find it difficult to isolate these muscles and end up squeezing everything but their vaginal muscles. There are physiotherapists who specialise in this area. They will teach you how to do it through biofeedback.

**My husband is 63; I’m 31, but he wants sex every day – sometimes twice a day! I can’t keep up. What should I do?**

It can be that he just has a very healthy appetite but it can also be that he has a discomfort in his pelvic area that is released through intercourse, something called persistent genital arousal disorder, or it might be that he has an addiction. With professional help, it can be established which one of the three it is. The point however, is that his high desire cannot be your responsibility. You can have sex as many times as you are willing and able to, but the rest of the time, he will have to sort it out himself.

It can also be a hormonal imbalance which can be addressed medically, so get help if you are taking strain.

**I lost my brother six months ago, but am still feeling the loss so I have bouts of depression that kill my sex drive to the point where I don’t even want to be touched or kissed, and it’s taking strain on my marriage. I can’t take anything hormone based as I have a factor 5 laden disorder. Is there anything I can do or try to help me out my slump?**

One the one hand you just have to be patient with yourself and give yourself time to get over this extremely traumatic life experience. It takes time and it is normal to lose your libido when you have depression.

On the other hand, make sure you get professional help. See a psychologist and take an anti-depressant that does not take your libido away. Something that works very well, but only if you are not anxious, is a drug called bupropion. It can actually boost your libido even if you don't have depression.

**My cramps before and during my period are awful! Is there anything I can do to ease them?**

You can go onto the pill or have the Mirena inserted. Natural medicine like Premular or Femiscript also helps. Many women find benefit from using Evening Primrose Oil.

**My IUD cut my guy during sex. Is something wrong?**
Yes, definitely! It is falling out and probably not effective as a contraceptive anymore! Have it removed and replaced immediately. Sometimes when the strings are cut too short, they sting the partner, but if he got a cut, it was from the actual device itself and it should be removed.

**My partner and I are both virgins. How can we make our first time really special?**

By taking it really slow. Make sure you have covered base one, two and three before you try to have sex. Also make sure he can insert two fingers into your vagina without hurting you. Don't expect to have orgasms, just enjoy the uncharted waters of really being one for the first time. You can add more movement and stimulation as time goes on.

**My friends say they love having their nipples played with. Mine aren’t sensitive so I don’t really enjoy it. Is there something wrong with me?**

No, you probably have other areas that get you going, focus on those and make sure you partner knows about them. If they are not very sensitive, normal kissing and sucking might not feel like much to you. Try a bit more pressure that goes towards pain (but not painful) – that could be very intense and pleasurable for women with nipples that are not very sensitive. Vibration also makes a difference.

**What does an orgasm feel like?**

It is different for every women – some say it feels like sneezing and others like dying! You have to find out for yourself. One thing that all orgasms have in common is a climax (or a few of them) and then a fall. There is a definite point where you can feel that you are experiencing a release. If the release is gradual or the pleasurable sensation just kind of weans off, you did not have an orgasm. You will know if you did.

**I keep getting yeast infections, but my guy won’t treat himself at the same time.**

Yeast infections love the vaginal pH, they usually don't survive on a guy's penis. The fact that you are getting recurrent infections is not due to him not being treated, it is most likely due to you not being sufficiently treated, or it might not a yeast infection but bacterial vaginosis or even an STI. If it is an STI, he will need to be treated as well. Guys get candida only if they have very low immunity like with HIV or diabetes.

Getting rid of yeast infections often require repeated regular dosages of oral anti-fungal medication, restoring the balance of the pH in your vagina and removing triggers for yeast infections like bubble baths and food that is high in sugar.

We often see atypical yeast infections like candida glabrata. You should get a vaginal swab MCS and ask for specific culture and sensitivity for the candida.
Recently, researchers have made important discoveries about the body and brain connections of sex and exercise. "Being physically active seems to be a potent aphrodisiac for women," says Dr Tina Penhollow, an associate professor of health promotion, who has published research on how exercise affects sexual self-esteem and self-perception. In fact, regular exercise may play a more important role in sexual satisfaction than many other factors, including stress, weight – even your current relationship status (or lack thereof).

It makes sense then, that taking charge in the gym can lead to surprising benefits in the bedroom, and vice versa. In case you don't believe us, read on for eight verified ways in which your workout can benefit your sex life.

1. **Sharpen your focus**
All too common: he's showing you his best moves, but you're thinking about your to-do list. "Exercise can help sync your mind to your body, as well as quiet your racing brain so you can focus on the task at hand", says Dr Lori Brotto, director of the Sexual Health Laboratory at the University of British Columbia in Canada. If you engage in vigorous exercise regularly, you may not realise it, but you are also training your mind to become extremely focused. Use this same focus when you are in bed together – focus on your breathing, the natural deeper breathing will make you more and more aroused. In the same way you do when you exercise, you focus on maintaining a rhythm, listen to the queues from your body to enhance pleasure. During exercise, you may push yourself harder or slow down a little – try doing the same in bed.

2. **Fast-track your happy ending**
Studies have shown that women who frequently exercise become aroused more quickly and are able to orgasm faster and more intensely. US researchers found that female study participants were 169 percent more aroused (as indicated by blood flow in genital tissue) while watching a short porn flick after 20 minutes of vigorous cycling than when they watched it without riding beforehand (and no, it had nothing to do with saddle placement). When you get excited, blood surges into the clitoral bulbs, making the entire region around the vagina responsive to pleasure. Cardio helps blood pump faster to the right parts of your body (great!); it can also reduce chronic inflammation, which can damage blood vessels and decrease circulation, putting a damper on your sexual bliss. Got your running shoes on yet?

3. **Hit the sweet spot with HIIT**
A healthy pair of lungs helps express your elation with more gusto, of course, but you'll have a lot more to scream about if you learn to control your breath. Partners who breathe in tandem may create a bigger build-up, which can intensify pleasure. And women who take short, quick breaths as they reach climax – rather than holding their breath – may reduce carbon dioxide in the blood, possibly intensifying vaginal contractions. High-intensity interval training is one way to increase lung capacity; or try the 1:2 Pranayama yoga breathing technique. Lie on your back, knees bent, and take deep breaths. Increase the length of your exhalation until it’s double your inhalation. Aim for four seconds in, eight seconds out. Do this every day for five minutes with your partner. You'll be vocalising your gratification through the grand finale later that night.

4. **Rev your libido in the weights room**
During a single resistance workout, your body produces higher levels of growth hormone and testosterone, hormones that play a pivotal role in muscle growth – and sex drive. A 2013 study found that hitting the weight room regularly (three days a week) keeps levels of these hormones higher. That, along with the stress-busting benefits of pumping iron, can stoke greater sexual desire, says Kim Chronister, author of *The Psychology Behind Fitness Motivation*.

5. **Increase endurance with kettlebells**
Some women can take 12 minutes – or longer – to orgasm. Many women are out of breath with minimal exercise long before 12 minutes. Make sure you are fit enough to get every possible ounce of pleasure from sex. Once you're there, about to orgasm, you definitely don't want to miss out due to a lack of endurance! If your body fizzes out prior to that, you may be missing out, says sex therapist Denise Onofrey. Regular physical activity improves stamina and trains your muscles to hold out longer by using energy more efficiently. The result? You won't have to pause during your sexual activity due to muscle fatigue.
prematurely to give your aching arms or tired legs a break during your next epic sex session. Try adding two sets of eight barbell squats and kettlebell lunges to your workout to strengthen your glutes, quads, hamstrings and biceps, which will take the brunt of the exertion during most bedroom workouts.

6. Feel sexier with a sweat session

Turns out, exercise also transforms the way you view your body – and how you enjoy sex. Penhollow found that women who exercised frequently and reported higher levels of personal fitness were more likely to rate their desirability and sexual performance high above average. Researchers found that women of all sizes who reported greater body appreciation (for their physical abilities, such as progress in the weight room) were more easily aroused, enjoyed sex more and had more orgasms.

7. Lighten your mood

Even feeling just a little down in the dumps can weaken desire, says Chronister. Exercise leads to an immediate rush of mood-lifting, stress-dissolving endorphins; it’s such a potent antidepressant that some research suggests regular workouts are as effective as psychiatric medications.

8. Shed weight and your inhibitions

Some women get seriously distracted – even totally turned off – when their partner touches one of their less-than-favourite body parts mid-romp. A consistent workout routine can help: when Italian researchers put a small group of obese women with sexual complaints in a supervised weight-loss program (that included diet and about 10 hours of low-intensity exercise per week), they not only lost an average of 15 kg, but also reported higher levels of lubrication and sexual frequency after 16 weeks. Study authors note that weight loss does more than improve body image: it also helps improve insulin resistance. Overweight women whose bodies can’t use the hormone to process glucose also tend to have lower levels of testosterone, which dampens self-confidence and sexual response.

9. Heighten sensitivity with cardio

And we don't mean crying during sex. The tissue that forms the clitoris contains 8,000 nerve fibres that extend into the entire pelvic region, including the vaginal walls. US researchers found that physical activity can also prime your body for sexual activity by making you more sensitive to touch and increasing the effect of stimuli by revving up a network of neurons that control your arousal.

True Or False

We separate sexercise facts from fiction...

You can orgasm mid-exercise

TRUE. US researchers found that about 40 percent of women who reported having an exercise-induced orgasm (better known as "coregasms") said it happened during ab exercises, like leg raises. Next in line? Weight-lifting (27 percent), yoga (20 percent) and cycling (16 percent).

Sex counts as a workout

FALSE. Nice try, but in most cases, sex should be filed in the “light activity” category – next to bowling or a casual stroll. According to the Women’s Health/Men’s Health 2014 Sex Survey, you want sex to last 30 minutes. Even if it’s super intense, the effort isn’t enough to get you a free pass from the gym.

Cycling can hurt your hoo-ha

TRUE, but rarely: the excessive pressure that exists in cycling and horse riding is reported to cause sexual dysfunction, says Dr Irwin Goldstein, editor of The Journal Of Sexual Medicine. These activities can increase the risk of damage to your pudendal nerve, which sends signals to and from your clitoris. Wearing padded shorts can help reduce pressure.

The Power Of Pleasure

Having more sex can actually score you better results from your workouts. Solo sex counts too!

PAIN RELIEF
PAIN RELIEF

Research shows that female pain tolerance increases significantly during orgasm, thanks to a rush of hormones that act as natural painkillers. The effect can linger for up to two days, so there's another pay-off: you may be able to push a little harder during your next workout.

MIND GAMES

People with active sex lives tend to work out more and have better dietary habits than those who get it on less often. Why? During sex, as well as exercise, your brain releases higher levels of dopamine, a neurotransmitter that fuels motivation. The brain learns to seek more both in the bedroom and the gym, says Kim Chronister, author of The Psychology Behind Fitness Motivation.

SWEET DREAMS

After an orgasm, levels of prolactin and oxytocin rise, bringing on a drowsy feeling, which helps improve sleep quality over time, says Chronister. That's crucial for your fitness: sleep spikes levels of muscle-building hormones and aids recovery.

HAPPY HEART

Research has found that women who have more orgasms and more frequent sex may have a higher resistance to coronary heart disease and type-2 diabetes.

The Better-Sex Workout

Kegels aren't the only exercise with down-belows pay-offs. Bring on the fireworks with these four simple strength moves from trainer Jennifer Searles. For more gratifying sessions in the sack, mix three sets of each into your regular gym routine up to three days a week.

HIP THRUST

This motion improves hip mobility and glute strength to increase your dynamic power (or, shall we say, your thrust capacity).

DO IT: Lie face-up on the floor, knees bent and feet flat (A). Press through your heels to raise your hips so your body forms a straight line from shoulders to knees (B); squeeze your glutes for 10 seconds, then lower hips without letting them touch the floor. That's one rep. Do 12.

WALL SIT

This isometric move builds strength in stillness – perfect for helping you hold tricky positions longer.

DO IT: Lean against a wall with your feet about 60cm away from it, then bend your knees to 90 degrees and raise your arms in front of you. Hold for 60 seconds. (Too easy? Place a weight in your lap.)

HIP-FLEXOR STRETCH

Whether you have a kinky new pose you’re dying to try or you just want to be able to wrap your legs around him, developing more hip flexibility is crucial.

DO IT: Kneel with one foot in front of you, knees bent at 90 degrees. Keep your torso upright and rest your hands on your hips (A). Gently push your hips forward as far as you can, maintaining an upright torso (B). Hold for 10 to 20 seconds, then repeat on the other side.

Quick Tip

Increase the intensity of the stretch by raising your opposite arm straight overhead.

LEG-LOWERING DRILL

Be warned: this core toner may cause more intense Os.

DO IT: Lie face-up on the floor, arms out, and raise both legs to 90 degrees (A). Keeping your legs together and core engaged, slowly lower your legs, stopping just before they touch the floor (B). Pause, then slowly raise them back to start. That's one rep; do 10.

Quick Tip

Keep your legs tightly together and your knees slightly bent.
Anorgasmia, Sex Counselling & Therapy Sex Life, Women’s Health

Die groot O

Deur Mariette Snyman, oorspronklik gepubliseer in Rooi Rose. Gedeeltelik aangepas deur Dr. Elna Rudolph.

Die ekstase van orgasme – of die afwesigheid daarvan – is vir baie mense ’n taboe-onderwerp. Maar die invloed wat dit op vroue se welsyn en verhoudings het, moenie onderskat word nie.

Wat sou jy antwoord as iemand jou vra of jy graag op álle vlakke voluit wil leef? Sluit dit vervulling op seksuele gebied in? En indien jou antwoord “ja” is, speel die ervaring van orgasme hier ‘n sleutelrol?

Dié eenvoudige vrae kan ingewikkelde antwoorde hê. Talle vroue wil graag ’n orgasme beleef, maar het nog nooit. Sommige sou dit graag meer dikwels wou ervaar. Vir baie is dit alledaags, terwyl ander voel dis van minder belang.

Daarby het die samelewing gemengde gevoelens oor die spontane genieting van die seksuele. Enersyds is daar ‘n ooraanbod van eksplitisiete kyk- en leesstof; andersyds het baie van ons grootgeword met die oortuiging dat lekkerkry sleg of sondig is.

Om die saak verder te kompliseer, is daar onsekerheid oor watter soort orgasme “reg” is. Mense wonder of orgasme die fokuspunt van seksuele omgang behoort te wees, of gelykydige orgasme ’n realistiese oogemerk is, en oor verskeie ander sake.

Voor ons na verwagtinge, feite en oplossings vir knelkwessies rakende orgasme kyk, kan ons die goedvoelkarakter van orgasme van nader beskou.

“Die daaglikse ervaring van genot is noodsaaklik vir gesondheid en geluk en nié bloot ’n luukse nie,” sê die Amerikaanse ginekoloog en topverkoperskrywer, dr. Christiane Northrup. In haar boek The secret pleasures of menopause (Hay House, 2008) beskryf sy die omvangryke voordele van die vrystelling van stikstofmonoksied, ’n gas wat deur ons liggame vervaardig word. Dit stimuleer onder meer ons bloedsomloop, weerstand teen infeksie, weefselherstel en produksie van neuro-oordragstowwe, en gee ons gemoedstoestand en lewenslus ’n hupstoot.

Interessant genoeg word stikstofmonoksied vrygestel wanneer ons iets ervaar wat vir ons lekker is. “Alle gesonde, volhoubare genietinge baai ons brein en liggaam in hierdie lewegewende gas. Tydens orgasme is daar ’n ontploffing daarvan. Ons liggame is ontwerp om onbeperkte hoeveelhede plesier te ervaar.”

Hierdie positiewe siening van ons plesierpotensiaal word versterk as ons in ag neem dat die klitoris, wat verantwoordelik is vir seksuele opwekking, suiwer daar is vir vroulike genot. Dit het geen ander funksie nie.

Verwagtinge en feite

“Mans heg baie waarde aan hul verhoudingsmaats se vermoë om ’n orgasme te kry,” sê dr. Elna Rudolph, kliniese hoof van die MySexualHealth Kliniek in Pretoria en Kaapstad. “In ’n omvattende studie is 7000 mans uit vyf lande gevra watter aspek van hul seksuele lewe vir hulle die heel belangrikste is. Die gemiddelde antwoord was nie die intensiteit, duur, of ’n ander faset van hul eie belewenis nie, maar of hul maat ’n orgasme bereik.”

Hierdie voorkeur stel hoë eise aan vroue. Fisiek is dit moeiliker vir ’n vrou om ’n orgasme te kry, en die nodige stimulasie neem veel langer as vir ’n man. “Ongeveer 5% van alle vroue kry nooit ’n orgasme nie. Net 30% kry gereeld ’n klimaks tydens seksuele omgang, en ’n verdere 30% bereik ’n orgasme met bykomende klitorale stimulasie tydens penetrasie en ’n verderder 30% slegs met klitorale stimulasie, nooit tydens omgang nie.”
Onder die verskillende tipes orgasme tel vaginale, klitorale en kombinasie-orgasmes. ’n Vaginale orgasme vind plaas wanneer die vagina intern voldoende gestimuleer word. ’n Klitorale orgasme is die gevolg van genoegsame stimulering van die klitoris. Omdat die vagina beduidend minder senu-eindpunte as die klitoris het, vind orgasme makliker plaas wanneer daar ook klitorale prikkeling is – ’n kombinasie-orgasme.

Baie mense het vooroordele teenoor klitorale en kombinasie-orgasmes, deels omdat die vader van die psigoanalise, Sigmund Freud, klitorale orgasme in die vorige eeu as ’n “adolessente verskynsel” genoem en beweer het dat “volwasse vroue” suiwer vaginale orgasmes het.

Die kontroversiële G-kol – ’n erotiese sone op die boonne, voorste wand van die vagina – kan tot orgasme en moontlike ejakulasie lei wanneer dit gestimuleer word. Die ejakulaat is ’n kleurlose vloeistof wat net by sommige vroe voorkom.

Sommige vroue kry veelvuldige orgasmes – meer as een op ’n keer. Nagtelike orgasmes kom voor wanneer erotiese drome ’n vrou tot ’n klimaks dryf. Onwilleurige orgasmes vind soms plaas tydens verkrating of gedwonge seksuele verkeer, en kan skuldgevoelens tot gevolg hê. Anale orgasmes is die gevolg van anale prikkeling; die anus deel ’n wand met die vagina en dieselfde senuweevoorsiening. Vollyorgasmes duur langer as “gewone” orgasmes en kan kontrakties van liggaamsdele soos die buik, hande en voete asook spirituele piekervarings insluit. Dit word gewoonlik met tantriese seks verbind.

Wat kan skeefloop?

Talle faktore kan orgasmes verhoed, vertraag of strem. Hieronder tel mediese toestande soos diabetes en hartsiektes; die newe-effekte van medikasie, wat sekere soorte slaap- en angswerende middels insluit; alcohol; bindweefselvorming weens verskeie operasies in die omgewing van die bekken; depressie; moegheid; spanning; verhoudingsprobleme; ’n verhoudingsmaat se seksuele disfunksie of gebrek aan bedrewenheid in die liefdespel; te min tyd of privaatheid; aandagafleibaarheid; ’n gebrek aan eiewaarde; morele en geloofswaardes wat die genieting van seks bemoeilik; gevoelens oor huidige of vroeëre intieme verhoudings, en traumatiële ervarings.


“Elke vrou moet op ’n sekere manier gestimuleer word, en sy moet die stimulasie biologies en sielkundig kan prosesseer. Dit beteken sy moet genoeg vertroue in haar maat hê sodat sy bereid is om beheer te verloor in sy teenwoordigheid. Goeie kommunikasie is noodsaaklik.

“Ek sien dikwels paartjies met die volgende geskiedenis: toe hulle getroud is, het hulle min van seks geweet. Voorspel het nie ’n groot rol gespeel nie en die vrou het nie orgasmes gekry nie. Toe die kinders kom, was sy altyd moeg en wou sy seks net so gou moontlik verby kry. Die man het dus nooit die geleentheid gehad om te leer hoe om haar behoorlik op te wek.

“In haar veertigs of vyftigs begin sy boeke lees en met vriendinne gesels, en kom agter sy mis iets. Nou wil sy orgasmes ervaar, en sy is ontevrede. Dier man voel hy is ’n slechte lover en kan hom aan die verhouding onttrek.

“Vir hierdie en ander scenarios is daar raad. Omdat soveel faktore betrokke is, benader ek my kollegas by die sentrum pasiente multidissiplinêr. Ons kyk watter persentasie van die probleem biologies, sielkundig, en sosiaal is, en pas die behandeling daarby aan. Dit kan medikasie, fisioterapie, psigo-, verhoudings- en ander vorme van terapie insluit.

Watter oplossings is daar wanneer ’n vrou sukkel om ’n klimaks te bereik?

“Tydens seksterapie begin ons gewoonlik deur seker te maak dat daar baie goeie stimulasie is tydens voorspel – ons luister na presies wat paartjies doen en maak dan voorstelle om die stimulasie te verbeter. Ek maak ook altyd eers seker dat die mediese oorsake aangespreek en medikasie aangepas word om dit so maklik as moontlik te maak.

“Indien al die voorgenomde in plek is, maar orgasme ontwyk die vrou nogsteds, gaan dit dalk nodig wees om daardie eerste orgasme alleen te probeer kry met gewone selfstimulasie. Die druk wat daarop haar is wanneer haar maat by is, veroorsaak ’n ongunstige biochemiese omgewing in
Wat daar op haar is wanneer haar maat by is, veroorsaak 'n ongunste biochemiese omgewing in haar brein wat orgasme sal verhoed. Sy moet heetemal ontspanne wees, sonder enige druk en dit gaan sy waarsynlik net op haar eie regkry.

"Die aard en toereikendheid van seksuele stimulasie – veral van die klitoris – is deurslaggewend. Vroue wat probleme met orgasme ervaar, kan daarby baat vind om hul eie liggaam in hul eie tyd te leer ken en vas te stel presies wat hulle plesier gee. Wanneer hulle op hul eie ‘n orgasme kan bereik, kan hulle huil maat wys wat vir hulle werk en dit dan saam te geniet.

"Hierdie proses is nie so eenvoudig as wat dit klink nie. Baie mense is grootgemaak met die gedagte dat masturbasie onaanvaarbaar is. Wanneer hulle verstaan hoe dit kan help om hulle nuut te maak as hulle luie op orgasme te lei, stel ek ‘n program voor wat hulpmiddels soos erotiese leesstof insluit. Niemand hoef wilde boeke te lees nie – hulle kies leesstof wat kongruent met hul oortuigings is. Dieselfde geld vir musiek en fliks.


"Vir orgasme is ‘n verhoogde staat van opwekking nodig. Dit het met jou hele wese te make. Jy kan leer om jou sintuie te gebruik om in die oomblik te wees deur in ‘n gegewe moment op ‘n spesifieke sensasie te fokus sonder om dit in jou kop te probeer omskryf.


Is orgasme – veral gelykydige orgasme – die toppunt van seksuele ervaring? Die term “voorspel” impliseer immers dat enige seksuele stimulasie blote voorbereiding vir die “hoofgebeurtenis” is.


Omdat mans en vroue se liggame so verskillend werk, is gelykydige orgasme nie ‘n maklik bereikbare doelstelling nie. Dis ‘n bonus!"

Meer inligting by 086 727 2444, info@MySexualHealth.co.za of www.MySexualHealth.co.za

**Eindelik!**

Lindie* (29) werk in die skoonheidsbedryf en is twee jaar gelede met haar skooliefde, Allan*, getrou het nadat hulle ‘n ruk saamgebrui het.

"Ek het konserwatief grootgeword. As daar ‘n sekstoneel op TV was, het my ma gesê: ‘Maak jou oë toe’ – selfs toe ek al 18 was. Ek het nie eens daaraan gedink om te masturbeer nie."

Lindie het nooit ‘n orgasme gehad nie. “Vroeg in ons verhouding het ek in ‘n intieme oomblik gedink ek gaan climax. Allan het sy hand oor my mond gesit want daar was ander mense in die huis. Dit het my geblok. Daarna het ek nooit weer tot by daardie vlak van opwekking gevorder nie.

"Dit het my altyd gehinder, veral toe iemand eendag in ‘n geselskap sê as jy nog nie ‘n orgasme ervaar het nie, het jy nog nie regtig seks gehad nie."

"Ek het by ‘n vriendin van dr. Elna Rudolph gehoor. Dit het my verstom dat Elna so gemaklik oor seks praat. Toe sy voorstel dat ek ‘n vibrator kry en verduidelik hoe ek dit moet gebruik, het ek gedink daar is geen manier waarop ek dit sou doen nie! Ek was te skaam. Ná drie dae het ek egter besluit ek kon niks verloor deur dit te probeer nie. Ek het die bullet by ‘n webwerf bestel."

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“Ek moes eers op my eie probeer om ’n orgasme te kry. Aanvanklik was ek baie gespanne. Toe dit uiteindelik gebeur, was ek so *chuffed* met myself dat ek ’n dag lank loop en glimlag het. My man wou weet wat aan die gang was! Ek was baie skaam om die vibrator voor hom te gebruik, maar het gou gemaklik geraak daarmee. Hy het gesê ek weet nie hoeveel dit vir hom beteken dat ek ons liefdespel so positief beïnvloed. En ek weet hoe om die orgasmes te waardeer!

“Vir enige vrou met dieselfde probleem wil ek sê: moenie moed verloor nie. Jy is nie alleen nie. Jy kan jou lyf terugkry!”

*skuilname*

**Het jy geweet?**

**Orgasme ...**

- Verlig slaaploosheid, spanning en angs
- Kikker die gemoed op natuurlike wyse op
- Verbeter kardiovaskulere gesondheid en verlaag die risiko van tipe 2-diabetes
- Verhoed en verlig servikale inflammasie en urienweginfeksies
- Help die liggaam se natuurlik ontgiftingsproses aan
- Versterk die spiere van die bekkengordel
- Kan help om ’n dreigende migraine-aanval in sy spore te stuit
- Verhoog pyndrempels
- Vermeerder oksitosoon-vlakke, wat verbind word met passie, intuïsie en sosiale vaardighede
- Help om menopousale vroue se vaginale membrane gesond te hou

**Bronne:**

“Becoming orgasmic” deur Julia R Heiman en Joseph Lopiccolo, Fireside, 1987

“Dr Eve se seksboek: ‘n gids vir jongmense” deur dr. Marlene Wasserman, Human & Rousseau, 2008

“Die koekieboek” deur Maritza Breitenbach, Paddycat, 2012


Sien ook [www.youtube.com/watch?v=s9QVq0EM6g4](http://www.youtube.com/watch?v=s9QVq0EM6g4)

[www.rooirose.co.za](http://www.rooirose.co.za) Ons artikel “Menopause: ‘n sensueler jy” het meer inligting oor stikstofmonoksied, slaapkammersake, ensomeer.

[www.floliving.com](http://www.floliving.com)

October 1, 2017  by Elna Rudolph

Men's Health, Menopause, Sex Counselling & Therapy, Sex Life, Women's Health

**Sex After 50?**

**Sex After 50? Sex After 50!**

*How to make it an easier (bicycle) ride…*

By Dr. Elna Rudolph.

MBChB (UP); MHSc: Sexual Health (US, Aus); FECSM (Fellow of the European Committee for Sexual Medicine)
Warming up:

Sex after the age of fifty is not unlike cycling after fifty. There are reasons why people stop doing it, take it up for the first time, enjoy it more than ever and have real physical and psychological challenges with it.

It can be very difficult to raise the subject of sexual activity with any patient, let alone an “older person”. Not that fifty is old. Life expectancy is between seventy and eighty years in most first world countries and still around sixty years in South Africa, despite all our public health issues.¹

People form new relationships after the age of fifty or have the chance to really start enjoying their lifelong partnerships because other stressors like raising kids together and building a career are not so prominent anymore. Latest research shows a third of women and half of men remain sexually active after the age of seventy² and that people participate in a wide range of practices when it comes to solo or partnered sex.³

Getting into Gear:

Unfortunately only 6% of doctors talk to patients about their sexual functioning and the most common reason stated for not taking to patients about it, is their age.⁴

Due to the sensitive nature of this subject, it is the responsibility of the clinician to initiate the conversation. It is not that difficult when you follow a rehearsed script. Here is a suggestion:

“Women over the age of fifty, often have problems with their sexual functioning, how about you?”

This statement and question gives the patient PERMISSION to talk to you about her sexual challenges. It is the first step in the PLISSIT Model⁵, followed when we deal with patients with sexual health questions and challenges. The second step is LIMITED INFORMATION and the third is SPECIFIC SUGGESTIONS. Only the last step is Intensive Therapy. As you get more comfortable talking to patients about their sexual concerns, you will realise that there is only a small percentage of patients who need intensive therapy. Most are helped with limited information and specific suggestions.

Double Tracking:

But how do you have the rest of the dreaded conversation?

When people talk to kids about sex, they tend to feel more uncomfortable than the kids themselves and end up using metaphors and strange euphemisms. One has to be careful not to sound patronising when speaking to older people about sex, but using a metaphor can make it easier for both the patient and the clinician.

I have found that the cycling metaphor goes a long way in delivering that basic information and those specific suggestions in a way that is comfortable, clear and practical for the patient. You start by using the word “they” and not “you” and then the patient can personalise it if they want to. This technique helps you not to make any assumptions but to give the patient the opportunity to put her concerns, fears, challenges and questions into words.

If the woman has a specific complaint like vaginal dryness, you might be able to treat it without having to go into detail. If however she says: “Well doctor, we have not had sex in more than a year and I don't know why” and you feel like rolling your eyes and checking the clock, rather have this five minute limited-information-specific-suggestion-session with the patient:

You can say:

“The reasons why people don't have sex as the get older are more or less the same as why they don't ride bicycles anymore. Let’s go through a few of them and you can tell me which ones, if any, you relate with:”

1. They think they are too old and will look or feel stupid.

If you look at the following graph, it shows that many people remain sexually active till very late in life. It might not look like and feel like Hollywood and there are some changes and challenges, but you are never just too old for it.
The best is to never stop cycling and if you have to due to injury or unforeseen circumstances, get back onto your bike as soon as possible. If people continue to have sex at relative regular intervals, it never becomes a big issue. If you have not done it in a long time, it is like getting back on a bike – you are a bit tentative and not sure if you still have that muscle memory to know how. So how do you do it? You don't get on that bike and try to do a three day endurance event. You try in the driveway first, keeping your feet close to the ground, going slowly, not aiming for distance or speed, just the satisfaction to know that you still can. When you get the thrill of getting it right, even if it is just balancing your way down a slight slope, you realise that you are creating a special experience. Not a masterpiece. Not a new record with the greatest of speed in the shortest of time, but something special and enjoyable. You don't even have to reach the finish line to have fun. A leisurely ride in the park can be much nicer than a high profile race.

This kind of explanation is particularly valuable when talking to patients who are struggling with their sexuality due to breast cancer or other disfiguring medical conditions. It does not have to be perfect to be good. Refer these patients for "intensive therapy" if your initial reassurance is not enough.

2. They don't have the physical ability anymore:

Medical conditions and medication used have a significant impact on a post-menopausal woman's sexual functioning.2

HORMONES:

Menopause is associated not only with decreased desire but also with the physical aspects of sexual response like arousal and orgasm2. This can partially be due to a decline in free testosterone which is best correlated with increasing age, not necessarily menopause itself.6 The right hormone replacement therapy (HRT) can improve a woman's sexual functioning7 and can include transdermal testosterone therapy in women with low serum levels and a formal diagnosis of sexual interest/arousal disorder (formerly known as hypoactive sexual desire disorder).6

DYSPAREUNIA:

Dyspareunia is also one of the symptoms of the newly described Genitourinary Syndrome of Menopause and can be treated or avoided in most cases by the simple use of topical oestrogen therapy.8 It is no longer available over the counter. Make sure you offer it to your symptomatic post-menopausal patients. Hysterectomy and other pelvic surgeries can also contribute to dyspareunia in this age group.9

MEDICATION USE:

Many women in menopause end up using antidepressants drugs. The depression itself as well as the medication can cause sexual dysfunction and patients need to be monitored for this. Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin Nor-Adrenalin Reuptake Inhibitors (SNRIs) are the biggest culprits and Bupropion seem to be beneficial on its own or if used as an antidote to treat the sexual side-effects of other drugs.10 Polypharmacy is quite common in postmenopausal women and can contribute to sexual dysfunction. Try to change the medication to drugs with fewer sexual side-effects.

PAIN & WEAKNESS:

Pain and weakness often play a role in making sex practically difficult. Being willing to listen to the
Pain and weakness often play a role in making sex practically difficult. Being willing to listen to the patient's actual challenge and providing practical solutions will go a long way in helping most patients. Take painkillers an hour before sex, use a position where there is less strain on the hips for instance, like lying on your side and using a rear-entry approach.

SOLUTION:
As with cycling, it might be necessary to do some preparatory training to before you get back on the proverbial bike again. Vaginal dilators and physiotherapy are often used in conjunction with topical oestrogen if there has been significant atrophy and especially if vaginismus has developed\(^\text{11}\). Sensate Focus exercises are also used to help a couple to gradually restore intimacy in their relationship. Sex is initially forbidden and sexual massage that gradually becomes more stimulating is practiced over a few weeks to re-establish physical and emotional intimacy.\(^\text{12}\)

3. Their Bicycle is Broken:

Having a partner who suffers from sexual dysfunction is very common in menopausal women. The woman might still be willing and able, but the partner has developed erectile dysfunction (ED) and therefore intimacy stops all together. You don't have to have the latest model in perfect working order to have a fun ride in the park and likewise you don't need perfect performance to have a special experience with your partner. Unfortunately men tend to withdraw from intimacy if they can't trust their performance anymore. This often leaves women feeling not only physically unfulfilled but emotionally neglected and often induces sexual dysfunction in her.\(^\text{13}\)

Men generally have very poor help-seeking behaviour and when it comes to their sexual performance, they are even less willing to consult their GPs. When a man's sexual interest and ability starts to dwindle, it can be an early warning sign of cardiovascular disease. For this reason we cannot just give a women a prescription for a PDE5-inhibitor for her husband. He needs to have at least his blood pressure, abdominal circumference, fasting glucose, lipogram and early morning testosterone measured with possible cardiologist referral if significant cardiovascular risk exists.\(^\text{14}\)

That said, we don't need to be overly cautious when prescribing PDE5-inhibitors to men with erectile dysfunction. It is generally safe and should just not be combined with nitrates, but men with high blood pressure, diabetes and hyperlipidaemia can safely use it.\(^\text{14,15}\)

Using vacuum pumps and injectables are also options. These have to be prescribed with the necessary education and support, but once patients learn how to use it, it is generally well accepted.\(^\text{15}\)

4. They don't have a Bicycle:

Of course many women over fifty don't have partners anymore. If you are not sure about this, you might want to start with this one.

Forming new partnerships later in life is common and it can be very rewarding. It can also be daunting! The fact it that it is not merely buying a new bicycle, it is much more serious than that!

Women might also start to have more informal relationships for the first time in their lives. Basically all potential partners that they meet at this age, will have previous sexual experiences and therefore they are at increased risk to pick up a sexually transmitted infection. They don't think so, but they are! Condom use is very poor in this age group and it gets worse as they age.\(^\text{3}\) Some counselling about safe sex is definitely necessary in this age group. Use the cycling metaphor again: you hardly ever see people cycle without helmets on anymore. The benefits are well-known and therefor it is frowned upon not to use a helmet. The same goes for sex. Safety first. Make sure you are using a condom. Does not matter how nice, wealthy, respectable or “clean” he looks.

Also note that you should not assume that a woman is having sex with men or only with men. Rather ask and use the word “partner” to be more inclusive.

5. They have fallen too hard before:

Many women have serious psychological damage due to bad previous sexual experiences. Secondary vaginismus is not uncommon in this age group.\(^\text{16}\) Many will be very happy to decrease and even stop sexual activity as their partner's needs and ability decreases or if they lose their partners. There are however those who desire to have normal sexual functioning but are held
partners. There are however those who desire to have normal sexual functioning but are held back by psychological issues. Refer these people to well qualified and experienced clinical sexologists who can address those psychological aspects to help her to gradually "get back on the road" again.

**The home stretch:**

It is not so difficult to talk to people over the age of fifty about sex. Like cycling, give it a go!

You might change her and/or her partner's life forever. Remember: 100 orgasms per year can add eight years to a patient's life – this is serious medicine!17

**References:**


17. 100 orgasms add 8 years to life

May 21, 2017 by Elna Rudolph

Chronic Pelvic Pain, Women's Health

**Not tonight Darling… I have a headache (in the pelvis!)**
Pelvic pain, like headaches, can have a significant impact on a patient's sexual functioning, relationship and quality of life. The common perception is that a headache is the cliché excuse for avoiding intercourse. But what if the ache is real, only it's in the pelvis? Is pelvic pain only in the patient's head?

We look at conditions that cause chronic pelvic pain and other pains that are triggered by sexual intercourse: Chronic pelvic pain conditions are often associated with other pain conditions and are especially common in patients who have had repeated pelvic surgery. Specific conditions such as Pudendal Neuralgia and Painful Bladder Syndrome are relatively easy to identify and treat, often in the context of a multidisciplinary team. Sexually provoked pain (dyspareunia) can be superficial or deep. Deep Dyspareunia is often due to an organic cause such as ovarian, uterine or bowel abnormalities. Superficial Dyspareunia is usually a neuropathic pain associated with induced neuroproliferation and/or a hypertonic pelvic floor.

The aim is to provide practical tools to identify and treat patients with this very frustrating complaint, and hopefully to contribute to increased satisfaction for the doctor, patient and partner.

May 2, 2017 by Elna Rudolph

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Sex Life

**SEND BETTER SMOKE SIGNALS**

Send better smoke signals

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By Pablo Sennett. Partly edited by Dr. Elna Rudolph.

No matter how solid your relationship, you'll never get away from everyday stress. But you can make sure it doesn't burn the house down. Here's how to stop fanning the flames.

The thing about friction is, it causes heat, and fire, and big explosions. The logistics of living together with another human being make it almost impossible to avoid becoming irritated or arguing. A Pew Research study showed that only 10% of adults admitted to never arguing at all, while most of us do so several times each week. This is not necessarily a bad thing; allowing the sparks to fly once in a while breathes new life into a relationship and creates room for constructive change. There are rules, of course – like never make it personal and don't be mean – but who among us can say he has not sinned and lost it, just a little bit? How to keep your conflicts on the right side of constructive? Glad you asked. We'll tell you.

**Sex**

She's tired, you're really, really not

You're both in bed, the sheets are silky, the room's heating up. We know where this is going, right? Then she says, “Goodnight”. At this point you're not far away from pointing out how rarely she's in the mood these days, and being accused of only ever thinking about sex.

**DE-ESCALATE:** Breathe, man! Stay calm, no matter how difficult. Allegations only end up saying, You're bad, I'm better”. And no one needs that.

**THEN ACT:** "When you come up against your partner's disapproval, talk to her about how you feel, calmly and politely," says medical doctor and sexologist, DR. Elna Rudolph. “That will give her a chance to feel desirable and loved, and criticism won't be the focus of the conversation." If you feel she's been a bit distant, ask her why – and if she says she's really just tired, let her sleep and look forward to a well-rested lady in the morning. It is key to inflect everything with a pinch of humour. “It’s crucial to keep the pressure off. Keep it light, and be patient, so it doesn't come across as
“It’s crucial to keep the pressure off. Keep it light, and be patient, so it doesn’t come across as deadly serious.”

“A “good night” is not necessarily a “no.” She might not be in the mood, but she might still get in the mood, even if she is tired. Try a bit of gentle stroking in non-sexual areas, followed by the sexual ones and your best high school French kissing. Most women have the ability to get in the mood, even if they start neutral or negative. If she moans (and not in a good way!) let her sleep, but whisper in her ear that you are looking forward to the rested version of herself in the morning. If she doesn’t – enjoy!

The convo about her libido not matching yours is not something to have between the sheets in the heat of the moment. Have it over a glass of wine when the hormones and emotions are under control. Listen to her suggestions and her feelings and tell her about yours. Nobody likes making a go for it and then being turned down and nobody likes feeling forced into it. You have to communicate to make it work. Keep it light and practical, but get help if it keeps on causing conflict and you are not finding solutions.”

Chores

She needs help, you’re just trying to chill

Lambie's just kicked off, and here comes the vacuum cleaner. Yup, housework sucks – and if you hate it, so does she.

DE-ESCALATE: Sitting in a simmer gets you nowhere, and blowing up takes you ten steps backwards. Don't give us that “but I work longer hours” crap; that's not helping anyone to actually get it done. The only thing worse than her having to nag at you is your whining back.

THEN ACT: Plot a pre-emptive strike. Chat to her about what needs to be cleaned or sorted around the house on a regular basis, and by when, then get it done well ahead of the game. You can go one step further and draw up a roster to divide the labour, just remember to take on twice as many tasks as you assign to her – trust us, she's doing a hundred things around your home you'll never have to think about. And if, after all that, you've ticked all your boxes and she still needs help, get off your ass and wash those dishes, take out that garbage. It's not rocket science.

The Bar

She's at home, you're saying, just one more drink

You met a few mates for a drink after work. Okay, maybe more than one. Next thing you know, she's on the phone every couple of minutes asking where you are.

DE-ESCALATE: The key to a relationship that goes the distance? Mutual trust. Without it, you'll always be one spark away from tearing up your marriage register. “It's difficult for any attempt to control your partner not to come off as demeaning or just plain paranoid,” says Rudolph. “Finding a balance between a healthy social life and not disregarding your partner's feelings is crucial if you want the relationship to last.” It's also a matter of practice -- for her and you, too. Acknowledge that you understand how she feels, and remember, if it were the other way round, you'd probably be kicking down doors and breaking heads right about now.

THEN ACT: Find a quiet moment to discuss the issue. This is something that most couples have to negotiate, so take it easy on her and yourself; there's no silver bullet that'll solve everything in one go. Point out that it is good for the relationship in the long-term if you are both able to learn to live without each for short periods at a time, such as when you're grabbing a drink with colleagues or she's out with her pals. "A real-life social network is important for both you, so the answer here isn't to simply neglect your contacts," says Rudolph. If you suppress your jealousy, or your anger about hers, it'll simmer for a while before going boom.

Lies

You fibbed, she found out

Let us guess: you figured telling her the whole truth would just lead to a long debate, and all of a sudden "I'm working late" became catching the rugger with guys you hardly know in a bar you don't remember.

DE-ESCALATE: Admit to everything. She's not angry you spent the evening drinking shots for every seven-pointer, she's angry that you lied about it. You can, like it or not, bite the bullet and come clean about it. She may not forgive you just yet, but at least you're doing the right thing.
seven-pointer, she’s angry that you lied about it. You see, lying is bad. It hints at a pattern – the easier it is to do, the louder the alarm bells in her head. So confess, openly and unapologetically. You can't move past it until you're honest.

THEN ACT: Now explain yourself. Describing your reasons for the lie will go a long way in establishing a foundation for a constructive conversation. You might even surprise yourself. “People lie either to gain an advantage or to protect themselves against some kind of adverse effect,” says Rudolph. “She is trying to understand you – how your mind works – so be open with her. Look for the cause together and you’re more likely to find solutions.”

Money

Because no one loves paying for stuff

You had a great dinner, the steak was perfect, that red wine is your new favourite. Nothing spoils a happy occasion quite like quibbling over the bill.

DE-ESCALATE: Pay now, argue later. If you really don't feel you should pay, or at least without her making some kind of effort to grab that bill away from you, fine. But don't make it the waiter's problem. Pay up immediately and remind yourself to bring it up later. Fighting in public is a major betrayal that won't win you any favours.

THEN ACT: At some point in every relationship, money becomes an issue. Don't think you've somehow cracked the code and have all the answers we've all been looking for – give yourselves some time to figure out your different approaches to spending and saving your separate salaries, and how to work together in making all that money work for your shared objectives. (Such time is not while you're still in the damn restaurant.) When you get some quiet time alone together, discuss the option of opening a joint account that you both share. In other words, an account separate from both yours and hers, that you both contribute towards and you both have access to. That way, you're both independent and equal, and on the road to learning how each of you thinks about money.

Style

“So, how does this look?”

You get home, your mind still decompressing from a hard day's work, and you get sandbagged. “Look honey, I was at the hairdresser today!” Do not underestimate the potential of this moment to cause some serious conflict.

DE-ESCALATE: Most guys aren't aware of what they like until they see it. Chances are, you liked her hair fine the way it was when you met her; little tweaks here and there are all good. A radical cut, on the other hand, could go either way. Don't let it!

THE ACT: Rein in the shock and go with “I love it!” Yes, even if you don't, and no, it’s not being dishonest. “Avoid criticism – it won't make her hair grow back any faster,” says Rudolph. “She's probably a little uncertain, so go easy and don't make her feel bad about herself.” In a few days she might mention that she's not sure it's her thing, after all, and that she might go back to what she had before... at that point, and only that point, should you pipe up with, “Well, I don't want to seem shallow, but I really loved your hair the way it was.”

3 Golden Rules for Greater Harmony

Elna Rudolph's three-step guide to living a healthier, longer relationship:

1. **Be Fair**

Don't blame anyone. That means you, and especially her. It'll only lead to a spiral of accusations, back-and-forth until you're both sick of each other.

2. **Stay Calm**

Don't get loud. Having a disagreement while remaining calm and composed is the sign of a well-adjusted adult – shouting and swearing is evidence of immaturity and a lack of empathy.

3. **Reconcile**
No matter how bad it gets, do not stubbornly hold onto resentment. If you have to let an argument sit for a bit while you think it through, leave it for no longer than a day. Go to bed at peace with each other. Let the make-up sex do the last little bit of resolving – it works like a bomb!