Hormones and Medication Effects on Libido

One of the side effects is that it lowers testosterone. And sometimes we do this on purpose. Like when we have young women who have a lot of problems with acne, sometimes they get prescribed birth control pills to clear up their acne because it's lowering testosterone levels.

So if you're someone who has too much testosterone and then the birth-control pills lower it, that might be somewhat helpful. But if you're somebody who's teetering on the edge of your testosterone at the get-go, and then we put you on birth control pills to regulate your periods, or you know, because you still need birth-control, it really can take libido away.

And that's not the intention of the birth controls, is to take your libidio away, yeah. With SSRI, sometimes it's not so much the desire, but like orgasm becomes really difficult to achieve.

Like, what used to be easy is now taking forever, taking, forever taking for ever. And again, if it doesn't feel like it is an enjoyable event, then you don't want to do it again.

And we know that this is a well-known side effect. It's not probably something that you were warned about when you started on it. Welcome to the This Is Not Normal podcast.

I'm Dr. Neb. And I am nurse practitioner Nicole. If you don't feel like yourself anymore and you've been told it's just part of aging, you have come to right place.

Let's uncover what's really going on because you deserve to love the way you feel. We see women every day coming in saying, I just don't want to have sex anymore.

My libido is in the toilet. Like it is gone. And they don' know why, they didn't know what happened. They feel like they've kind of lost themselves. Their husbands, their partners are not happy about this.

But it doesn't feel good to not feel desire. We have women say, like, I could really care less whether I ever have sex again for the rest of my life. Famously, Suzanne Somers said, honestly, rather have a smoothie.

And it is a common problem. It can cause real significant problems in relationships because if one person is just really not interested and they're sort of never really in the mood, the other person can start to feel like their partner doesn't care about them anymore.

For a lot of women, they love their partners, their great spouse, but they just don't feel it anymore I think a lot of women, especially in their 40s and 50s, they're just juggling all the things.

They're saying to me, I enjoy it when I have it. It's fine. I'm happy to be a willing participant in the process, but it's not front of mind.

Welcome to the Podcast and Low Libido in Women

Like they, I describe it as like you have all of these balls you're juggling or all these drawers open and you've got to get the kids to soccer practice and You've gotta get dinner on the table and the house cleaner is coming and he's got a board meeting and haven't prepared your presentation and your mom's calling because she needs her phone fixed and just running in so many directions but your spouse is like what about me and what our time together and intimacy and marriage is important and it doesn't feel good when you're not on the same page.

But is testosterone the answer? This is a common problem. Yes. But there are also solutions. So that's what we want to talk about is let's talk And some of them are things that you can get help with if you come in and see

practitioners like us, and some other things or things you could handle on your own.

So why don't we start by talking about pairing that pause? As women are heading south of their 30s and into their, I guess north of 30, into 40s or 50s, What are some of the hormones that are changing that mess up this desire?

Yeah. So the first hormone that changes in perimenopause is usually progesterone. And progeterones goes down in your mid-30s. Progesteron is a very calming, relaxing hormone.

If you now feel anxious and irritated and aggravated at every little thing, libido isn't going to be front of mind. testosterone tends to kind of follow right after that.

Now, there are studies, and for some women, testosterone goes down even earlier in their thirties. It can actually, they're studies that show it cuts cut in half, like after your twenties.

And so, for other women it doesn't, it stays beautiful for, you know, into their fifties and beyond. But if you're noticing that you used to be excited and thinking about it, and motivated and enjoying it, and now all of a sudden, it's like that switch just turned off.

The testosterone is probably playing at least a partial role in that. And I think what's important to understand is that women make testosterone in two places.

We make it in our ovaries, we make in it our adrenal glands. So when our ovarie starts to kind of peter out and go into retirement and perimenopause, The adrenal gland needs to take over, but the adrenal does a lot of other jobs, right?

Yeah. So our adrenal glands make cortisol, which is our main stress hormone. And that's really important to help us cope with stress. But the problem is when we have chronic stress day in day out, it's just like another thing every day.

Perimenopause, Stress, and Hormonal Changes

Cortisol can become chronically elevated and cortisol and testosterone are kind of opposites. Yeah, So when cortisol goes up, it makes testosterone go down.

And if testosterone was going to give you a boost in your libido, cortisol does the exact opposite. Progesterone, which is going down first, is kind of your deal with that hormone.

So, when your dealing with a hormone has left the party, then cortisol often makes it so that we just don't have the energy, we dont have desire, because you're in survival mode.

And when youre in survive mode, sleep is really what takes the main priority. So it is one of the most common hormonal imbalances that we see in women to find that cortisol is not quite where it should be.

It's not typically measured in regular doctors offices because In regular, in medical school, what we're taught is we are taught to deal with tumors and diseases where cortisol is really far out of range.

But for a lot of us, cortisol was somewhere within the realm of what would be considered quote unquote normal, but it's really not optimal. And it just one of the many things that's not just shutting down our hormones and pushing us into perimenopause, But also really turning down the volume on libido.

The other hormone that I think gets missed when we think about low libido is thyroid. So, thyroid has so many jobs. It sets our metabolic rate. It helps with a lot of other hormones in our body.

It help with our cholesterol. But when thyroid is not functioning well, we call it hypothyroid, our libido goes down. We feel brain foggy. we feel cold. We feel tired.

Get constipated.we don't feel good. And it's like a feed forward system. It just affects all the other hormone. So that can also be a missing piece to the puzzle.

for so many women they got all the symptoms of low thyroid but they go in to get their thyroid tested and they're told it's normal and so sometimes it just it in the normal range but it is not optimal sometimes your thyroid gland might be okay but you're not really properly able to use the thyroid hormone for a bunch of reasons one of which is stress and balancing things out makes a big difference but I got to tell you about a study that I actually just read this morning they put I don't know how they did this.

And I know who volunteered for the study. But they put people in, I think it was an MRI machine, maybe a CAT scan, but one of the ones that's measuring their brain activity while they're having sex.

So they looked at what happens in their brains while having their sex, and what had to happen is your amygdala, which is a part of your brain that senses fear, danger, stress, anxiety.

It has to quiet in order for women to be able to enjoy the sexual experience. If we're too busy up in our head worrying and thinking and overthinking that that interferes.

So kind of like how men have performance anxiety, you know, kind I feel like women can sort of have it too. I'm not sure that we would call it performance things.

But we worry about like our jiggles and our cellulite and, all the things, it's taking too long or whatever it is. In the study, what they did was they gave some of the women a pair of socks to wear, because I guess it was kind of cold in this MRI machine.

And when they were able to give them a pairs of sucks, they actually had a better experience because when we're cold, that's one of things that doesn't help.

But the idea is if we are distracted, So whether we're distracted because we are worried if somebody can hear in the next room, are the kids going to walk in or we have cold feet or whatever it is, it just kind of inhibits the experience.

And so who knew that something so simple as a pair of socks might help? And it wasn't the socks themselves. It was taking away the distraction of the cold feets.

And I think that's an important point, which is common in women who have hypothyroidism. Yes, that is true. But I that makes a really good point is the distraction piece, right?

Because we're juggling a lot of things. And if your time together is not cultivated. The dog is in the bed, the kids are in bed. You're not cultivating that space and time to get together.

That can be a problem. We jokingly tell patients, We need to schedule that time together, but it's really serious.

Estrogen, Vaginal Dryness, and Painful Sex

I think we schedule everything else. Why are we not scheduling that? Because if your amygdala does need too calm down, right? Put the socks on, so to speak, then in order to make that happen, we really need close all the other drawers, put all of the balls away that we're juggling, and create that space.

Because for women, it takes time, for the foreplay and all that to get to the point where arousal and orgasm can happen. And that's why for women, helping do the dishes, like this is the best floor play ever, right?

Carpool, all the things, so that we're not so frustrated in our head all of the time. So stress, being too busy, and being distracted, these are all things that get in the way.

But if you have a nice complement of balanced hormones, we can deal with these things better. When we don't have our balanced hormone, every little thing is just sort of heightened.

So progesterone and testosterone can go down way in perimenopause, cortisol at any age. But by the time we kind of hit later in our 40s and into our 50s, and when our estrogen is going down, that makes a big difference too.

Yeah. That's very true. Estrogen kind gets forgotten that it's really important for libido. And it is important to lubrication too, because if sex hurts because your estrogen was low and now you have vaginal dryness, of course your libido is going to be low.

If it doesn't feel good to do it, you're not going want to. I've had women describe it as like feeling like jagged knives. Like that is not something that your brain is gonna go, oh, let's do that again.

That's not a good idea. So when estrogen goes down and our vaginal dryness can occur to a lot of women, we need to make sure that hormones are rebalanced and estrogen is put back where it belongs at the right amounts and the so that we can have lubrication and we have healthy tissue and then it doesn't hurt.

One of my patients said, it feels like somebody's shoving a cactus at my vagina. I would want to do that. And I think you're something that's really important because a lot of times when we get to the topic of estrogen, people say, well, but what about me?

I've had breast cancer and I can't have estrogen. But the reality is that the data that you have now shows that any woman can vaginal estrogen to at least help with this part of it.

It doesn't matter if you actively have breast cancer. If you had cancer, if your 103 years old, like all women, it is safe. it acts locally. can at least help with the dryness and the pain, and that is something that it's okay for anybody to have.

Medications That Can Lower Desire

I think we should touch on medications that can affect libido, because I that a lot of times you may not even realize something you're taking is affecting, you know, it is fixing one thing, but it causing a problem in another.

And probably the three biggest categories would be mood-regulating medicines that we call SSRIs, so things for like depression and anxiety. birth control and blood pressure medicines.

Yeah. And for birth controls, specifically birth controlled pills. But when women are on control pills, one of the side effects is that it lowers testosterone.

Sometimes we do this on purpose. When we have young women who have a lot of problems with acne, sometimes they get prescribed birth-controlled pills to clear up their acne because it's lowering testosterone levels.

So if you're someone who has too much testosterone and then the birth controlling pills lower it, that might be somewhat helpful. But if you're somebody who's teetering on the edge of your testosterone at the get-go, and then we put you on birth control pills to regulate your periods or, you know, because you still need birth-control, it really can take libido away.

And that's not the intention of the birth controls, is to take your libidio away, yeah. With SSRI, sometimes it's not so much the desire, but like orgasm becomes really difficult to achieve.

Like what used to be easy is now taking forever, taking for ever, and again, if it doesn't feel like it is an enjoyable event, then you don't want to do it again and that kind of plugs in.

And you kind get the performance anxiety, right? And we know that, I mean, this is a well-known side effect. It's not probably something that you were warned about when you started on it.

And listen, if you are in a huge depression and you're in the pits of despair, you probably don't have a libido at the get-go. If we can help you get out of the pit of dispair, hallelujah, right?

But like medications like Opslexa, Prozac, Zoloft, there's lots different ones in this category. And sometimes we prescribe them on, well, we may be nonsensory, but doctors prescribe on purpose to help men who have premature ejaculation because it slows that down.

So again, if you're somebody who's teetering on the edge of even having an orgasm in the first place and then we put you on these antidepressants, it can really kind of turn things down.

And it could make you gain weight and then you don't feel good about yourself. Then you're in your head worrying about your jiggling bits and you know, then there you go.

So testosterone can be a good solution. It can a piece to the puzzle. But I think for most women that we see, right, when we give them back testosterone, it's not magic.

I mean, once in a while it really is, and they're the lucky ones and that's fantastic. But I think we have to think about it as one piece to a comprehensive approach.

Because like you were saying, Dr. Deb, stress especially can play probably the biggest role in plummeting your libido. And I tell my patients all the time, Stress trumps sex.

I could bathe you in a pool of testosterone. But if you don't get the stress under control and you won't deal with those things in a healthy way, then all that whole bath of testosterone is only going to get you so far.

So we have to deal all the things. We've got to make sure that all of the other hormones are being balanced so that testosterone can play the role that it can, because it is a wonderful hormone.

It helps our bones, it helps out our vaginal health and our urinary health, helps perk up our brains, gives us desire in all areas, not just in the bedroom.

and it makes us motivated and excited to do things. So it is a wonderful hormone when it's balanced with everyone else. Yeah.

Holistic Solutions and Getting Help

Lack of testosterone can cause a lot of these problems, but if you have some of the other factors, then replacing the testosterone alone is really going to solve all the problems.

So we wanna look at things always in a holistic way. We wanna do more than just knee-jerk, write a prescription for something. we want to make sure that you are healthy, we wanted to put the hormones in the healthiest body that we can.

And the reality is there's so much that can be done to get this back, to give the spark back to rekindle. So we can do vaginal laser rejuvenation. We've got some different things that we do that actually help turn back the clock, regenerate nerve endings and give better sensitivity and better lubrication, and their side effect is less urinary leakage.

So yay, bonus. There's lots of solutions available. If this is a problem area for you, What we really want you to know is that there is help available, please speak up and ask for it.

Please know that if you try with, you know, starting with your primary care doctor or even your gynecologist, they're busy. They probably are running, 40 minutes behind.

I got a 10 minute appointment. This is a big conversation. We don't have simple answers. We weren't really

equipped in medical school how to handle this.

A lot of times, doctors will just feel uncomfortable talking about it, mostly because they don't have an easy answer for you. But help is available. Don't suffer in silence.

Please speak up, because you deserve to love the way you feel. Thank you for listening to This Is Not Normal. If today's conversation helped you realize that you do not have to put up with feeling this way, follow the podcast, leave us a review, and share it with someone who needs to hear it.

And if you're ready to take your next steps, then schedule your free discovery call at signaturewellness.org. This podcast is for educational and informational purposes only and is not medical advice.

Always consult your physician or qualified healthcare professional before making changes to your diet, lifestyle, medications, or treatment plan. The views expressed by guests are their own.

If you are experiencing a medical emergency, call your local emergency number immediately.