

How To Start The *Conversation*

A Guide To Talking With Your
Clinician About Intimacy, Desire,
And Hormones

IT'S NOT JUST YOU. IT'S HORMONAL >>

You're Not Imagining It.

The first time you noticed, you brushed it off.

Maybe intimacy felt different...less comfortable, less natural. Maybe your interest disappeared without warning. Maybe you felt like a stranger in your own body, disconnected from the person lying next to you.

You thought it would pass. It didn't.

You mentioned it to your healthcare provider. They told you "that's normal for your age" or suggested you "try to relax more" or "have a glass of wine." So you stopped bringing it up. You felt dismissed and figured this was just how things were now.

But here's what your provider should have told you: what you're experiencing has a name. It has a cause. And it responds to treatment.

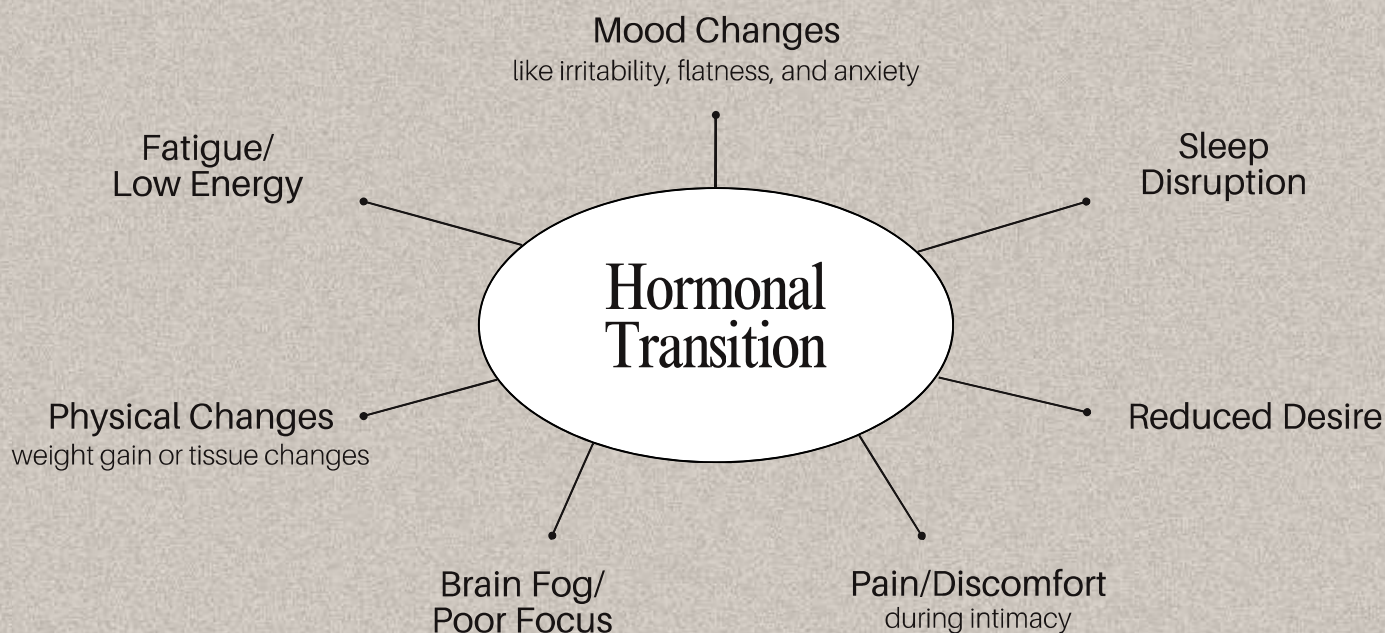
What Women Commonly Experience:

- Reduced desire that feels like it came out of nowhere
- Discomfort or pain during intimacy that never used to be there
- Vaginal dryness, tissue changes, or increased sensitivity
- Mood shifts that make connection feel harder
- Exhaustion that overrides interest in intimacy

What Men Commonly Experience:

- Decreased interest in intimacy or difficulty initiating
- Reduced morning erections or erectile changes
- Lower confidence or motivation
- Fatigue that makes intimacy feel like work instead of pleasure
- Mood changes like irritability, flatness, and emotional distance

Symptoms You Didn't Know Were Connected



These aren't isolated complaints. They're all branches of the same root cause: hormonal shifts that affect energy production, brain signaling, tissue health in sensitive areas, and stress response.

Most people treat each symptom separately, like sleeping pills for insomnia, therapy for mood, or lubricant for discomfort. But when the root cause is hormonal, those band-aids don't address what's actually happening.

Your body isn't failing. Your relationship isn't necessarily failing. Your hormones are shifting, and your body is responding exactly the way biology dictates when those shifts happen.

The difference between suffering through it and addressing it is one conversation. Understanding that these symptoms are connected changes how you approach the conversation with your provider. You're not bringing a list of random complaints. You're identifying a pattern.

For Women

Estrogen supports:

- Vaginal tissue health, lubrication, and elasticity
 - Mood regulation and emotional resilience
 - Energy production and metabolic function
 - Sleep quality
-

When estrogen drops (during transitions like perimenopause, menopause, or postpartum), these functions decline. The result: tissue becomes thinner and less elastic, lubrication decreases, mood destabilizes, and energy crashes.

Progesterone supports:

- Calming brain signaling
 - Sleep quality and emotional resilience
 - Cycle regularity
-

Low progesterone shows up as irritability, insomnia, anxiety, and emotional reactivity... all of which make intimacy feel harder.

Testosterone (yes, women need it too) supports:

- Desire and libido
 - Energy and motivation
 - Confidence and assertiveness
-

When testosterone drops, desire often disappears because the hormone driving interest is depleted.

For Men

Testosterone supports:

- Sexual desire and interest in intimacy
- Erectile function
- Energy, motivation, and confidence
- Muscle mass and physical performance
- Mood stability and emotional presence

When testosterone declines due age-related decline (andropause) or stress, desire drops, erections become less reliable, energy tanks, and mood flattens. Many men describe feeling "less like themselves."

For Both Men And Women

Cortisol

Cortisol is a stress hormone. It both helps the body respond to stressors and it is released in response to stress. When it is chronically elevated, cortisol suppresses sex hormone production and prioritizes survival over reproduction. Your body literally shuts down desire when it thinks you're under threat.

Thyroid

The Thyroid produces hormones that impact metabolism, energy, mood, and temperature regulation. Even a slight variation in thyroid function can impact desire and physical comfort during intimacy.

The hardest part of addressing changes in intimate desire or function isn't the evaluation. It's starting the conversation.

Hormonal symptoms are specific. And when you can describe them specifically, your provider knows exactly what to evaluate.

This section gives you the exact language to use to guide the conversation. You don't need to memorize anything. Just bring this guide to your appointment and read them directly. Your job isn't to diagnose yourself. It's to give your clinician the information they need to help you.

HOW TO START THE CONVERSATION

Instead of: "I just don't feel like myself anymore."

Try: "I've noticed changes in my energy, mood, and interest in intimacy over the past [timeframe]. Could this be hormonal?"

Instead of: "Sex hurts now."

Try: "I'm experiencing discomfort during intimacy that I didn't used to have. What should we evaluate to understand why?"

Instead of: "I have no sex drive."

Try: "My desire and my energy both shifted around the same time. Are these symptoms connected hormonally?"

QUESTIONS ORGANIZED BY SYMPTOM CLUSTERS

If You're Experiencing Reduced Desire:

- "Could low testosterone (or estrogen) be affecting my libido?"
- "Is it possible my thyroid or cortisol levels are suppressing my sex hormones?"
- "What labs would help us understand why my desire changed?"

If You're Experiencing Physical Discomfort:

- "Could tissue changes from low estrogen be causing this discomfort?"
- "What treatments are available for vaginal dryness or tissue thinning?"
- "Is this something that improves with hormone replacement?"

If You're Experiencing Mood + Desire Changes Together:

- "I'm noticing irritability, fatigue, and reduced desire at the same time. Could progesterone or testosterone be involved?"
- "Could cortisol or stress hormones be affecting my sex hormones?"

If You're Experiencing Erectile Changes (Men):

- "I've noticed changes in my erections and my energy. Should we check my testosterone?"
- "Could low testosterone be affecting both my desire and my physical response?"

What Labs Might Be Ordered

For Women:

- Estradiol (the active form of estrogen)
- Progesterone (ideally tested during luteal phase if still cycling)
- Total and Free Testosterone
- SHBG (sex hormone binding globulin)
- FSH/LH (to assess menopausal status)
- Thyroid panel (TSH, Free T3, Free T4)
- Cortisol (often via saliva testing for rhythm)

For Men:

- Total and Free Testosterone
- SHBG
- Estradiol (yes, men need this checked too)
- LH/FSH
- Thyroid panel
- Cortisol

WHAT 'OPTIMAL' VS. 'NORMAL' MEANS:

Lab ranges show what's statistically normal for a population. But "normal" doesn't mean optimal.

You can have testosterone in the "normal range" and still experience symptoms if your levels are on the low end of that range, or if they've dropped significantly from where they used to be.

A COMPREHENSIVE EVALUATION LOOKS AT:

- Where your levels fall within the range
- Whether your symptoms correlate with those levels
- How your hormones are working together (or not)

TIMELINE:

If hormone replacement or support is recommended, you'll likely see initial changes within 4-8 weeks, with full effects at 3-6 months.

You don't have to accept reduced desire, discomfort, or disconnection as something to just deal with.

Hormonal transitions are real. The symptoms are real. And they respond to targeted treatment when the right evaluation is done.

The hardest part is often starting the conversation. But once you do, you're no longer guessing. You're addressing what's actually happening in your body, and that changes everything.

Book a hormone consultation and bring this guide with you. We'll evaluate your symptoms, run comprehensive labs, and build a plan that addresses what's actually causing the changes you're experiencing.

YOUR NEXT STEP



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