Genitourinary Syndrome of Menopause

What to expect–and what to accept?

A simple question-and-answer guide for women

Menopause is a natural stage of life, but the changes around it can affect sexual function as well as have profound effect on urinary system. Every woman's experience is different. Some women have few symptoms, while others find the changes seriously interfere with work and home life.

This leaflet will explain your queries in simple words.

What is genitourinary syndrome of the menopause?

Genitourinary Syndrome of Menopause or vaginal atrophy is the thinning of the walls of the vagina caused by decreased oestrogen levels. Women with Genitourinary Syndrome of Menopause have a greater chance of chronic vaginal infections and urinary problems. It can also make sexual intercourse painful. GSM is also known to affect the bladder; the outlet tube is situated within the vulva, causing bladder symptoms of frequency, urgency and more commonly urinary infections.

What are the symptoms?

In some women, symptoms occur during peri-menopause, or the years leading up to the menopause. In other women, symptoms may not appear until years later after menopause has set in, if ever.

Symptoms can include:

- Thinning of the vaginal walls
- Shortening and tightening of the vaginal canal
- Lack of vaginal moisture (vaginal dryness)
- Vaginal burning (inflammation)
- Spotting of blood after intercourse (always see your doctor for advice if this occurs)
- Discomfort or pain during intercourse (regular sexual activity helps to keep vaginal tissues healthy)
- Pain or burning with urination
- More frequent urinary tract infections

- Urinary incontinence (involuntary leakage)
- Urinary frequency

Who are at risk ?

- Women who have never given birth vaginally are more prone to vaginal atrophy
- Smoking impairs blood circulation, depriving the vagina and other tissues of oxygen. Tissue thinning occurs where blood flow has decreased.
- Taking tamoxifen (a treatment for breast cancer) can also put you at greater risk.

What are the potential complications?

Genitourinary Syndrome of Menopause increases a woman's risk of contracting vaginal infections. The acidic environment of the vagina changes, making it easier for bacteria, yeast and other organisms to grow, in an uncontrolled manner. It also increases the risk of urinary system atrophy (urogenital atrophy). Symptoms such as the frequent need to urinate or an urgent need to pass urine can occur, along with a burning sensation during and after urination. Some women may have incontinence and experience more frequent urinary tract infections.

What investigations will my doctor ask for?

For the vast majority of women, investigations are not necessary.

- If a woman is due (or overdue) for cervical screening, it should be used an opportunity for this to be done. The woman should be given information during the cervical screening appointment and lubrication (normal saline) may be used for the procedure, if necessary. If speculum insertion is uncomfortable or painful, women should be advised to return for screening a few months after starting local oestrogen treatment.
- Urine dipstick or a formal Urine test- routine, microscopy and culture & sensitivity should be considered for women who present with urinary symptoms.
- If there is abnormal vaginal bleeding then appropriate, relevant investigation should be undertaken to exclude other causes. For women who complain of a vaginal discharge, a vaginal swab should be considered to exclude any infections (including STIs if indicated in the history).

Are there any effective treatment for this condition?

Estrogen is the most effective therapy for symptoms like vaginal discomfort and dryness. The following estrogen therapy options for GSM:

- Vaginal estrogen tablets
- Vaginal estrogen cream
- Estrogen patches
- Oral estrogen

Some people find relief with over-the-counter treatments such as vaginal moisturizers or lubricants. These therapies can help relieve itching and dryness with sexual activity. Both moisturizers and lubricants are safe to use with vaginal estrogen therapy. Topical vaginal estrogen therapy (cream or pill form) is safe. Some people may also need oral estrogen pills or patches to treat GSM effectively.

Other treatments:

There is increasing evidence to demonstrate the benefits of the oral medication, **ospemifene**, which is an oestrogen agonist/antagonist. It does not appear to have any negative effects on the endometrium or be associated with an increased risk of thromboembolism. The commonest side effect is hot flushes, which are usually transient.

There have been numerous studies using **laser and radio frequency treatment** to increase thickness of the squamous epithelium and improve vascularity of the vagina

Advice to women :

Perfumes, powders, soaps, deodorants, panty liners, spermicides and many brands of lubricants often contain irritant compounds and women should be advised against using these products.

In addition, tight-fitting clothing and long-term use of sanitary pads or synthetic materials can worsen symptoms.

Women should be advised to avoid using intimate washes or intimate products inside the vagina, but to use a simple emollient to wash or intimate washes for perineal hygiene.

Important: This leaflet summarises information from the published medical documents. It is intended for educating the patient population and the elderly women, at large. Individual symptoms and treatment choices should be discussed with a qualified healthcare professional.

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