Practical implementation tips: vaginal dryness and GSM

Dr Louise Newson provides 10 top tips on managing vaginal dryness and genitourinary syndrome of the menopause in primary care

Vaginal dryness is a common condition, more so than most people realise. Although vaginal dryness can affect women of all ages, it is particularly common in menopausal and postmenopausal women, and can have a very negative impact on a woman’s quality of life as well as her sexuality.1 This article will primarily focus on vaginal dryness as a symptom of the menopause. NICE Guideline (NG) 23 on Menopause: diagnosis and management gives clear recommendations as to the optimal treatment for vaginal dryness in menopausal and postmenopausal women, which will be covered in this article.2

1 Get the terminology right

For both clinicians and women, the many terms used to describe the symptoms and conditions associated with the menopause can be confusing. Many people use the term vaginal dryness, but this is not adequate in defining all the different symptoms that can occur from reduced levels of oestrogen. The term vulvovaginal atrophy (VVA) (or atrophic vaginitis) has been used for many years to describe the collection of symptoms that can arise due to vaginal dryness, but it does not encompass the urinary symptoms that frequently occur in people with VVA. Following a terminology consensus conference involving the International Society for the Study of Women’s Sexual Health and the North American Menopause Society, it was concluded that the term genitourinary syndrome of the menopause (GSM) is: ‘a medically more accurate, all-encompassing, and publicly acceptable term than vulvovaginal atrophy.’ It is defined as a ‘collection of symptoms and signs associated with a decrease in estrogen and other sex steroids involving changes to the labia majora/minora, clitoris, vestibule/introitus, vagina, urethra and bladder’; see Box 1 on p.28.3

Because GSM is a relatively new term, it is not yet widely used in general practice; however, this article will use the term GSM.

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2 Know the changes in the genital and urinary tracts caused by GSM

Genitourinary syndrome of the menopause is caused by the reduction in oestrogen production that occurs during the menopause.4 The female genital and urinary tracts both arise from the urogenital sinus and are both sensitive to the effects of female sex steroid hormones.

Oestrogen receptors are present in the vagina, urethra, bladder trigone, and pelvic floor—clearly oestrogen has an important role in these areas. As oestrogen levels decrease:

- the vaginal mucosa becomes drier, thinner, less elastic, and more fragile
- there is a reduction in the volume of vaginal secretions
- there is a decrease in production of glycogen from the vaginal epithelium—this is associated with an increase in vaginal pH,5 which consequently increases the risk of infections such as bacterial vaginosis and thrush.

Read this article to learn more about:

- why practitioners should consider using the term genitourinary syndrome of the menopause (GSM) to describe all the symptoms that result from a decrease in oestrogen levels
- asking the right questions during a consultation with a patient with vaginal dryness symptoms
- which treatments are best suited to managing the symptoms of GSM.

Read this article online and record as part of your CPD activities at: GinP.co.uk/jan17-gsm

Test and reflect multiple-choice questions related to this article are available on p.37 and online at: GinP.co.uk/mcq-gsm
Interestingly, one study demonstrated that less than half (40%) of postmenopausal women consider their symptoms of vaginal dryness to be related to their menopause.6 Women receiving treatment for breast cancer, such as aromatase inhibitors, and women who have received chemotherapy, surgery and/or radiotherapy for certain types of malignancies are at high risk of developing GSM.7,8

Practitioners should be aware that not all women with signs of GSM are symptomatic; a study in the United States demonstrated that only around 10% of women with physical evidence of vulvovaginal atrophy on clinical examination exhibit moderate to severe symptoms. Symptoms of discomfort or pain do not arise in all women with signs of vulvovaginal atrophy.9

Don’t underestimate the prevalence of vaginal dryness

Vaginal dryness and GSM are extremely common, with some studies showing prevalence figures as high as 80% in postmenopausal women;10 however, figures are generally estimates as many women do not present with, or talk openly about, their symptoms so the actual true prevalence is likely to be even higher. Genitourinary syndrome of the menopause can also occur in young women; around 15% of premenopausal women experience symptoms of the condition.13 Although many other menopausal symptoms (e.g. hot flushes, tiredness, and low mood) improve with time, symptoms of GSM get worse with age for many women.12

If GSM is not optimally managed, then the symptoms will typically either persist or worsen with time. Compliance with treatment is often an issue; some women think that the treatments are too messy or inconvenient to use, whereas other women needlessly worry about a perceived increase in the risk of cancer when using topical oestrogen.6

Watch out for under-diagnosed and under-treated conditions

Genitourinary syndrome of the menopause is under diagnosed and under treated. There are many reasons for this, but embarrassment, lack of understanding, reluctance to seek medical advice, and poor communication between healthcare professionals and women are all likely to be major factors.13,14 Due to the sensitive nature of GSM, many women are embarrassed to talk openly about their symptoms and often delay seeking medical advice.9 An Italian study showed that the vast majority of women (81%) admitted to never having voluntarily disclosed their symptoms to their healthcare professional.10 Too often women simply accept that their symptoms are attributable to the ageing process and do not realise that simple and effective treatments are available.15 Some women attempt to self-medicate, which can lead to them using products that cause irritation or worsening of their symptoms. In the author’s experience, many women do not realise that effective hormonal and non-hormonal treatments, many of which can be acquired without prescription, are available to them. Women who are aware of hormonal treatments are often unnecessarily worried about their use.7

A correct diagnosis of GSM is not being made for a huge proportion of women because they are not being asked appropriate questions during consultations with their practitioner.15,16 It is inadequate to only ask the patient if she is having difficulties during sexual intercourse, as there are many women who are not sexually active but have symptoms of vaginal dryness that adversely affect the quality of their lives. It is important to ask sensitive, but direct questions about any vaginal symptoms women might be experiencing, including itching, soreness, irritation, and any burning sensations; see Box 2, p.30. Women who present with urinary symptoms such as increased urinary frequency should also be asked if they have any local vaginal symptoms. If the right questions are asked, in the right clinical setting, then women are more likely to be open about their symptoms.
Recognise the main symptoms of GSM

The most common symptom of GSM is usually vaginal dryness, which can lead to dyspareunia. Other symptoms can include vaginal irritation and itching, which can interfere with sleep, general enjoyment of life, and mood. Symptoms can be worse in women who smoke and those who do not have frequent sexual intercourse.

Symptomatic vaginal atrophy can occur in younger women due to hypothalamic amenorrhoea, hyperprolactinaemia, and lactation. Conditions such as chronic heart failure, diabetes, inflammatory bowel disease, and multiple sclerosis can also be a cause of vaginal dryness. In addition, stress can reduce the amount of moisture in the vagina.

Some medications, such as anti-histamines, decongestants, and some anti-depressants, can cause vaginal dryness as a side-effect.

Explain the safety of treatment with topical oestrogen

Topical oestrogens are very safe and can be used by most women with GSM. Outcomes in most women with GSM, and adverse effects are very rare. The only absolute contraindications are active breast cancer and undiagnosed vaginal bleeding. Since the systemic absorption of oestrogen from recommended doses of topical oestrogens is very small (i.e. approximately 1 year’s supply of topical therapy contains the same dose as taking a single tablet of oral hormone replacement therapy [HRT]), it is unlikely to be associated with the adverse effects reported with the use of systemic HRT. Therefore, menopause experts advise that women should be reassured about the content of the patient information leaflets of topical oestrogen, as these highlight safety issues related to the use of systemic HRT. In addition, as studies show there is unlikely to be an effect on the endometrium when using topical oestrogens, additional progestogens are not necessary for these women.

Maximum benefit with these products is usually achieved after around 1–3 months but it can take up to 1 year in some women. Treatment with topical oestrogen should be continued for as long as needed to relieve symptoms as symptoms will often return after treatment is stopped. NICE NG23 recommends that if vaginal oestrogen does not relieve symptoms then the dose can be increased after seeking advice from a healthcare professional with expertise in menopause.

Systemic HRT can be very effective when given to women with other symptoms of the menopause (or perimenopause) in addition to symptoms of GSM. Systemic oestrogen restores normal vaginal pH levels, thickens and revascularises the epithelium, and also increases vaginal lubrication; however, around 10–25% of women who take systemic HRT will have urogenital symptoms that persist. These women can safely be given vaginal local oestrogen in addition to taking HRT.

Recommend use of moisturisers and lubricants

There are many different vaginal moisturisers and lubricants available for women, and these are effective at improving local symptoms. For women who cannot, or choose not to use topical oestrogens, both of these products can make a significant positive difference to the quality of their lives. The pH and osmolality of moisturisers and lubricants should be taken into consideration, as some products can have a high pH, which can increase the risk of vaginal infections such as bacterial vaginosis.
and thrush. Some products with a high osmolality can actually make vaginal dryness worse. Moisturisers need to be used regularly, either alone or in conjunction with topical oestrogens. Lubricants are recommended prior to sexual intercourse and do not need to be used on a regular basis. Women should be advised to choose a product that is balanced in terms of both osmolality and pH, and that is physiologically most similar to natural vaginal secretions.\textsuperscript{15} Various moisturisers and lubricants are available as a prescription; over-the-counter medication is also available from chemists or the Internet.

**References**


