Genitourinary Syndrome of Menopause

Women can experience low levels of estrogen at various times in their life – while breastfeeding, and while on certain types of medications, however the most common time is the menopause. The menopause refers to a woman's final menstrual period, however many women experience symptoms resulting from a falling estrogen level in the years prior to this. These symptoms commonly include hot flushes and can also include problems with pain.

Menopause occurs for most women between the ages 40 and 55 with an average age of last menstrual period around 50-52 years of age. Menopause before age 45 is termed early menopause. Surgical menopause can occur at any age before natural menopause if both ovaries are removed to treat or prevent a variety of health conditions or diseases.

Low estrogen levels can also be caused by medications used for birth control, to treat endometriosis or cancer, occur while breast-feeding or during testosterone treatment in trans male individuals.

Low estrogen levels can result in sensations of vaginal dryness, burning or tightness which can mean that touch on the genitals and intercourse can be painful. Experiencing pain with intercourse can contribute to a decreased sex drive and inability to become aroused.

Genitourinary syndrome of menopause (GSM- previously known as vulvovaginal atrophy) is a new term that includes genital symptoms of dryness and irritation, sexual symptoms such as lack of lubrication and pain with sexual contact or penetration and urinary symptoms, for example urgency and pain with urination.

The symptoms of GSM often go unrecognized and untreated, meaning that for many women their symptoms continue or worsen over time. Most of the over 1800 women in a recent internet survey called the EMPOWER Survey (2017) had never used any treatments or discussed the problem with a health care provider because they believed it was a natural part of getting older and not a medical condition. Some women hold worries about the risks or costs of prescription medications and try to use over the counter treatments instead.

The good news is that for most women there are effective and safe treatments available.

If you are experiencing any of the symptoms of GSM it is important to discuss them with a knowledgeable health care provider and find the treatments that are suitable for you.

Treatments may include:

Vaginal estrogen creams, tablets, or ring	Other vaginal hormones such as DHEA inserts	Vaginal inserts containing hyaluronic acid or natural oils (OTC)	Selective estrogen receptor modulators (oral)	Pelvic health physiotherapy	Psychological or sex therapy	For excessive tightness vaginal dilators may be prescribed

Some women are fearful to use preparations containing estrogen. You should discuss your specific health history with your healthcare provider however for most women the very low doses used in vaginal preparations to treat GSM are not absorbed into the blood stream in any measurable way. Vaginal estrogen can be started at any age and used long term by many women.

Women with a history of cancer should discuss their options with their oncologist

For further information see https://www.menopause.org