

GENITOURINARY SYNDROME OF MENOPAUSE (GSM)

Genitourinary Syndrome of Menopause (GSM) is a new term for an old condition previously called vaginal atrophy or atrophic vaginitis. It is preferred because it reflects the fact that the bladder is often affected. At least 50% of Canadian women are bothered by it, and in almost 2/3 the symptoms are moderate to severe.

The cause is lack of estrogen. Estrogen helps to keep the vagina moist and to maintain thickness and elasticity of the vaginal and bladder lining. Vaginal dryness occurs when the ovaries produce a decreased amount of estrogen, such as after menopause, but even after having a baby, mainly in women who are breastfeeding.

Some women have uncomfortable symptoms of **vaginal dryness**, like **pain with sex, burning discomfort or itching**, and/or bladder symptoms such as **urinary frequency, urgency and urge incontinence**. Some develop an unusual vaginal discharge, while others have no symptoms at all.

It is important to have a **gynecological exam** prior to initiating treatment, as there are a number of conditions than can cause similar symptoms, such as infections, precancerous lesions and skin diseases.

TREATMENT OPTIONS

There are 2 treatment options for women with GSM: **over the counter vaginal moisturizers and lubricants**, and **prescription medicines** which involve **vaginal estrogen administration**. All GSM treatments work temporarily. The symptoms will return when the treatment is stopped.

Vaginal moisturizers and lubricants can be purchased without a prescription. These products do not contain any hormone. They help some women, but not all. There are better for the vagina than bladder problems.

Moisturizers are applied into the vagina 2-3 times a week at bedtime to allow a continued moisturizing effect. These should not be used just before sex. The most popular in Canada are Replens, RepaGyn and Gynatrof.

Lubricants are designed to reduce friction and discomfort from dryness during sexual intercourse. The lubricant is applied at the entrance of the vagina or on the penis just before sex. **Water based lubricants** are typically KY Jelly and Astroglyde. **Oil based lubricants**, such as olive,

avocado or coconut oil, may be used instead.

Vaginal estrogen is the most effective treatment for women with GSM. They thicken the vaginal and bladder walls, and increase moisture. Some women fear estrogen, but it is very safe when used vaginally. The dose of estrogen is very small. Serious side effects such as cancer and clots are extremely rare. They are available in various formats:

As a **tablet**. Vagifem is a small tablet that is inserted inside the vagina. Vagifem is usually taken every day for two weeks and then twice weekly.

As **cream**. Estrogen creams, such as premarin, estragyn or estriol, are inserted into the vagina every day for two weeks, then twice weekly. The cream comes with an applicator, and needs to be measure accurately to avoid overdosing.

As a **ring**: Estring, is a flexible plastic ring that is worn inside the vagina all the time. It is replaced every three months by the woman. The ring does not need to be removed during sex or bathing.

Vaginal estrogen is considered safe and can probably be used indefinitely, although it is often not required by women who are not sexually active.

Adding a progesterone is not necessary if using the low dose contained in a tablet, the ring, or a ¼ of an applicator of the cream.

The safety of vaginal estrogen in women who have a past history of breast cancer is unclear. A small amount of estrogen can be absorbed from the vagina into the bloodstream. It can be used but with caution.

Sexual activity. Vaginal estrogen improves vaginal dryness quickly, usually within a few weeks. It is a good idea to continue to have sex because sex itself can help keep the vaginal tissues healthy.

If sex continues to be painful despite regular treatment for GSM, a combination of moisturizers and estrogen may be tried. Newer treatments are becoming available, such as **DHEA vaginal cream**, but it is not approved by Health Canada yet. **Laser therapies** are available and likely effective, but expensive. There are other options available for urinary frequency, urgency and urge incontinence (and a tendency towards bladder infections), also known as the over-active bladder.

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