


THE   
Menopause  
SUPPORT  
GUIDE TO

## Understanding Vaginal Atrophy or G.S.M

Vaginal ATROPHY, which is officially known as Genitourinary Syndrome of Menopause (G.S.M) is a common symptom of menopause affecting about 70% of women yet only 7% will ask for help from their GP, unfortunately many decide to self-treat, this is **not recommended**. Firstly, your symptoms could be something else and secondly there are various different vaginal oestrogen and non-oestrogen products available on prescription that can really help to make you more comfortable and resume an intimate relationship, if desired.

The symptoms of vaginal dryness can vary from mild to life changing and anything in between. Due to declining oestrogen the whole of the pelvic area can really suffer, the skin of the vagina and vulva thins and atrophies which can lead to painful or impossible sex, painful or impossible smear tests, pain, bleeding, soreness, itching, burning and/or splitting skin. Women are also more prone to prolapses and urinary leakage. The bladder also suffers from a lack of oestrogen and we are more prone to getting a U.T.I (Urinary Tract Infection) Local oestrogen can really help and around 25% of women will need HRT too. The vast majority of women can use local oestrogen **including** those who have had breast cancer and those who are breast feeding as a woman who is breast feeding can also suffer from vaginal dryness due to her reduced oestrogen.

In the U.K. we have various options available which are listed below, please note **ALL** vaginal oestrogens are **NOT** the same as HRT, they are extremely low doses and don't require the addition of progesterone and they can be used for **Life**. It is not advisable to stop treatment as symptoms will return and could potentially be harder to control. Vaginal symptoms need to be managed for life and can become worse if left untreated.

Unfortunately, local oestrogens don't have their own instruction leaflet so can scare a lot of women; this is a shame as it's a very effective treatment. The accompanying leaflet should be ignored with regards to the majority of side effects as this is for HRT; some HCPs are trying to get the leaflets changed to make it clearer.

### **Local oestrogen products**

1. Vagifem- vaginal pessary inserted via a plastic disposable applicator (can be used up to 5 times per week if required)
2. Imvaggis – vaginal pessary inserted via your finger.
3. Ovestin cream- for internal and external use, comes with a reusable applicator.
4. Estriol cream- (weaker than Ovestin) for internal and external use, comes with a reusable applicator.
5. Estring- a vaginal ring made from medical grade silicone that stays in the vagina 24/7 and releases a small amount of oestrogen every 24 hours for 90 days. The majority of ladies can insert and remove it themselves, if not your GP will do it for you.
6. Blissel is a vaginal oestrogen gel used internally with a reusable applicator.
7. Intrarosa- a non-oestrogen vaginal treatment derived from DHEA
8. Ospemifene- an oral tablet that (unlike the others that work directly) has a different mechanism in its delivery and symptom relief of vaginal dryness.

As with any medications, what suits one may not suit another so it can be trial and error if the first or second choice doesn't suit you there are other options, also, depending on how advanced your vaginal symptoms are can affect how well you will respond to treatment so it is better to start sooner rather than later.

I haven't given the dosages as it varies on the severity of your symptoms and some ladies need much more than others.

Huge thanks to Jane Lewis author of Me & My Menopausal Vagina for writing this for us, you can read more about Jane and her book at [mymenopausalvagina.co.uk](http://mymenopausalvagina.co.uk)