



Vaginal Atrophy

The International Menopause Society is grateful for permission to adapt for global use the information sheet that was originally produced by the **Canadian Menopause Society**. The medical and scientific information provided might not be relevant to a particular woman's circumstances and should always be discussed with her own health-care provider.

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Vaginal Atrophy

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menopause
Info

When Sex Hurts

SYMPTOM CHECKLIST

Please **fill in this checklist** to help aid discussion with your care provider.

Are you experiencing:

- Vaginal dryness during your normal daily activities?
- Vaginal discomfort not involving sexual activity?
- Pain during sex?
- Vaginal itching or burning?
- Itching or irritation of the labia?
- Frequent or recurrent urinary tract infections?
- Yeast-like symptoms?
- More frequent trips to the bathroom to urinate?
- More night-time trips to the bathroom?

Every woman's journey through menopause is unique. While some women experience a relatively symptom-free transition, for others there may be difficulties and troublesome symptoms. **Vaginal dryness (vaginal atrophy) is a common problem** that worsens with age. There are a variety of treatment options available which may help women to combat this problem and to continue to have a rich, rewarding and active life.



Vaginal and Bladder Symptoms

Low levels of estrogen due to menopause can often cause **changes in the vagina and bladder**. For some women, these are the only troublesome changes they experience during menopause. Many women find it difficult to talk about these changes and may be embarrassed to bring it up with their health care provider.

What is Vaginal (urogenital) Atrophy?

A woman's genital tract, including the vagina, vulva and urethra, depends on estrogen to stay healthy, estrogen is one of the main female hormones. Before menopause **estrogen allows the skin and tissue around the vagina to be moist and lubricated**. The lining of the vagina is stretchy and strong, estrogen also helps us make a protein called glycogen that helps protect the vagina and urethra from infection. After menopause, a woman's estrogen level drops. This causes changes in the vagina that are sometimes called vaginal atrophy (VA), urogenital atrophy (UGA) or atrophic vaginitis. The vagina becomes shorter, less elastic and drier. **The vagina and vulva may look different and may be more at risk of infection**. Also, many women develop troublesome symptoms from these changes.

How common is Vaginal Atrophy?

Vaginal atrophy affects up to 57% of women, depending on age and other factors. Sometimes it starts before the end of periods (menopause). Unlike the menopause symptoms of hot flushes and sweats, that tend to get better over time, **vaginal dryness tends to get worse further past menopause**. It is under recognized and under treated. Only 20-25% of women who have vaginal dryness seek treatment. Because women now spend about 1/3 of their life past menopause there are many women suffering in silence with this problem.

How would I know if I have vaginal atrophy?

Symptoms of vaginal atrophy can range from mildly annoying to extremely bothersome. The most commonly reported symptoms include: **vaginal dryness, itching, burning, not enough lubrication**

during sexual activity, and pain with sex (dyspareunia). Some women get frequent painful bladder infections. These symptoms can also cause strain in relationships, emotional distress, and a worsening quality of life. Many women will start to avoid sex because of pain. Unfortunately, having sex less often or not at all can sometimes make the problem even worse. Loss of estrogen can also cause a loss of muscle tone in the pelvic floor that holds the uterus and bladder in place. As a result, the uterus, bladder and bowel can sag into the vagina causing pelvic pressure and back pain. Because estrogen loss also affects the bladder, some women may leak urine with cough, laugh or a sneeze. This is known as stress incontinence. If you have any of these bothersome symptoms you should tell your health care provider. Most of the time, symptoms can be improved with fairly simple measures. UGA is not the only cause of some of these symptoms. A medical examination can confirm the diagnosis and make sure there are no other conditions causing your symptoms.

Only **20% to 25% of women** who experience symptoms of vaginal atrophy will seek treatment for them despite the availability of safe and effective treatment options.

Are there any treatments for vaginal atrophy symptoms?



Yes! many women are not aware that many of the problems of vaginal atrophy can be **treated easily and safely**. There are some simple measures you can take at home as a start. Avoid soaps and detergents on the vulva – warm water is good enough. It's also a good idea to use a water based lubricant for sex. This gives some of the moisture back and can prevent some of the dryness and scratchiness that happens with sex. There are over-the-counter vaginal moisturisers that can be used on a regular basis to give moisture to the vagina. Continuing sexual activity with a partner or self can help promote good blood flow and health of the vagina. **Quitting smoking can prevent worsening of symptoms as well.**

Vaginal (local) estrogen increases the lushness and thickness of vaginal cells, and helps relieve the vaginal and bladder symptoms associated with urogenital atrophy. It **remains the best treatment option for vaginal dryness.**

Is vaginal local estrogen safe?



This is a very common question. Many women are fearful of using estrogen because of what they have heard about risks such as heart disease, stroke and breast cancer. All estrogen packages carry a “Black Box” warning about the risks, which also causes worry for women. Luckily, the vagina is extremely sensitive to estrogen, so very tiny doses can give very good results. Vaginal estrogen products, especially the ultra low dose products, when used according to directions, deliver estrogen directly to the vagina, and maintain estrogen levels within the normal postmenopausal range. Some women are not candidates for vaginal estrogen. It is important to discuss your concerns with your health care provider in the context of your overall health.