

Genitourinary Syndrome Of Menopause

Genitourinary syndrome of menopause is the natural process that occurs from decreased estrogen to the urogenital tissue with menopause. The urogenital tissue consists of the vagina, external genitalia, bladder and the urethra, which is the tube where the urine is expelled. This tissue is estrogen sensitive and with decreased estrogen with menopause, the tissue thins, loses its blood supply, loses collagen, and loses its ability to lubricate.

Many women are familiar with the vaginal dryness, lack of lubrication, pain from intercourse, and vaginal irritation that may arise in the menopause. The urinary tract can also exhibit symptoms from the lack of estrogen. Some of these symptoms include urinary frequency, urgency, recurrent urinary tract infections, and urinary leakage. There are several options to treat these symptoms. Talk with your provider about which option or combination of options might be best for you.

VAGINAL MOISTURIZERS (NON-HORMONAL)

For women with mild symptoms or who want to avoid estrogens for medical or personal reasons, vaginal moisturizers may be enough to control symptoms. These methods should be used at least 2-3 times/week at bedtime, but can be used more frequently if desired. Some options include:

- Coconut oil
- Vitamin E
- Combined vaginal suppository with coconut oil and vitamin E (Key-E, etc)
- Revaree vaginal suppository (HelloBonafide.com)
- Replens vaginal gel (available at most pharmacies)
- Hyalo Gyn gel (Hyalogyn.com)

VAGINAL ESTROGEN

Topical, low dose vaginal estrogen cream, tablets, and rings are felt to be safe and effective in the treatment of genitourinary syndrome of menopause. They do not increase levels of systemic estrogen and studies indicate no increased risk of breast or uterine cancer. They should be inserted vaginally twice weekly for creams and suppositories, every 3 months for vaginal rings. Options include:

- Estrogen creams: Estrace, Estradiol, Premarin
- Estrogen suppositories: Vagifem, Yuvafem, Imvexxy
- Estring vaginal ring
- Estradiol can also be compounded into a preservative-free cream base

VAGINAL LASER TREATMENTS

Vaginal laser resurfacing is a non-hormonal, effective option for treating the symptoms of genitourinary syndrome of menopause and more. A gentle laser is used to penetrate to the lower level of the skin of the labia and vagina, recruiting blood supply, collagen and growth factors to generate a healing response. The treatments are done in the office in less than 10 minutes with mild to moderate discomfort. Typically, 3-4 treatments, each a month apart, are needed initially, then a single maintenance treatment is done about once per year. This can be done alone or in combination with other atrophy treatments.

INTRAROSA SUPPOSITORIES

Intrarosa is a vaginal suppository of Prastone, which is a steroid that is converted in the body into estrogens and androgens like testosterone. It is a hormonal option inserted daily into the vagina and is a good option for women not getting enough relief from vaginal estrogens.

OSPHEHA

Osphena is a daily pill that is a selective estrogen reuptake modulator or SERM. That means, it affects the estrogen receptors in the tissue to act like an estrogen in places we want, like the vagina, but not in other tissue, like the breast.

WITH SEX

Lubricants should be used with sex whenever there is atrophy, dryness, discomfort, or otherwise. Typical water-based lubricants like KY Jelly and several other over-the-counter options tend to dry up quickly. We recommend the following options:

- Coconut oil
- Silicone-based lubricants (Astroglide X or Astroglide Diamond)
- Water-based, but longer lasting lubricants (Slippery Stuff)