AUSTRALASIAN MENOPAUSE SOCIETY
EMPOWERING MENOPAUSAL WOMEN

Information Sheet

Vulvovaginal symptoms after menopause

Key points

- Vulvovaginal symptoms are numerous and varied and result from declining oestrogen levels.
- Investigate any post- menopausal bleeding or malodorous discharge.
- Management includes lifestyle changes as well as prescription and non-prescription medications.

- As women age they will experience changes to their vagina and urinary system largely due to decreasing levels of the hormone oestrogen.
- The changes, which may cause dryness, irritation, itching and pain with intercourse[1-3] are known as the genito-urinary syndrome of menopause (GSM) and can affect up to 50% of postmenopausal women[4]. GSM was previously known as atrophic vaginitis or vulvovaginal atrophy (VVA).
- Unlike some menopausal symptoms, such as hot flushes, which may disappear as time passes; genito-urinary problems often persist and may progress with time. Genito-urinary symptoms are associated both with menopause and with ageing[4].
- Changes in vaginal and urethral health occur with natural and surgical menopause, as well as after treatments for certain medical conditions (Please refer to AMS Information Sheet *Vaginal health after breast cancer: A guide for patients*).

Why is oestrogen important for vaginal health?

- The vaginal area needs adequate levels of oestrogen to maintain tissue integrity.
- The vaginal epithelium contains oestrogen receptors which, when stimulated by the hormone, keep the walls thick and elastic.
- When the amount of oestrogen in the body decreases this is commonly associated with dryness of the vulva and vagina.
- A normal pre-menopausal vagina is naturally acidic, but with menopause it may become more alkaline, increasing susceptibility to urinary tract infections. A number of factors, including low oestrogen levels, have been implicated in the development of UTIs[4-7] and vaginitis[8-9] in postmenopausal women.
- The vulval area changes with ageing as fatty tissue reduces. The labia majora and

clitoral hood may contract.
    - This predisposes sensitive, now exposed tissues, to chafing[4].

- Pelvic floor muscles become weaker and urination may become more frequent and difficult to control[2].

What symptoms occur with changes in vaginal health?

- Irritation, burning, itching, chafing or other discomfort.
- Dryness due to decreased vaginal secretions, which may also mean sexual intercourse becomes uncomfortable or painful.
- Light bleeding, because the vagina may injure more easily. Any vaginal bleeding needs to be investigated.
- Inflammation, as part of GSM, which can lead to pain on urination and infection.
- Persistent, malodorous discharge caused by increased vaginal alkalinity. This may be mistaken for thrush.

Management

- Recommendations to minimise vaginal irritation:
- Wear cotton underwear and change underwear daily. Consider going without underwear when possible e.g. going to bed.
- Avoid, or limit, time spent wearing tight-fitting underwear, pantyhose/tights, jeans or trousers as this may lead to sweating. Limit time in damp or wet swimming costumes or exercise clothing.
- Wash clothing with non-perfumed or low-allergenic washing products. Avoid use of fabric softeners.
    - Consider second-rinsing if symptoms persist.
- Avoid use of feminine hygiene sprays and douching. Avoid pads, tampons and toilet paper which are scented.
- Avoid shaving or waxing the genital area, particularly if irritation is present.
- Gently wash the skin of the genital area with plain water only. Avoid the use of soap, liquid soap, bubble bath and shower gels and use soap alternatives. Always pat dry as opposed to rubbing.
- Use a vaginal lubricant or moisturiser for sexual activity.
- Practice safe sex in order to reduce Sexually Transmitted Infections (STIs).
- Quit smoking.

Non-prescription treatments:

- Cool washes with a dilute solution of bicarbonate of soda (2.5ml in 1L of water) or compresses for itching and mild discomfort. Softly pat dry. Avoid scratching and keep the area cool and dry. Ask your patient to let you know if symptoms persist or if they get worse with this treatment.
- Combination local anaesthetic /disinfectant products may offer relief for itching

and dryness. However, these are generally not recommended as local anaesthetic creams may cause contact dermatitis of the vulva.

- Polycarbophil/nonhormonal based vaginal moisturisers (Replens®) can plump up cells in the vagina, reduce vaginal symptoms and restore vaginal pH[2, 7, 10].
- Water or silicone based vaginal lubricants may reduce dyspareunia.

- Natural oils (sweet almond or avocado) may help, but some products (tea-tree oil and paw-paw ointment) may cause contact dermatitis.
- Vitamin E, either orally or topically, can reduce vaginal symptoms[11].
- Pelvic floor exercises may help symptoms of GSM[12].

Prescription treatments:

- Vaginal oestrogen, in its various forms, has been reported as effective in relieving symptoms of GSM.
- Vaginal oestrogen may cause mastalgia and vaginal bleeding. Any post-menopausal vaginal bleeding requires investigation. Vaginal oestrogen is effective only while it is being used. In some cases, it may be preferable to start at a reduced dose in order to minimise initial stinging/burning.
- If prescribing vaginal oestrogen rather than systemic hormone therapy, a progestogen is not required.
- A progestogen is however, essential, when prescribing systemic hormone therapy (tablets, patches or a gel) to a woman with an intact uterus. The progestogen is required in order to reduce the risk of developing endometrial cancer
- Systemic hormone therapy (including tibolone) will alleviate vaginal symptoms for some women who are using it for vasomotor symptoms.

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