

Vaginal atrophy

– a change with the menopause



INTERNATIONAL MENOPAUSE SOCIETY

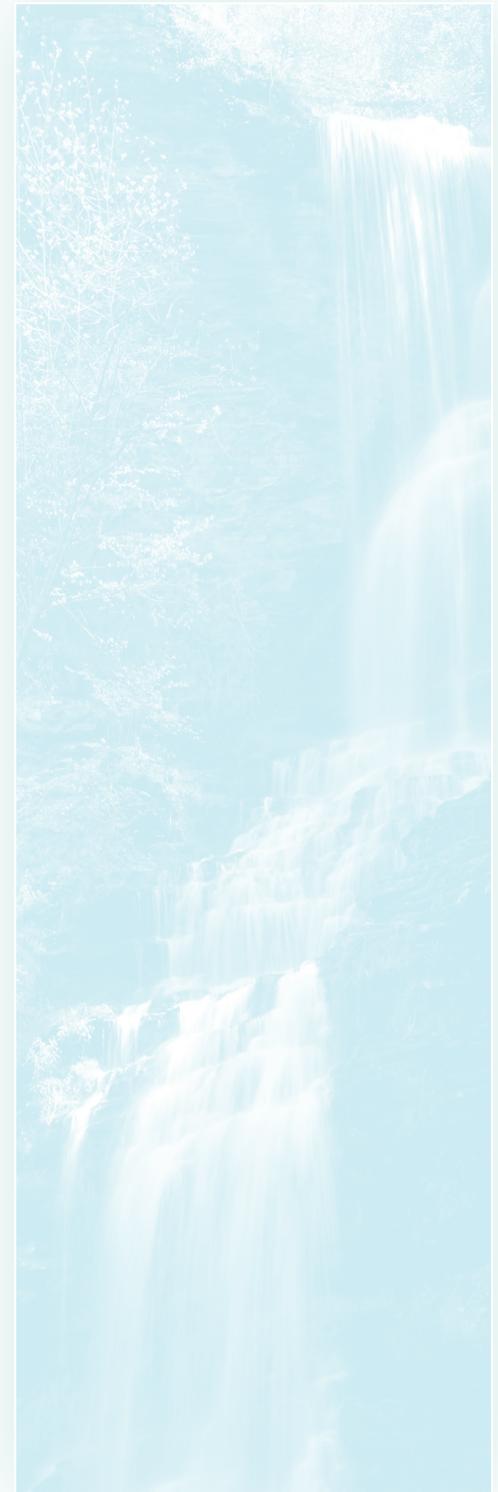
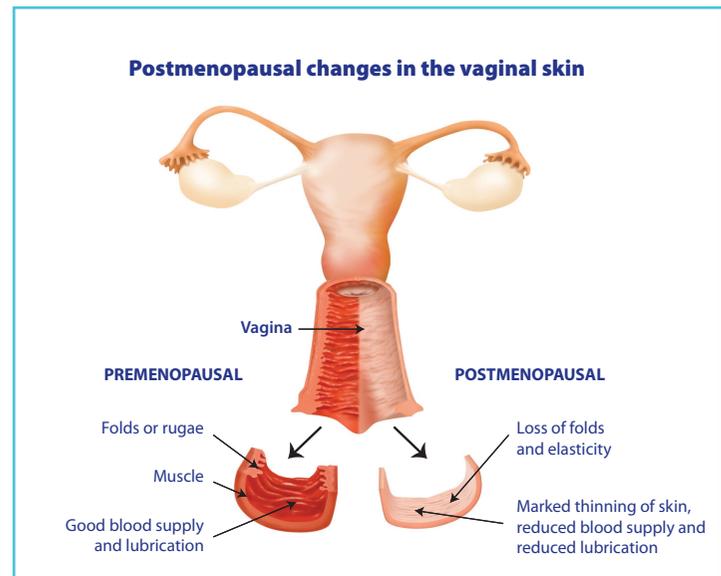
Vaginal atrophy

– a change with the menopause

- As women age, they will experience changes to their vagina and urinary system that are largely due to decreasing levels of the hormone estrogen.
 - The changes – which may cause dryness, irritation, itching and pain with intercourse – are known as vaginal atrophy and affect up to 40% of postmenopausal women. So don't be embarrassed about raising these issues with your doctor!
 - Unlike some menopausal symptoms, such as hot flashes, which may go away as time passes, vaginal atrophy often persists and may get worse with time.
 - Atrophy occurs with natural menopause, when menopause is brought on by surgery involving removal of the ovaries, and after treatments for certain medical conditions involving radiotherapy to the pelvis or chemotherapy which has destroyed ovarian function.
 - This leaflet offers some advice for what you can do to maintain the health of your vagina, your vulva (the external genitals) and your urethra (outlet from the bladder).
- When circulating estrogen decreases, the vaginal lining becomes thinner and drier.
 - A healthy vagina is naturally acidic but, with menopause, it may develop a higher pH (become more alkaline) which leaves women more susceptible to urinary tract infections.
 - The vulval area also changes with aging, as fatty tissue reduces and the labia majora (outer lips of the vagina) and the hood of skin covering the clitoris may contract. If sensitive areas become more exposed, chafing can occur.

Why is estrogen important for vaginal health?

- The vaginal area needs adequate levels of estrogen to maintain healthy tissue.
- The vagina's epithelium, or lining, contains estrogen receptors which, when stimulated by the hormone, keep the walls thick and elastic.



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

What symptoms occur with vaginal atrophy?

- 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.
- Inflammation, known as atrophic vaginitis, which can lead to pain on urination and infection.
- Persistent, smelly discharge caused by increased vaginal alkalinity (higher pH) which is sometimes mistaken for thrush/candida.

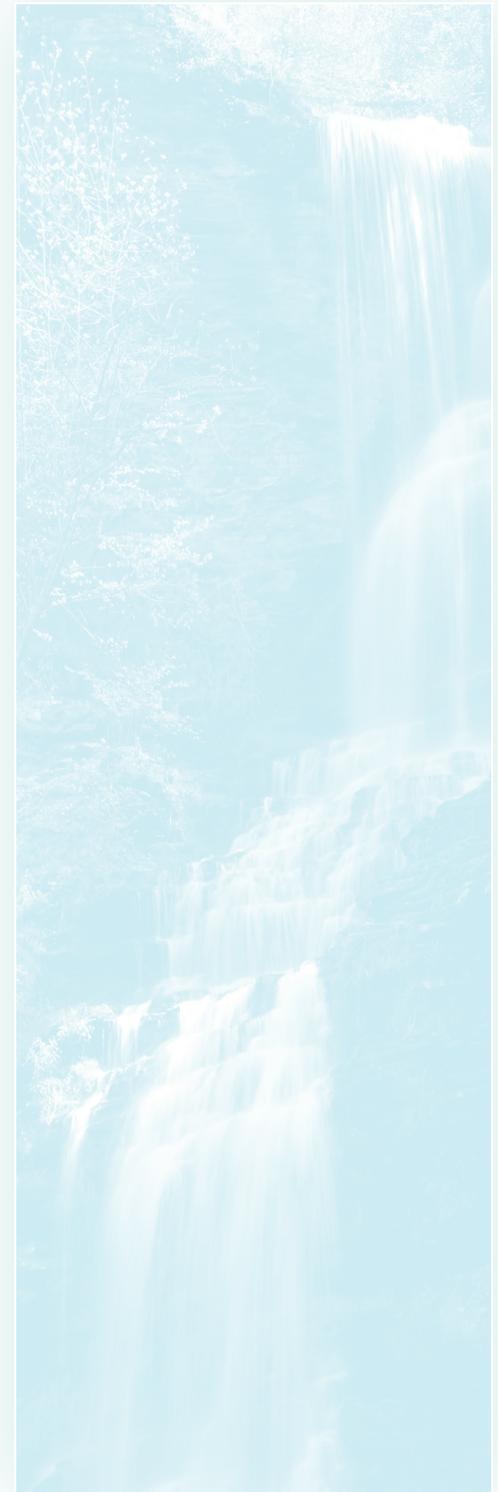
How can I minimize irritation to the vagina and vulva?

- Wear underpants made of natural fibers such as cotton and change them daily. Consider going without undergarments when possible, e.g. going to bed.
- Avoid, or at least limit, time spent wearing tight-fitting undergarments, pantyhose, jeans or trousers as this may lead to sweating. Also limit time in damp or wet bathers 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 that are scented.

- Avoid shaving or waxing the genital area, particularly if irritation is present.
- Gently wash the skin of the genital area only with plain water. Or, use soap alternatives such as aqueous cream and avoid soap, liquid soap, bubble bath and shower gels. Always pat dry (don't rub).
- You can continue to be sexually active and, in fact, it may improve your symptoms. Sexual activities, whether with a partner or masturbation, improve blood flow and help maintain healthy tissue. Consider using a vaginal lubricant or moisturiser (see treatments, below).
- Practice safe sex, unless in a mutually monogamous relationship, in order to reduce genital infection.
- Quit smoking. Smoking increases atrophy by decreasing blood flow to the genital area and directly affecting vaginal cells, as well as threatening your overall health.

What treatments are available?

- Cool washes or compresses may help itching and mild discomfort. Dissolve half a teaspoon of bicarbonate of soda in 1 liter of water and apply gently with a cloth a few times a day. Softly pat dry. Avoid scratching and keep the area cool and dry. See your doctor if symptoms persist or if they get worse with this treatment.
- Vaginal moisturisers can plump up cells in the vagina.
- Vaginal lubricants may reduce friction and so make intercourse more comfortable. In some women, K-Y Jelly stings because of alcohol/preservatives. Water-based lubricants can be used safely with latex condoms. However, oily lubricants should never be used with latex condoms.



- Natural oils – such as sweet almond or avocado – may help, but some oils and creams – such as tea-tree oil and paw-paw ointment – can cause contact dermatitis, increasing itchiness and discomfort.
- Vitamin E, either taken by mouth or applied as an ointment, can reduce symptoms.
- Phytoestrogens are used by some women but evidence for their effectiveness and safety is lacking.
- If using vaginal estrogen, you need to insert it regularly in accordance with the instructions, regardless of when you have intercourse. Vaginal estrogen is effective only while you are using it, so you will need to renew your prescription to continue to get the benefit.
- If taking HRT – tablets, patches or gels – for menopausal symptoms including vaginal atrophy, it is important, if you still have a uterus, to take the estrogen with progestogen (combined therapy) in order to reduce the risk of developing cancer of the uterus, but, if you have had a hysterectomy, estrogen therapy alone is sufficient.

Prescription treatments

- Seek medical advice if you have persistent symptoms as it is important to receive a correct diagnosis. Your doctor will examine you and take a medical history. You may need a prescription medication.
- Vaginal estrogen, in the form of tablets, pessaries or creams inserted with an applicator, can deliver estrogen to the vagina. As it is not taken by mouth, it does not carry the same increased health risks, such as breast cancer and stroke, as long-term HRT. However, it may cause unwanted breast pain and vaginal bleeding.
- If using vaginal estrogen but not taking HRT, then you do not need to take a progestogen because the amount of estrogen absorbed is so small.
- Some treatments for breast or gynecological cancers can cause vaginal atrophy but the advisability of using local estrogen should be discussed first with the doctor concerned.

The International Menopause Society is grateful for permission to adapt for global use the information sheet that was originally produced by the Australasian 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.

