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Peak MPST

The Menopause: Vulval, Vaginal and Bladder Problems

At least 50% of women experience vaginal and bladder problems in midlife and beyond but not all realise it may be linked to the menopause, particularly if the symptoms start several years after the menopause or if they are taking HRT.

Common vulval symptoms include dryness, irritation, reduced clitoral and orgasm sensation.
Vaginal symptoms not only include dryness and irritation but reduced or delayed sexual arousal and pain on vaginal penetration.
Bladder symptoms can include increased sensation of needing to pass urine (urgency), urge incontinence, burning on passing urine and more frequent urinary tract infections.

The medical name for having a collection of these symptoms associated with the menopause is called **'Genitourinary Syndrome of the Menopause'**.

As explained in our 'What is the Menopause' leaflet, the cause is reduced stimulation of estrogen receptors leading to reduced secretions, epithelial thickness and tissue elasticity. There is also reduced nerve conduction, genital blood flow and altered touch sensation.

Our unconscious natural response to pain is to contract muscles to move the affected part of our body out of danger, which is why contraction of pelvic muscles is often associated with pain on vulval touch and / or vaginal penetration. The pelvic muscles can become more tense with time which can cause more pain. Pain is not only a physical sensation: we also have an emotional response to it. Negative emotions like worry, stress and distress can make the sensation of pain more intense.

These symptoms can not only be very unpleasant for the woman experiencing them but can have a negative effect on other aspects of life; for example making it more difficult to travel, exercise, and concentrate at work. Symptoms can also be detrimental to sexual satisfaction, relationship dynamics and intimacy.

Staggeringly, about a third of women with these problems don't seek help due to embarrassment: hoping that their health care professional will bring the subject up, or thinking it's a natural part of ageing that they should learn to live with.

Help is available !

There are many ways that these symptoms can be helped: they do not have to be tolerated. Evidence suggests, however, that most healthcare professionals don't routinely ask about these symptoms.
Its therefore important that women learn about menopause symptoms and ask for help themselves.

The first step is to see your healthcare professional. They may examine you to exclude other causes e.g. vulval skin conditions, prolapse. They may test your urine and any vaginal discharge to exclude an infection.

Lubricants and moisturisers

Many different types are available including water based, oil based, and silicone based.
They can be bought without prescription but some (e.g. Yes, Replens, Sylk) can also be prescribed.
They don't contain any hormones and can help relieve vaginal dryness by mimicking the effect of natural vaginal secretions, however they don't improve the underlying changes in the body tissues.
The World Health Organisation recommends using parabens free lubricants with acidic pH similar to pre-menopausal vaginal pH and concentration up to 1200 mOsm/kg to minimize adverse effects.
Some lubricants claim to have ingredients designed to enhance sexual arousal and / or orgasm (e.g. Durex Intense, Zestra Oil).
Oil based lubricants can damage latex so if using latex condoms or diaphragms, switch to non-latex condoms / or diaphragms or use non-oil-based lubricants.

Vaginal estrogen

This can be given in the form of a cream, vaginal tablet or ring.
This low vaginal dose **does not** increase the risk of breast cancer, uterine cancer, blood clots, heart disease or strokes because the amount of estrogen absorbed into the rest of the body is insignificant *(however, the information leaflet that comes with the prescription mentions these conditions because it was required by the regulators as estrogen in much higher doses given orally or transdermally can slightly increase the risk of these conditions: see our HRT leaflet).*

Although symptoms usually start improving by 3 months, it often takes up to 6 months to get maximum benefit from vaginal estrogen.

Many vaginal estrogen preparations are licensed for short term use however symptoms usually recur if treatment is stopped so **long term treatment is usually required**.
Long term vaginal estrogen treatment is safe and effective and is endorsed by many expert authorities e.g. British Menopause Society, NICE, International Menopause Society *(indeed you would have to take standard doses of vaginal estrogen for one whole year to absorb the same amount of estrogen contained in just one low dose oral HRT tablet !).*

Once symptoms are under control your healthcare practitioner is likely to want to see you every year for a review.

Women with breast cancer often have severe symptoms due to the side effects of treatment.
Vaginal estrogen is safe in women who have completed treatment for breast cancer.
Indeed, vaginal estrogen is safe in women taking tamoxifen because this breast cancer treatment blocks the stimulation of estrogen receptors in the breast.
It is unlikely breast cancer clinicians will allow the use of vaginal estrogen when women are taking aromatase inhibitors because this treatment is designed to reduce whole body estrogen levels.
It may be possible, however, to change to a different breast cancer treatment depending on the type and stage of the breast cancer.

Ospemifene

Ospemifene, an oral tablet, became available in the UK in early 2019 but has been available in the USA since 2013. Its licence is for women with moderate-to-severe vaginal atrophy not eligible for vaginal estrogen treatment.
Ospemifene stimulates estrogen receptors in the vulva and vagina but not in the lining of the uterus or breast: currently the licence includes use in women with breast cancer once treatment is completed.
Short term data so far show it helps with vaginal dryness and sexual difficulties.
However, there is a slight increased risk of blood clots in the leg or lungs. Side effects include hot flushes and urinary tract infections.
It is expensive so is unlikely to be widely available on the NHS in the near future.

Dehydroepiandosterone (DHEA) Vaginal Pessary

DHEA became available in the UK in July 2019. It's a precursor hormone which is converted by an enzyme (aromatase) in the vaginal wall (but not in the lining of the uterus) to estrogen, testosterone and other naturally occurring androgens. Hormone levels in the blood are no higher than normal post-menopausal levels.
Its proven to help with moderate to severe vulval and vaginal symptoms, however there's not yet enough data to confirm its safe for breast cancer patients or if it will be as helpful as vaginal estrogens for bladder symptoms.

Vaginal Laser

This new treatment is becoming available privately but it's still experimental. The laser treatment is thought to work by improving collagen production in the vaginal wall. It's an outpatient treatment that takes about 30 minutes. Three or 4 treatments may be needed to improve vaginal dryness and sexual function and might need to be repeated after a year. Side effects reported so far include burns, vaginal pain, changes in menstrual cycle, vaginal discharge and urinary leakage.

Psychosexual therapy

Even after symptoms have been treated, difficulty with sex and or relationships can remain. Possible causes include fear of the symptoms coming back during sexual activity, pelvic muscle tension, not knowing how to restart an intimate relationship after a long break and conflict in the general relationship. A psychosexual therapist aims to help each person in the relationship understand each other's point of view. They may give specific activities to do between therapy sessions in privacy at home which focus on moment to moment experience rather than performance, thus reducing anxiety. They may advise on aids or techniques that may help improve arousal and reduce discomfort.
NHS availability is limited but psychosexual therapy is widely available privately.

Pelvic floor physiotherapy

Pelvic muscle tension contributing to painful penetration can persist even after other symptoms have resolved. Pelvic floor physiotherapists can help women understand the pain mechanisms involved, learn to relax this complex set of muscles plus surrounding muscles in the back and hips and manage 'trigger points' (tender areas that trigger muscle contraction).
Pelvic floor physiotherapy can also help in continence management.

The take home message is therefore:

- ***you don't have to put up with these symptoms if you don't want to***
- ***tell your healthcare professional about them***