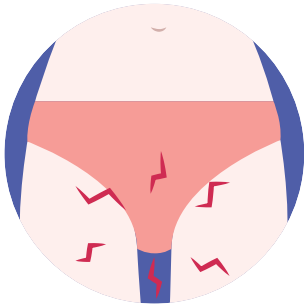


Genitourinary Syndrome of Menopause

Genitourinary Syndrome of Menopause (GSM) is caused by low estrogen levels in the tissues of the urinary tract and the female genital tract. The symptoms of GSM can vary between patients and may affect the vulva and vagina, urinary function, and sexual function.



Genital Symptoms

Dryness, burning, and irritation of the genital area (vulva and vagina)



Sexual Symptoms

Lack of lubrication, discomfort or pain, and impaired function during sex

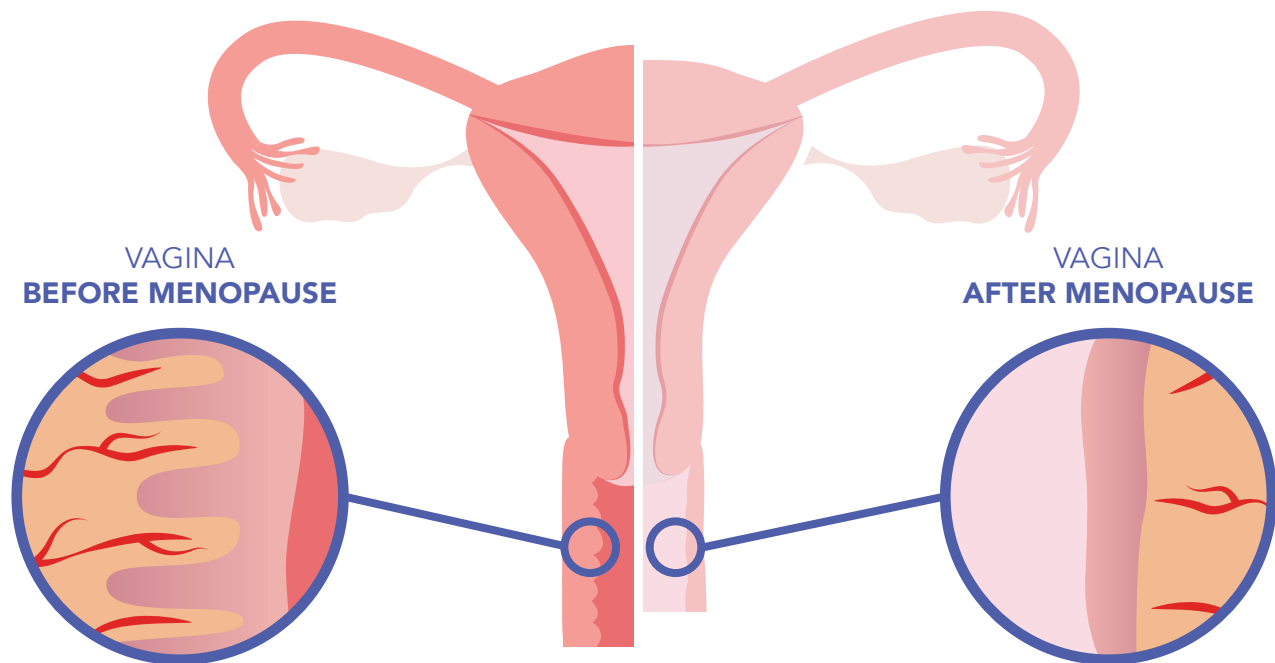


Urinary Symptoms

Urgency, burning, and recurrent urinary tract infections

GSM is very common and can impair quality of life, sexual function, and relationships with partners

Without adequate and timely treatment, GSM can become a chronic concern with longstanding functional and structural changes in the urogenital tissues that can be difficult to reverse.



Prior to menopause, the vagina is **well-estrogenized and lubricated**

After menopause, vaginal tissues may become **dry and thinner**

Non-pharmacologic Treatments

Education	Learn more about the typical vulvar and vaginal changes that can be associated with menopause
Counselling & Sex Therapy	Cognitive behavioural therapy, mindfulness exercises
Lubricants	Water-based (e.g. <i>KY gel</i>), silicone-based (e.g. <i>Pink</i>), or oil-based (e.g. olive oil, coconut oil, <i>Crisco</i>) lubricants can be used to increase comfort by reducing friction-related discomfort that some women with GSM may experience during sexual activity
Moisturizers	Moisturizers (e.g. <i>Replens</i>) mimic normal vaginal secretions and can be used regularly to reduce vaginal pH to premenopausal levels; people should try a vaginal moisturizer on a patch of skin for 24 hours before applying to the vagina
Regular Intercourse, Self-Stimulators, & Vibrators	May facilitate natural lubrication and help maintain sexual function
Dilators	Available on several internet websites such as www.middlesexmd.com
Pelvic Floor Muscle Physiotherapy (PFMT)	Read more about PFMT at http://www.pelvichealthsolutions.ca

Pharmacologic Treatments

If you would like to start a pharmacologic treatment to help alleviate your GSM, your doctor can discuss the different available options with you. These choices can be hormonal or non-hormonal.

Currently, in Canada, **the most effective treatment for GSM involves using estrogen in the vagina**. It does not carry the same risk as estrogen taken as an oral pill or transdermally through a patch or gel.

Additionally, local estrogen is not absorbed at high levels beyond the urogenital area. As such, concurrent progesterone therapy is usually not required. Because absorption of vaginal estrogen into the blood is minimal, many of the typical contraindications to systemic estrogen therapy (e.g. estrogen given by oral pill, transdermal patch or gel) do not apply to local estrogen therapies.

Examples of **local estrogen products** available (by prescription) in Canada

- Vaginal estrogen creams (e.g. *Premarin*, *Estragyn*)
- Vaginal inserts (e.g. *Vagifem*)
- Vaginal ring (e.g. *Estring*)

There are also **non-hormonal options** available for genitourinary symptoms

- Hyaluronic Acid (e.g. *RepaGyn*)
- Topical lidocaine (*this can be helpful before vaginal intercourse, although a male partner should wear a condom to prevent numbing of the penis*)

Women with **BREAST CANCER** may still benefit from local (topical) hormone therapy, and **this should be considered in consultation with their oncologist**

References

1. Faubion SS, Larkin LC, Stuenkel CA, Bachmann GA, Chism LA, Kagan R et al. Management of genitourinary syndrome of menopause in women with or at high risk for breast cancer: consensus recommendations from The North American Menopause Society and The International Society for the Study of Women's Sexual Health. *Menopause*. 2018 Jun; 25(6):596-608.
2. Johnston S, Bouchard C, Fortier M, Wolfman W. Guideline No. 422b: Menopause and genitourinary health. *J Obstet Gynaecol Can*. 2021 Nov; 43(11):1301-1307.

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.

v.12.22.2021

Lim J, Uzelac A, Christakis M, Shirreff L