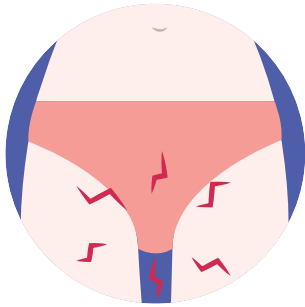


Genitourinary Syndrome of Menopause

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

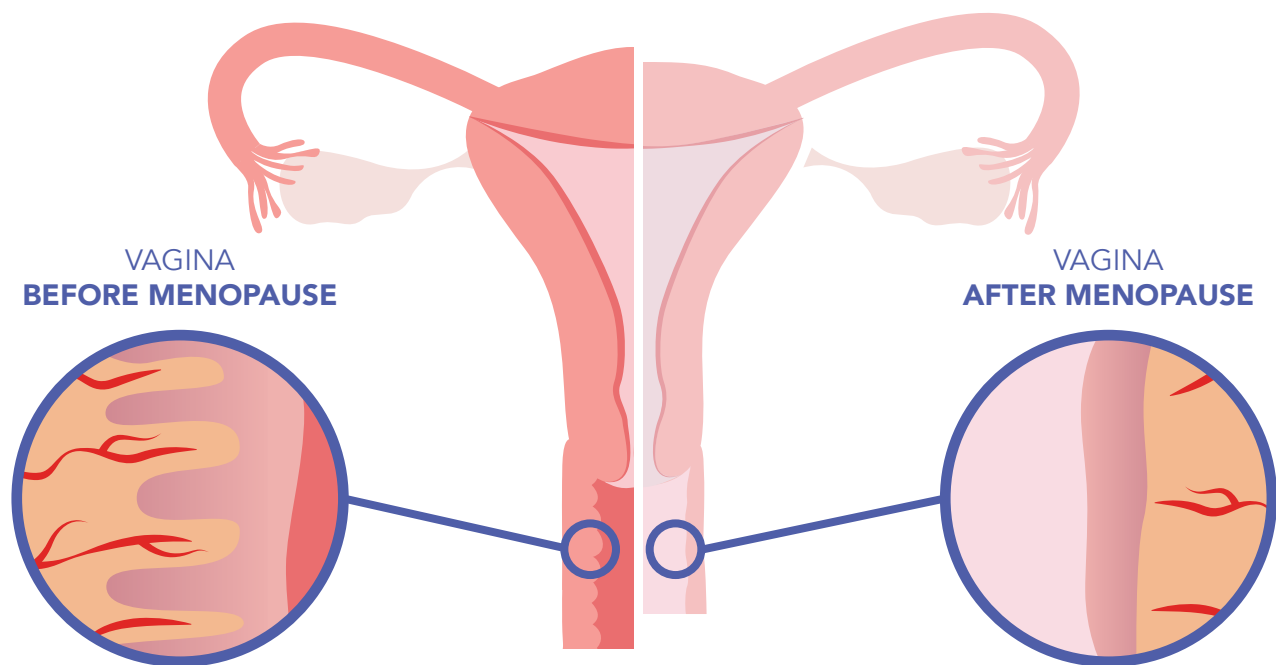


Urinary Symptoms

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.



VAGINA
BEFORE MENOPAUSE

VAGINA
AFTER MENOPAUSE

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

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

Non-pharmacologic Treatment of GSM

| | |
|---|---|
| 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> , <i>RepaGyn</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 Treatment of GSM

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.



Examples of **hormonal products** available (by prescription) in Canada

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

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

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

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.

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Hormonal Pharmacologic Options for GSM

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.

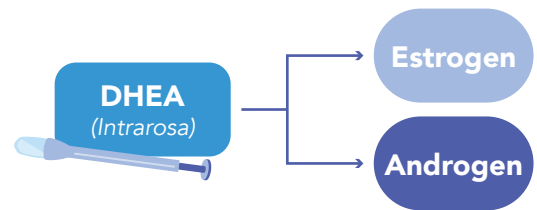
LOCAL ESTROGEN

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.

PRASTERONE/DHEA (*IntraRosa*)

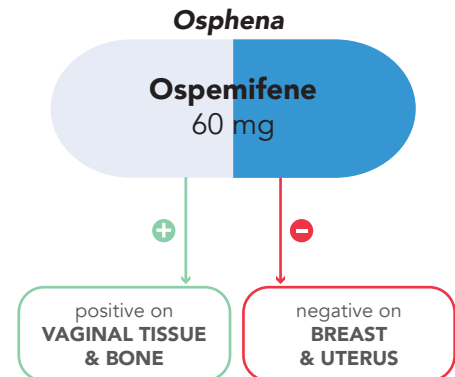
Prasterone, also known as DHEA, (brand name: *Intrarosa*) is a vaginal insert that converts to androgen and estrogen in vulvovaginal tissues to improve GSM.



OSPEMIFENE (*Osphena*)

Ospemifene (brand name: *Osphena*) is an oral medication taken once per day. It is a **selective estrogen receptor modulator** or '**SERM**'. SERMs are a class of medications that acts like estrogen in some parts of the body but is an anti-estrogen in other parts. In the case of Ospemifene, estrogen receptors in the vaginal tissues and bones are stimulated but not those in the breast or uterus. You do not need to take a progesterone if you are using Ospemifene.

This medication is good for people who find vaginal products messy or anyone who has difficulty inserting anything into the vagina such as those with medical conditions such as arthritis or obesity. It may also be a favourable choice for people with low bone density. While low, this medication carries an increased risk of blood clot. Side effects, while uncommon, can include hot flashes, night sweats and vaginal bleeding. **If you experience any vaginal bleeding while taking any medication, you should speak to your doctor.**



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.
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