

Understanding Genitourinary Syndrome of Menopause (GSM)

Key Takeaway

*Genitourinary Syndrome of Menopause is **very common and very treatable**. With the right care, you can **regain comfort, confidence, and quality of life**.*

What is GSM?

Genitourinary Syndrome of Menopause (GSM is much easier to say....) is a common, long-term condition that affects women during and after menopause due to **lower levels of estrogen and other hormones**. It can affect the **vagina, vulva, urethra, and bladder**, leading to symptoms that can affect your comfort, sexual health, and urinary function.

Common Symptoms:

- Vaginal **dryness, burning, or itching**
- **Pain or discomfort** during sex (dyspareunia)
- **Loss of vaginal elasticity**
- **Frequent urinary tract infections (UTIs)**
- Feeling a strong, sudden urge to urinate
- **Leaking urine** (urinary incontinence)
- A feeling of **vaginal heaviness** or mild prolapse

Why Does GSM Occur?

As women age and transition through menopause, the body produces less estrogen and androgens. These hormones are essential for maintaining the health and function of the vaginal and urinary tissues.

Hormonal decline leads to thinning, drying, less elasticity and more fragility and inflammation of these tissues, resulting in the symptoms associated with GSM. This happens to some degree in all women and gets worse over time. Older women who have “been through menopause” can still experience GSM and its symptoms. Some women who have had early menopause for whatever reason are at increased risk of GSM.

Note: GSM is not a temporary problem — it tends to **worsen over time** without treatment, but it is **highly treatable**.

Diagnosis:

GSM is diagnosed based on a woman's symptoms and sometimes a gentle pelvic physical examination. It's important to discuss any discomfort or changes with a healthcare provider, as many women may not realise these symptoms are related to menopause. You do **not need to live with GSM symptoms** — early diagnosis can lead to faster relief. General practitioners are well placed to treat GSM. https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum/pelvic-and-bladder-pain?utm_source=chatgpt.com

Treatment Options:

1. Non-Hormonal Therapies:

- **Vaginal moisturizers:** Used regularly to maintain vaginal moisture. Generally over the counter from the pharmacy. Safe for all women, including those with a history of breast cancer. These are for comfort and not essential.
- **Water-based lubricants:** Applied during sexual activity to reduce discomfort. Eg KY jelly, Sylk is also a good product

2. Hormonal Therapies:

There are three recognised hormonal therapies for GSM – low dose topical vaginal estrogen which is safe and highly suitable for most women, DHEA or prasterone an androgen based option and finally systemic hormone replacement therapy

- **Low-dose vaginal estrogen:** Helps restore vaginal tissue health. Can be in cream, ovule or pessary form. Restores vaginal tissue elasticity, moisture, and helps reduce urinary symptoms

Safety Considerations:

- Very **low systemic absorption** into the blood stream (minimal impact on the rest of the body)
- **Generally safe**, even for many women with a history of breast cancer (discuss with your specialist, shared decision making)
- **TGA-approved and studied extensively**

Low-dose vaginal estrogen is different from hormone replacement therapy

- **DHEA (Prasterone) Vaginal Suppositories** Converts into estrogen and androgens locally in vaginal tissue. Effective in relieving dryness and painful sex

Safety Considerations:

- Minimal hormone absorption into the bloodstream

- Not suitable for women with some hormone-sensitive cancers — ask your doctor
- **Systemic hormone therapy:** May be considered if GSM symptoms are accompanied by other menopausal symptoms. Estrogen is given in a gel applied to the skin or a patch or a tablet. Progesterone can be in an intrauterine device or IUD or as a tablet. **Not usually** the first choice for GSM alone and is not as effective as local treatment with low dose estrogen

3. Other Treatments:

- **Pelvic floor physical therapy:** Strengthens pelvic muscles to alleviate urinary symptoms.
- **Laser therapy:** A treatment aimed at rejuvenating vaginal tissues that is now not supported by regulatory authorities in Australia and is **not** as effective as topical therapy

Is GSM treatment safe?

Yes. Most treatments are **safe, effective, and well tolerated** when used appropriately.

Here's a summary of safety for key groups:

Group	Safety
No previous cancer	Safe
Past breast cancer	Safe but discuss with specialist
Current breast cancer	Often appropriate with supervision
On Tamoxifen or Aromatase Inhibitor	Specialist guidance recommended

Managing GSM:

- Open communication with healthcare providers is crucial.
- Regular check-ups can help monitor and manage symptoms.
- Lifestyle modifications, such as quitting smoking and staying sexually active, may alleviate symptoms.

Remember:

GSM is a common and treatable condition. Seeking medical advice can lead to effective management and improved quality of life.

Urinary tract infection risk is reduced by 50% with use of topical vaginal estrogen and the risk of untreated infections in those who experience them regularly is far higher than any of the perceived risks of this therapy

Practicalities of the use of Topical Estrogen

- All products are twice weekly – use a memory aid like the night the rubbish bins go out and the next dose three nights after!
- All products require a prescription and are on the PBS
- There is an excellent alternative in the US which is a soft ring that sits in the vagina for three months and gets changed by you – we hope to get this in Australia
- The effect generally takes three months to build up as the vaginal lining and entrance skin improves so you need to be patient and use other treatments like lubricants or Hiprex (Methanamine) for urinary tract infection prevention while the estrogen becomes effective and you need to keep using it (and it is safe to do so)

Compound and description	Pros	Cons
Vagifem pessaries – small blue tablet (like a kids lolly called a Pez!) can be inserted with an applicator that is provided or digitally (with your finger)	No touch No cream	Becomes liquid and this can be annoying/irritating if runs out when you stand up in morning Slightly lower dose formulation than Ovestin ? impacts efficacy A lot of plastic waste
Ovestin cream – via applicator or digitally – see how much goes in applicator and use same amount	Good coverage especially if digitally applied less annoying and “goopy” Can be no touch if use applicator	Washing the applicator
Ovestin Ovules – digitally inserted, small (about the size of a Smartie)	No cream	Not no touch Can be messy/turn to liquid

Questions to Ask Your Doctor:

- What treatment options are best for me?
- Are vaginal estrogens safe in my situation?
- What non-hormonal choices do I have?
- Can I use treatment long-term? (the answer is yes!)
- Are there risks with stopping treatment? (the symptoms will likely return)

Key Takeaway - remember

Genitourinary Syndrome of Menopause is **very common and very treatable**.
With the right care, you can **regain comfort, confidence, and quality of life**.

For more detailed information, you can refer to the full guideline by the American Urological Association:

[Genitourinary Syndrome of Menopause: AUA/SUFU/AUGS Guideline](https://www.auanet.org/guidelines-and-quality-of-care/urological-conditions/genitourinary-syndrome-of-menopause)auanet.org