Preventing and Treating Vulvovaginal Atrophy and Vasomotor Symptoms

Association of Reproductive Health Professionals
www.arhp.org
Acknowledgement

• This session is made possible by educational grants from Novo Nordisk and Endo Pharmaceuticals.
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Learning Objectives

• Recognize symptoms common to vaginal atrophy and associated co-morbidities of decreased estrogen levels
• Identify women at risk for or already suffering from debilitating vaginal atrophy
• Conduct appropriate screening, counseling, risk assessment, and treatment activities using an interdisciplinary approach
• Implement customized prevention and treatment strategies, including hormone therapy when appropriate
Scope of the Problem

Significant impact on quality of life

Vaginal Atrophy By the Numbers...

57% of sexually active menopausal women experience vulvovaginal atrophy.

55% of sexually active menopausal women experience sexual dysfunction.

20% of postmenopausal women experience urinary symptoms associated with vaginal atrophy.

20-25% of women seek medical attention.

Vaginal Atrophy Does Not Resolve Without Treatment

- Affects quality of life
- Can be painful
- Chronic and progressive
- Significant impact on sexual relationships

Vaginal Atrophy Symptoms

• Vaginal dryness
• Vaginal/ vulvar irritation
  ▪ Burning
  ▪ Pruritus
  ▪ Increased discharge or odor

Mechanism of Vulvovaginal Atrophy

1. Estrogen production reduced
2. Thinning of epithelial cells
3. Less exfoliation of vaginal cells
4. Less glycogen produced from exfoliated cells
5. Less glucose produced
6. Less lactic acid produced by action of lactobacilli on glucose
7. pH increases
8. Overgrowth of other bacteria
9. Lactobacilli levels decrease

Vaginal Atrophy Consequences and Comorbidities

- Dysuria and recurrent UTIs
- Overactive bladder, incontinence
- Vulvar irritation
- Dyspareunia and vaginal bleeding associated with sexual activity

Recurrent UTIs Associated with Vaginal Atrophy

• Definition:
  - 3x/12 months or 2x/6 months

• Mechanism
  - Thinning of urothelium

Vaginal Atrophy: Associated Urinary Issues

- Overactive bladder and urinary incontinence are common in postmenopausal women

Case Study: Sondra

- Age: 62
- Sexually active
- Recurrent UTIs
- Overweight and hypertensive
Sondra’s Management Plan

• Urine culture
• Upper and lower tract imaging
• Empiric use of local estrogen
  ▪ Vaginal tablets 10 mcg nightly x 2 weeks, then twice weekly
• Use lubricant during sex
• Void before and after intercourse

Vaginal Atrophy-Associated Dyspareunia

40% of women with vaginal atrophy report dyspareunia

Sexual Orientation and Vaginal Atrophy

- Don’t assume patients are in heterosexual relationships
- Women of different sexual orientations may experience vaginal dryness
Special Population: Postmenopausal Women Who Have Been Celibate

- All women may not be sexually active
- Women who have been sexually inactive for many years may find intercourse uncomfortable
Screening for Vaginal Atrophy

“Do you ever have a burning sensation when you have intercourse?”

“Do you ever have bleeding after intercourse?”

“Do you get frequent UTIs?”

Physical Exam for Vaginal Atrophy

- Check for frail tissue in vagina and vulva
- Pale, dry skin
- Loss of elasticity, moisture
- Inflammation
- Measure vaginal pH

Case Study: Lisa

- Age: 58
- Well-woman visit
- Husband accompanies her to discuss sexual issues
Lisa’s Management Plan

- Treatment options
  - Estrogen cream
  - Lubricants
- Return in 2 months if other options needed
- At the next year’s visit, the couple reports improved sexual relations

Prevention of Vaginal Atrophy

When to Treat Vaginal Atrophy

- Causing distress
- Prior to vulvovaginal surgery
- Pelvic organic prolapse or urinary incontinence (especially in presence of vaginal mesh)

Practical Considerations for Treatment of Vaginal Atrophy

• Advise patients to:
  ▪ Avoid harsh perfumed soaps, detergents, and fabric softeners
  ▪ Avoid use of soap on inner vulva
  ▪ Exercise care with warming and mentholated lubricants and moisturizers
  ▪ Wear cotton underwear

Vaginal Atrophy Treatment: Non-hormonal Therapy

Non-hormonal Therapy: Lubricants

• Local solutions that temporarily moisturize the vaginal epithelium
• Must be applied at time of intercourse

Avoid: Oil- and Petroleum-based Lubricants, Warming Gels, Menthol

Non-hormonal Therapy: Moisturizers

• Gels or creams used regularly to maintain hydration of the vaginal epithelium for long-term relief of vaginal dryness
• Effects last two to three days

Not Effective, Not Recommended Therapies for Vaginal Atrophy

- Cooking oils
- Oral phytoestrogens
- Black cohosh
- Vaginal vitamin E
- Omega-3 supplements

Vaginal Atrophy and Estrogen Therapy Prevalence

3,520 postmenopausal women in 7 countries

- 45% reported vaginal symptoms
- Only 4% attributed the symptoms to VA
- 46% didn’t know about vaginal ET

Vaginal Atrophy Treatments: Local Estrogen Therapy

## Local Estrogen Therapy: Hormone Therapy

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<tr>
<th>Product Name</th>
<th>Composition</th>
<th>Dosing</th>
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<tr>
<td>Estring (Ring)</td>
<td>Estradiol</td>
<td>Device releases 7.5 mcg/day for 90 days</td>
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<tr>
<td>Femring (Ring)</td>
<td>Estradiol acetate</td>
<td>Device releases 50-100 mcg/day for 90 days</td>
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<tr>
<td>Estrace (Cream)</td>
<td>Estradiol (100 mcg/1 g cream)</td>
<td>2-4 g of cream/day for 1-2 weeks, then 1 g/1-3 times/week</td>
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<tr>
<td>Premarin (Cream)</td>
<td>Conjugated estrogens (0.625 mg/1 g cream)</td>
<td>0.5-2 g/day of cream 2x/week or daily for 21 days, off for 7 days</td>
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<tr>
<td>Vagifem (Tablet)</td>
<td>Estradiol hemihydrate (10 mcg per tablet)</td>
<td>1 tablet/day for 2 weeks, then 1 tablet twice/week</td>
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Local Estrogen Therapy: Vaginal Rings

- Two products available in the US
- Used continuously over 90 days
- Well tolerated

Local Estrogen Therapy: Vaginal Creams

- Two products available in the US
- Contain estradiol or conjugated estrogens
- Varying administration regimens
- Can be messy

Local Estrogen Therapy: Vaginal Tablet

- Estradiol vaginal tablets
- Ultra-low dose
- Inserted with an applicator or finger
- Used daily for 2 weeks and then twice weekly

Case Study: Anne

- Age: 55
- Dyspareunia
- Vaginal wall scarring
- Hysterectomy/oophorectomy
Anne’s Management Plan

• Three-pronged treatment approach
  ▪ Estrogen cream
  ▪ Lubricants
  ▪ Digital stimulation/manipulation with vaginal dilators

Conveying Risks and Warnings About Vaginal Estrogen Therapy

• Low-dose vaginal estrogen therapy is safer than systemic therapy

2009 Survey: Vaginal Atrophy -- Patient Concerns about Hormone Use

85%

Aware and concerned about safety issues with hormones

WHI: 10 Years Later

• Initiating HT near menopause will probably provide a favorable benefit: risk ratio

Bioidentical Hormones

- No data to support they are safer than synthetic hormones

Vaginal Atrophy Resources

www.menopause.org
Vaginal and Vulvar Comfort: Lubricants, Moisturizers, and Low-dose Vaginal Estrogen

www.arhp.org
Learning Lab Webinar
Archived CP
Vaginal Atrophy: Points for Practice

- Practitioners should address vaginal atrophy and not assume it is a natural occurrence of aging
- Non-hormonal interventions are the first line of treatment
- Local estrogen therapies are safe and effective