



Vaginal Dryness

Bothersome symptoms of the vagina and vulva (outer lips of the vagina) increase during and after the menopause transition or may start several years after menopause. The decrease in estrogen with menopause is a major contributor to vaginal dryness, itching, burning, discomfort, and pain during intercourse or other sexual activity. *Vaginal atrophy* is the medical term that describes these changes. The *genitourinary syndrome of menopause* includes bothersome vaginal atrophy often combined with urinary symptoms. Vaginal atrophy may significantly affect your quality of life, sexual satisfaction, and relationship with your partner. Unlike hot flashes, which generally improve with time, vaginal symptoms typically worsen with time because of aging and a prolonged lack of estrogen.

Menopause and aging can affect the vagina in the following ways:

- Vaginal tissues become thin, dry, and less elastic, with decreased secretions and lubrication
- Vaginal infections increase (as the healthy acidic pH of the vagina becomes more alkaline)
- Discomfort with urination and increased urinary tract infections can occur
- Fragile, dry, inflamed vaginal tissues may tear and bleed
- Women with menopause induced by cancer treatments may have additional injury to the vaginal tissues from chemotherapy or pelvic radiation
- Aromatase inhibitors, taken by many women with breast cancer, result in extremely low estrogen levels, often causing severe symptoms of vaginal dryness and decreased lubrication
- Vaginal changes often result in pain with sexual activity or pelvic exams
- Women with discomfort from vaginal atrophy often engage in less frequent intercourse or other sexual activity, which can cause the vagina to become shorter, narrower, and less elastic
- Pain, narrowing of the vagina, and involuntary tightening of vaginal and pelvic muscles (known as *vaginismus*) can intensify to the point where sexual intercourse or other sexual activity is no longer pleasurable or even possible

Treatment options

The good news is that effective treatment options, such as nonhormone remedies or different forms of low-dose estrogen applied directly to the vagina, are available. These can be combined for optimal symptom relief.

Nonhormone remedies

- **Vaginal lubricants** reduce discomfort with sexual activity when the vagina is dry by decreasing friction. Water-soluble products or those with silicone are advised, because the oil in some products may cause vaginal irritation. There are many effective brands available without a prescription.
- **Vaginal moisturizers** line the wall of the vagina and maintain vaginal moisture and should be used several times weekly at bedtime.
- **Regular sexual stimulation** promotes vaginal blood flow and secretions. Sexual stimulation with a partner, alone, or with a device (such as a vibrator) can improve vaginal health.
- **Expanding your views of sexual pleasure** to include “outercourse” options such as extended caressing, mutual masturbation, and massage provide a way to remain sexually intimate in place of intercourse.
- **Vaginal dilators** can stretch and enlarge the vagina if it has become too short and narrow or if involuntary tightening occurs, preventing comfortable sexual activity. Dilators can be purchased and used with the guidance of a gynecologist, physical therapist, or sex therapist. Remember, the vagina can diminish in size, and its supporting muscles can weaken, so “use it or lose it”!
- **Pelvic floor exercises** can strengthen weak vaginal muscles and relax tight ones.

Vaginal estrogen therapy

- **An effective and safe treatment**, low-dose local estrogen is applied directly to the vagina to restore vaginal health and relieve vaginal dryness and discomfort with sexual activity. Improvements usually occur within a few weeks, although complete relief may take several months. This even may be an option for women with a history of breast or uterine cancer but only after careful consideration of risks and benefits with a healthcare provider and oncologist.
- **Government-approved low-dose vaginal estrogen products** are available by prescription as vaginal creams (used two or three nights/week), a vaginal estradiol tablet (used twice/week), and an estradiol vaginal ring (changed every 3 months). All are highly effective. You may wish to try several different forms and choose the one you prefer.
- **Standard doses** of estrogen therapy provided to treat hot flashes also treat vaginal dryness, although some women still benefit from additional low-dose vaginal estrogen treatment. If only vaginal symptoms are present, low doses of estrogen applied to the vagina are recommended.

Other prescription therapies

- **Ospemifene** is an oral tablet taken daily for the treatment of painful intercourse caused by vaginal atrophy. Ospemifene is an estrogen agonist/antagonist, which means it works like estrogen in some tissues and opposes estrogen's actions in others.
- **Dehydroepiandrosterone (DHEA)** is a hormone-containing insert placed in the vagina nightly for the treatment of painful intercourse caused by vaginal atrophy. Although DHEA can be converted in the body to other hormones, including estrogen, blood levels of hormones do not appear to increase with vaginal use of low-dose DHEA.

Note: Vaginal symptoms not related to menopause include yeast infections, allergic reactions, and certain skin conditions, so consult your healthcare provider if symptoms do not improve with treatment.

Treatment Options Summary

Vaginal lubricants (nonprescription). Many available products.

Vaginal moisturizers (nonprescription). Many available products.

Vaginal estrogen therapy (prescription required)

- Estrace or Premarin vaginal cream (0.5-1 g, placed in vagina 2-3 times/week; generic available).
- Estring (small, flexible estradiol ring placed in vagina and changed every 3 months; 7.5 µg/d).
- Vagifem (estradiol tablet placed in vagina twice/week; 10 µg; generic available).
- Imvexxy (estradiol softgel insert placed in vagina twice/week; 4 µg, 10 µg).

Vaginal “exercise”

- Sexual activity (with or without a partner).
- Stretching exercises with lubricated vaginal dilators.
- Pelvic floor physical therapy.

Ospemifene (Osphena; prescription required).

An oral tablet that treats painful intercourse caused by vaginal atrophy.

Intravaginal dehydroepiandrosterone (Intrarosa; prescription required).

A hormone vaginal insert that treats painful intercourse caused by vaginal atrophy.



This *MenoNote*, developed by the NAMS Education Committee of The North American Menopause Society, provides current general information but not specific medical advice. It is not intended to substitute for the judgment of a person's healthcare provider. Additional information can be found at www.menopause.org.

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