

Genitourinary syndrome of menopause

The changes that oestrogen loss causes in the vulva, vagina and bladder. About half of women are affected, very few are treated, and — unlike hot flushes — it does not settle on its own.

~50%

of postmenopausal women affected

5–8%

of peri- and postmenopausal Australian women use vaginal oestrogen treatment

Progressive

worsens with time if untreated

Very treatable

with excellent long-term safety

What it is

Oestrogen keeps the tissues of the vulva, vagina, urethra and bladder base thick, elastic and well lubricated, and maintains the acidic vaginal environment that keeps the normal bacteria in balance. After menopause — or after any cause of low oestrogen, including breastfeeding, some breast cancer treatments, and removal of the ovaries — those tissues become thinner, drier and more fragile.

The condition used to be called vaginal or vulvovaginal atrophy. The name changed because the problem is not confined to the vagina: the urinary symptoms are just as much part of it.

Symptoms

- Dryness, and a feeling of tightness or burning
- Itching, or a raw, sandpapery sensation
- Pain with sex, and bleeding or spotting afterwards
- Needing to pass urine urgently or frequently
- Stinging when passing urine
- Recurrent urinary tract infections
- Discharge, or a change in odour

Treatment without hormones

- **Vaginal moisturisers** — used regularly, two or three times a week, to hold water in the tissue. Different from lubricants, and not just for sex.
- **Lubricants** — water-based or silicone, used generously at the time of sex. Avoid warming, tingling and flavoured products.
- **Gentle vulval care** — the companion sheet applies fully here.
- **Regular sexual activity or dilator use** helps maintain elasticity of the entrance.
- **Pelvic floor physiotherapy**, where tightness or urinary symptoms predominate.

TWO THINGS WORTH SAYING PLAINLY

It does not get better by itself. Hot flushes usually fade over a few years. This does the opposite — it usually persists and slowly worsens, because the underlying cause is ongoing.

It is not only about sex. Women who are not sexually active are affected just as much, and the urinary symptoms alone are often reason enough to treat.

NOT EVERYTHING DRY IS MENOPAUSE

Lichen sclerosus, lichen planus and dermatitis are all frequently mistaken for menopausal change, and vice versa. If the skin is white or scarred, if the shape of the vulva has altered, or if symptoms do not respond to oestrogen within about three months, the diagnosis needs revisiting rather than the dose increasing.

Vaginal oestrogen

The most effective treatment, and it treats the cause rather than masking it. In Australia it comes as a cream or pessary containing oestriol, and as a low-dose estradiol pessary; your prescription will specify which. Apply it at night, so it stays in place.

WEEKS 1-2	THEN ONGOING, INDEFINITELY	
Nightly	Twice a week	
4-6 WEEKS	3 MONTHS	IF YOU STOP
A noticeable difference Dryness and stinging usually settle first.	Full benefit Recurrent urinary infections often reduce markedly.	Symptoms return Within a few months — so treatment continues unless there is a reason to stop.

The two-week nightly phase restores the tissue; the twice-weekly phase maintains it. Improving is not a reason to stop.

IS IT SAFE?

Yes. The dose is very low and very little is absorbed into the bloodstream — it is not the same as taking menopausal hormone therapy. It does not require a progestogen for endometrial protection at standard vaginal doses, it can be used long term, and it does not carry the risks associated with systemic hormone therapy.

For women with a history of breast cancer the evidence is reassuring on tamoxifen, or on no endocrine treatment. For women taking an aromatase inhibitor (such as letrozole), one large study found a small increase in recurrence but no increase in deaths — so this is a decision to make with your oncologist or breast surgeon.

Other options

- **Vaginal DHEA (prasterone)** — an alternative hormonal pessary.
- **Ospemifene** — an oral tablet used overseas for painful sex; not currently available in Australia.
- **Vaginal laser and radiofrequency** — heavily marketed, but the evidence has not held up against sham treatment. Not recommended as routine treatment, and not funded.

ALWAYS HAVE CHECKED

- Any bleeding after menopause, including spotting after sex
- A lump, an ulcer, or a sore that will not heal
- Symptoms that do not improve after three months of treatment

SOURCES

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4. Cold S, et al. Systemic or vaginal hormone therapy after early breast cancer. J Natl Cancer Inst 2022;114(10):1347-54.
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6. Jean Hailes for Women's Health. Vulvovaginal atrophy.