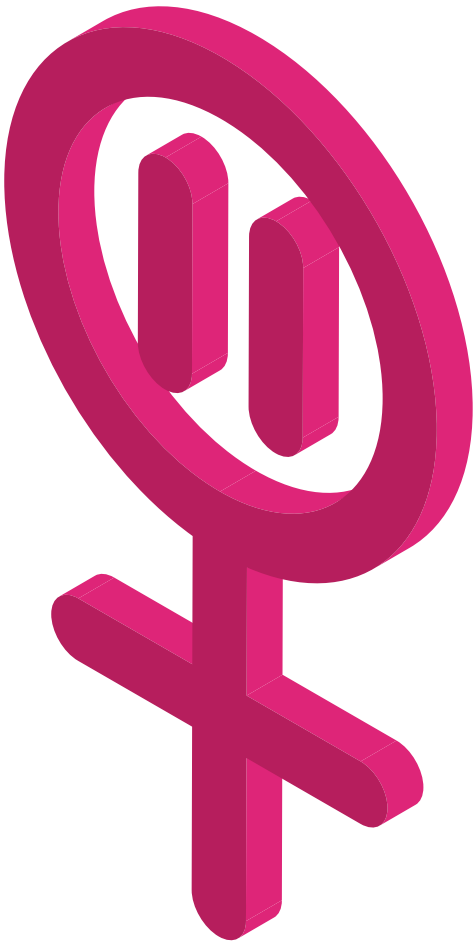
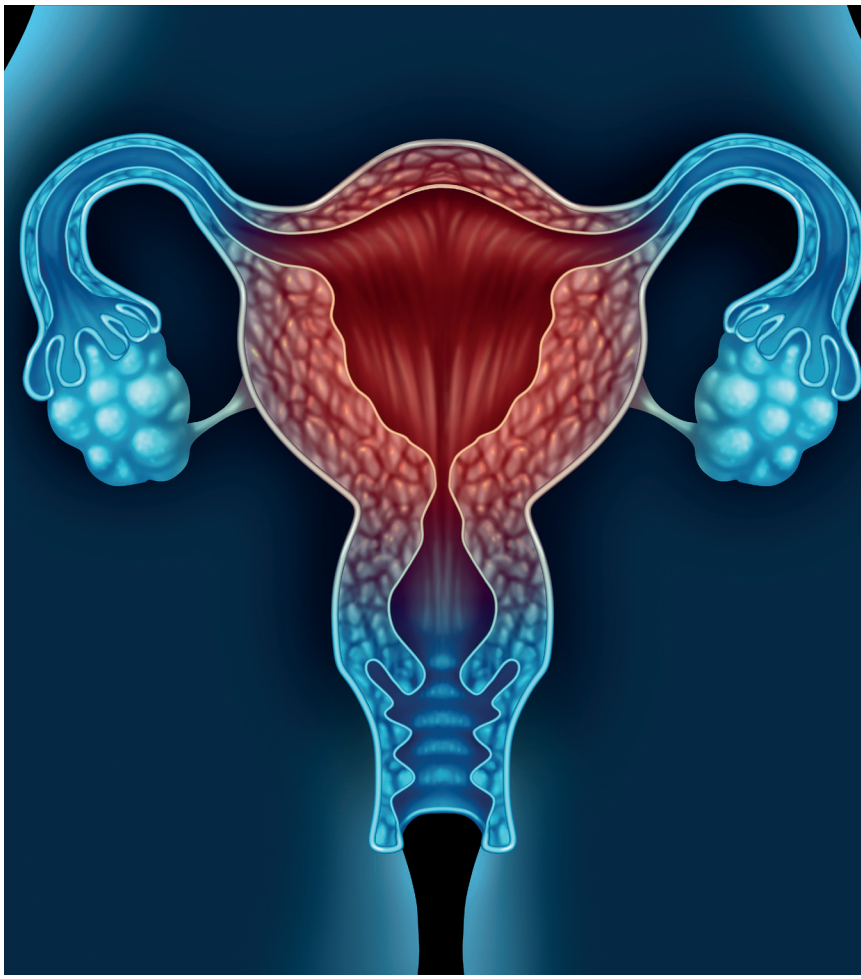
Vagina and bladder symptoms – still taboo?

Past and recent surveys on women's experience of vaginal and bladder issues reveals some interesting results.





General awareness of the consequences of menopause, i.e. becoming low in estrogen, and treatment options, is higher than ever with many conversations, meetings, publications, social media attention, government focus, workplace frameworks and policies, television and radio programmes becoming commonplace. This is great to see after many years of a reluctance and, at times, embarrassment around mentioning the word 'menopause.' Of course not all even now feel comfortable to discuss this natural, inevitable process of transition from having normal functioning ovaries with menstrual cycles and all that entails, through to postmenopause when our estrogen levels are low, but much has changed for the better.

However, one aspect of a consequence of low estrogen still seems to be a taboo subject. In August 2005, almost 20 years ago and the year that the first issue of Menopause Matters magazine was published, an online survey asked about women's experience of vaginal dryness, irritation and discomfort, and bladder symptoms. If they had symptoms, they were asked whether or not they had discussed their symptoms with a healthcare professional and whether or not they were taking treatment. The results were sobering and highlighted the need for more support and information for women regarding vaginal and bladder symptoms of menopause.

From the 2005 survey, of 1002 respondents, 46% reported troublesome vaginal symptoms. However, of those with symptoms, only 25% had discussed their symptoms with a healthcare professional, and only 10% had been prescribed treatment. A further 27% had used over the counter preparations, and 63% had not taken any treatment at all.

Nearly 50% of respondents reported bladder symptoms, but only 21% of those with symptoms had had a discussion with a healthcare professional. Only 9% had been prescribed treatment, 2% had used over the counter preparations and 89% had not had any treatment.

With such increased awareness of consequences of menopause and treatment options, I very much hoped that women experiencing vaginal and bladder symptoms would now be more likely to feel able to recognise symptoms as being related to lack of estrogen affecting vagina and bladder; common symptoms which can cause significant distress, can

occur even if taking Hormone Replacement Therapy (HRT), and can be effectively treated, and would seek help. With this in mind, a further online survey was carried out in January this year. On this occasion we were able to announce the survey on www.menopausematters.co.uk, in our weekly newsletter and through our social media platforms.

The response was incredible with 3470 responses in just 10 days. While we have a significant following through our various platforms, the amount of interest generated suggested a need for more information, even before the results were analysed.

Of the 3461 who answered the question about awareness, reassuringly 74% confirmed that they were aware that menopause can cause vaginal and bladder symptoms.

Compare to the 2005 survey, an even higher percentage of those that completed the survey reported symptoms with 74% reporting vaginal dryness, discomfort or irritation, and 88% reporting bladder symptoms.

Of those that reported vaginal symptoms, 60% had discussed their symptoms with a healthcare professional, 49% were taking prescribed treatment, 19% were taking over the counter preparations, but 45% were not taking any treatment.

For those with bladder symptoms, 49% had discussed their symptoms with a healthcare professional, 34% were taking prescribed treatment, 5% were taking over the counter preparations, but 56% were not taking any treatment.

Overall, the awareness, willingness to discuss symptoms, and use of treatment has improved since 2005, but it seems that there are still significant numbers of women who are experiencing troublesome vaginal and/or bladder symptoms yet are not seeking help or accessing effective treatment. While the general menopause conversation continues at pace, we must continue to open up important conversations about the effect and impact of estrogen deficiency on the vagina and bladder, supporting women to feel able to discuss, and healthcare professionals to ask!

Reference:
Cumming, Herald, Currie et al. Women's attitudes to hormone replacement therapy, alternative therapy and sexual health: a web-based survey. Menopause International 2007; 13:79-83.

Results

Age range

Age	Range	Numbers %
25-34	4	0.12%
35-44	267	7.74%
45-54	1901	55.1%
55-64	1165	33.77%
65-74	110	3.19%
75 +	3	0.09%

Menopausal stage

Menopausal stage	Number	%
Premenopausal	57	1.66%
Perimenopausal	1554	45.17%
Postmenopausal	1829	53.7%

What can help?

We've talked about what the symptoms are, learnt through our surveys how some women feel about the subject but what about what can help? What are the treatments?

Low levels of estrogen due to the menopause often cause changes in the vagina and bladder, which can cause discomfort and urinary problems. Vaginal dryness can be helped by vaginal lubricants and moisturizers, and the underlying estrogen deficiency changes can be cured with vaginal estrogen which is effective and safe.

Lubrication

Naturally moist intimate tissues make love-making and freedom of movement easier, while dry tissues can compromise both of these.

Sexual intimacy that was previously enjoyable can become painful, leading to an avoidance pattern that impacts on relationships. The perceived failure of the body to produce its own lubrication in response to arousal can profoundly affect a woman's sense of her innate femininity, as her identity as a sexually responsive and physically relaxed individual is challenged.

Although some women may be familiar with using a lubricant as an aid to sexual pleasure, many have no experience of the need for, or the existence of, effective intimate moisturisers. The changes they are experiencing, of dryness and discomfort, are not reversible without the use of estrogen, but they can be ameliorated and eased with the use of a suitable intimate moisturiser. Moisturisers should be used regularly throughout the week, and lubricants used in addition during sexual activity.

So, what is advisable, and to be avoided in the wide range of OTC products available?

There is increasing awareness and growing concern about the chemical ingredients used in intimacy products such as personal lubricants and vaginal moisturisers.

The tissues of the vaginal area are not like skin on the rest of our body, which is protected by thick layer of cell. These intimate areas are vulnerable and delicate mucous membranes that more easily absorb chemicals (our mouth and intestines are lined with the same mucosa) are more likely to be irritated and damaged.

Medication can damage the specialised tissues too. How many women have had a course of antibiotics only to get thrush as a result? Being on the pill often causes vaginal dryness and a chemically based lubricant can cause vaginal irritation.

So, the question is how can you navigate this little discussed and personal minefield?

Too many conventional offerings are irresponsibly formulated, with chemical ingredients which can further distress the (already challenged) vulval and vaginal tissues.

Examples include Paraben preservatives which have been found in Breast Tumours (Parabens are estrogen mimics) and Nonoxynol-9 used as a spermicide on condoms, which was found to damage the sensitive mucosa.

Other ingredients to be avoided are the widely used glycerine, perfumes and flavours which can act as mucosal irritants, while petroleum, propylene glycol and silicone, commonly found in many lubricant products, are not regarded as contributing to vaginal health, and can also act as irritants.

Just as collagen production decreases in middle age, so moisturising face creams are helpful, try to avoid cheap, highly chemicalised products, and invest in quality skin care. By the same token, you should not have to compromise in choosing products for the care of your vagina, but make an investment in the maximum purity and efficacy.

In order to take the utmost care of her intimate health, a menopausal woman should look to choose a vaginal moisturiser with discernment and care, distinguishing

• Always read the label carefully before selecting any product for alleviating of vaginal dryness.

between products which seem to afford short term benefit, but with potential longer term damage, and those which respect, nourish and moisturise the sensitive and vulnerable vaginal tissues, and contribute to long term intimate health.

As well as the avoidance of known mucosal irritants in the ingredients, two other vital considerations exist in assessing the safety of the intimacy products on offer. These are pH and osmolality.

A normal healthy vaginal environment is moist and acidic (low pH).

An acidic environment around pH4 is typical and protects the vagina from infections. This acidity is made by a naturally occurring good bacteria population (called lactobacillus).

When this population is reduced or compromised it cannot make sufficient lactic acid to keep the pH low. Examples of the sort of concerning microbes include Candida albicans (which causes Thrush), and various bacteria (which cause Cystitis and BV).

Bacterial Vaginosis (BV) is a common disease where an overgrowth of unwanted bacteria take hold in the vagina. BV is associated with a reduction in vaginal acidity; the pH rises towards pH7 or higher. BV is linked to an increased risk of STD transmission including HIV and pelvic inflammatory disease (PID).

The important point here is that women should keep vaginal pH acidic to protect their vaginal health. Any intimacy product should always be checked for its pH. It should say pH buffered to match vaginal pH. If pH is not mentioned – it should be avoided.

Many products on the market are not made to match vaginal pH, and when they are too alkaline, they disrupt the delicate vaginal ecology, exposing a woman to infection and irritancy. When the upsetting symptoms of soreness and itchiness develop in the intimate area, they can often be attributed to a disturbance in the pH level.

Osmolality

Although most women will have some concept of acid / alkaline balance, not many will be familiar with the concept of osmolality. What does this term mean?

Osmolality is a measure of the strength of a liquid to pull water through a membrane like a cell wall. Remember osmosis at school? It's the same thing.

Why is this important?

Intimate lubricants with a high value (hyperosmotic) pull so much water out of surrounding tissues they can damage the cells and irritate the mucous membranes. Using an intimate product that irritates is clearly not desirable and the resultant reduced protection against STDs is of great concern. Glycerine, glycols, sugars and sweet flavourings are the main and easily identifiable culprit ingredients that cause lubricants or moisturisers to have a high osmolality. If such dense ingredients form greater than 20% of a product, they will dehydrate the tissues through the process of osmosis, and irritate the mucosa.

In essence, to avoid irritating and damaging the vagina and surrounding tissues, steer cleer of intimacy products that contain glycerine, glycols and Nonoxynol-9.

To avoid estrogen mimics, avoid products containing parabens (methyl, propyl, ethyl, isobutyl parabens) and to maintain a healthy vaginal pH read the label carefully before selecting any product for alleviating of vaginal dryness.

Also make sure no added fragrances or parfum are on the label, these can irritate too and have no place in intimate products.

Stay away from any intimate product that seems to be made purely of synthetic chemicals. If the ingredients list does not look like plant names but rather is full of words like ETDA, glycol, BHT, Carbomer, Chlorhexidine, Polyquaternium, Benzoic acid and glycerin, these should be avoided.

Natural intimate lubricants whose formulations are based on plant gums, which impart moisture and a degree of slipperiness to overcome friction, are preferable.

With water-based products, the inclusion of particular polysaccharide plant gums ensures maximum hydration, and where a longer lasting or more robust product is required, look for products made with natural oils and butters for their safe and gentle emollient power.

• **Osmolality is a measure of the strength of a liquid to pull water through a membrane like a cell wall.**

Registered medical devices, and accreditations by professional bodies give vital reassurance, so look for the CE mark on packaging, and the logos that confirm the safety and status of the products. Read the ingredients on the label. The shorter the list the better too! When no ingredients are mentioned you have to be sceptical about the trustworthiness of a product that cannot declare its ingredients.

The finest quality intimate lubricants and moisturisers are capable of "turning the clock back" by calming any irritation, restoring the right protective pH level, preventing soreness and enabling enjoyable, lubricated love-making.

Where sex may be off the menu for whatever reason, an effective natural product, used on a frequent basis, will restore intimate comfort and ease of movement without pain. For many women this becomes a life saver (when dryness is severe, there can be a barbed wire sharpness which is very disabling) and for others, a relationship saver.

It may be that the most effective treatment for vaginal atrophy is vaginal or systemic estrogen and it is useful to note that natural and organic moisturising lubricants can be safely used in combination with prescribed estrogen.

Nick Panay, Consultant Gynaecologist, Queen Charlotte's & Chelsea & Westminster Hospitals, London, recommends a lubricant and moisturiser to be used frequently in addition to estrogen therapies. " I see the two products working in harmony to restore comfort when menopausal atrophy has compromised intimacy. Many of my patients have found that a non-irritating natural moisturising lubricant can help to rehydrate vaginal tissue, bringing effective relief for the distressing symptoms of menopausal vaginal dryness."

How to choose the best and safest intimate lubricants and moisturisers for vaginal atrophy

• Ingredients - avoid glycerine, parabens, silicone, nonoxynol-9, glycols, parfum, petroleum. Avoid products that do NOT list ingredients

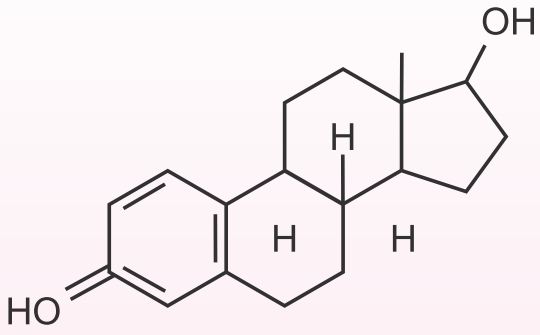
• pH - products should be pH buffered to match the typical acidic vaginal pH, and this should be stated on the packaging.

• No sugars – glycols, glycerine and sweet flavourings will dehydrate intimate tissues.

• 3rd party reassurance – look for recognized certifications and symbols, such as CE marks and Certified Organic, that demonstrate that the products are what they say.

Estrogen

While moisturisers and lubricants can reduce vaginal dryness and discomfort caused, to treat the underlying vaginal changes and bladder problems due to the lack of estrogen, the treatment that is most likely to revert the changes and restore the tissues to their former health is estrogen.



ESTROGEN

If just treating the vagina and/or bladder symptoms of the menopause, then very low dose vaginal estrogen in the form of a very small tablet inserted with an applicator, vaginal cream which can also be applied to the outer area (the vulva), a pessary, gel or a vaginal ring which is replaced every 3 months can be used.

These estrogen preparations are very effective and are not associated with risks which should be considered when using Hormone Replacement Therapy (HRT) since they give a very low dose of circulating estrogen which is concentrated in the vagina and bladder. When HRT is used to control the more general and widespread menopausal symptoms, it may also control vaginal and bladder symptoms, such that some women experience vaginal and bladder symptoms some time later, after stopping HRT. However, some may notice symptoms while taking HRT such that vaginal estrogen may be needed as well as HRT, there being no interaction or interference between the two.

There are very few medical situations when vaginal estrogen should not be used, yet many cautions that apply to the use of HRT, such as deep vein thrombosis and cardiovascular problems, still appear as a caution in the pack leaflet. Since the circulating estrogen from vaginal estrogen is extremely low, there is no concern about using vaginal estrogen in most clinical circumstances, though caution should be applied in

some situations of estrogen dependant cancers such as breast and uterine.

Any vaginal estrogen preparation should be used for at least 3 months before the expected benefit will be achieved and should be continued long-term, perhaps even indefinitely.

Many women are only given a short course of treatment and are disappointed when the symptoms may not be fully treated, or may return when treatment is stopped. It's now recognised that these changes persist and gradually worsen without treatment and therefore treatment should be continued; menopausal vaginal changes are not like menopausal flushes and sweats which will reduce or even stop in most women at some stage.

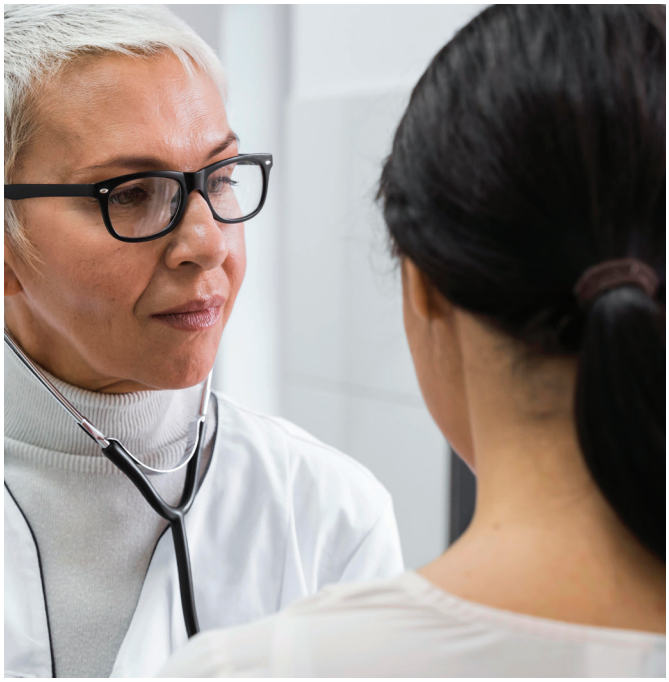
Vaginal estrogen preparations are generally prescribed by a doctor or prescribing nurse, though a small vaginal tablet is now available to buy from the pharmacist, and non-hormonal products can also be prescribed as well as being available to buy over the counter.

Worth remembering

So many products are available that it can be difficult knowing which to choose. Often trial and error is required to find the most suitable preparation for you.

The most important aspect of treatment is recognising that there is a problem and being able to discuss it, firstly with your partner, if applicable, and also, when necessary, with a doctor or nurse. Then you should be able to decide which type of treatment is likely to suit best depending on your symptoms, whether or not you also have bladder problems or other menopausal symptoms and taking into consideration your medical history.

- **If you are concerned at all and feel there is a problem consulting a doctor or nurse about what might be right for you is recommended.**



The available types of vaginal estrogen are:

- **Creams** provide estriol 0.5g/application. They are provided with a plastic applicator. This is simple, easy to use, and will transfer the cream into the vagina and can be applied directly to the labia.

- **Vaginal tablets** provide estradiol hemihydrate 10 mcg. Each is a small 6mm tablet, inserted into the vagina using a plastic applicator.

- **Pessary or gel** provide estriol.

- **Estring vaginal ring** provides estradiol

Read more at our website at **www.menopausematters.co.uk/dryness.php**

The suggested regime is:

- One application of cream or one vaginal tablet per day, for 2 weeks.

For vaginal gel or pessary, use daily for 3 weeks

- Then one application of cream/one vaginal tablet/pessary or gel twice a week thereafter as a maintenance dose.

- Or vaginal ring changed 3 monthly.

We all know taking care of ourselves is important, and that means our whole selves. We check our breasts, so why neglect our vagina – over the course of a lifetime it works hard for us after all!

If you continue to be embarrassed to even broach the subject of vaginal dryness but do have a problem, why not show this article to your partner in the first instance, so that there is a better understanding of the problem.

Vaginal dryness is a common consequence of the menopause. It does still cause women distress, loss of confidence, affects general wellbeing and leads to avoidance of sex and relationship problems. It can be treated easily, effectively and safely.

If you haven't already, please start talking! If you have – please keep doing just that!

For more information and resources visit the whole section on Vaginal Problems at www.menopausematters.co.uk MM