

Vaginal problems after Induced Menopause

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Vaginal Changes after Cancer Treatment

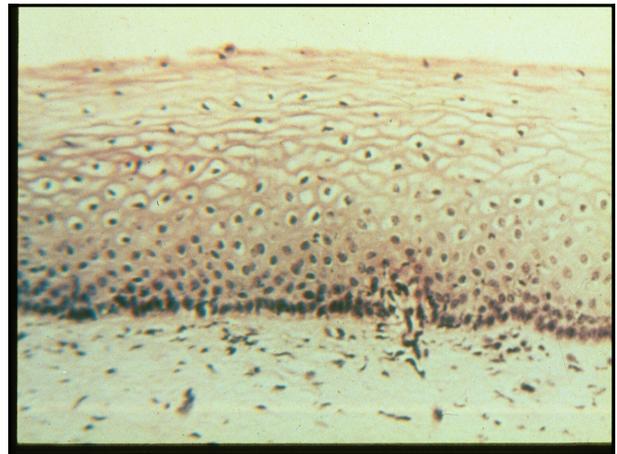
- Oestrogen deficiency (usually premature)
- Effects of radiotherapy
- Tamoxifen
- Aromatase Inhibitors

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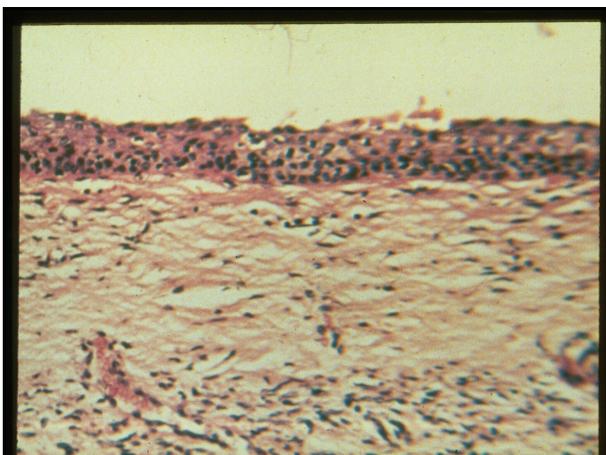
Genitourinary Symptoms of Menopause

- Physiology
- Diagnosis
- Symptoms
- Incidence
- Treatment

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How Oestrogen Deficiency Affects Sexual Enjoyment

Vaginal blood flow ↓ Simmens & Wagner (1982)

Vaginal secretions ↓

pH ↑

Blood flow to clitoris ↓

Labia minora ↓ Sarrel (1984)

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How Oestrogen Deficiency Affects Neurological Function

- Shrinkage of touch receptor zones
- Impaired neural transmission
- Changes in two-point discrimination

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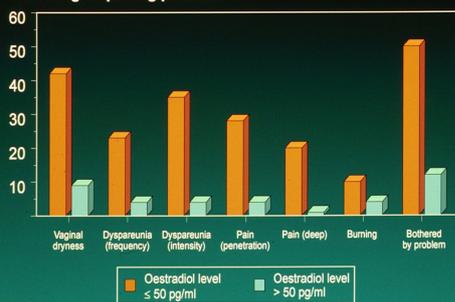
Further effects of oestrogen loss

- Loss of Type II Collagen
- Loss of elasticity
- Loss of pelvic floor strength
- Narrowing of vaginal barrel
- Urinary symptoms
 - “Cystitis”
 - Urinary tract Infections

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Sexual Problems

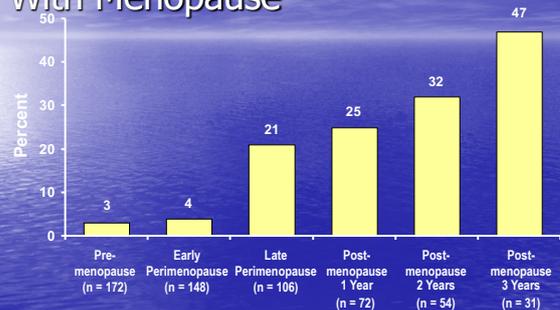
Percentage reporting problems



Sarrel - 1991

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Increase in Vaginal Dryness With Menopause



Dryness increased significantly in late perimenopause and postmenopause ($P < .001$).
Dennerstein L, et al. *Obstet Gynecol*. 2000;96:351-8.

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Prevalence of Superficial Dyspareunia and Vulvovaginal Atrophy by Menopausal Age



Atrophy increased significantly with increase in menopausal age ($P < .001$).
Adapted from Versi E, et al. *Int Urogynecol J*. 2001;12:107-10. © 2001, Springer-Verlag.

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Symptoms of vaginal atrophy

- Reduced lubrication
- Dryness
- Discomfort during intercourse
- Decreased frequency of intercourse
- Vaginal and vulval irritation
- Discharge
- Bleeding
- Relationship problems

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Under reporting

- 20 – 25% with symptoms seek help
- Online survey:
- Despite 78% feeling active sex life important, only
 - 17% discussed symptoms with health professional,
 - 59% hide symptoms from partner
 - Bladder symptoms –
 - only 21% discussed with health professional

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Under treating

- 25% of those with genito-urinary atrophy symptoms who seek help, receive treatment
- 71% with vaginal symptoms - no treatment
- 89% with bladder symptoms - no treatment

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Solutions

- Increase awareness of extent of problem and treatment options
- Enable women to feel able to discuss
- Ask appropriate questions when offering menopause counselling
- Ask opportunistically and early

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Possible side-effects of Pelvic Radiotherapy

- Radiation cystitis
- Vaginal Pain
- Discharge

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Treatments for Symptoms of GSM

- Oestradiol
 - Vagifem / Vagirux vaginal tablets [10mcg]
 - Estring vaginal ring [2mg / 3months]
- Oestriol
 - Ovestin cream, Gynest cream
 - Blissel
 - Imvaggis
- Non-hormonal
 - Replens
- Ospemifene
- Prasterone

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Beware the Patient Information Leaflet !!

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Vaginal oestrogens

- Oestriol
 - Definite systemic absorption
 - Thought to be neutral in breast tissue
- Oestradiol
 - Very low dose (10 mcg twice weekly)
 - Systemic absorption in first 2 weeks only

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Vagifem (oestradiol vaginal tablets)- Minimal levels of systemic absorption

- After first 2 weeks of loading dose effect on circulating levels of oestradiol virtually undetectable
- No time limits - little long-term data but good endometrial safety in 2-year study
- No place for progestogen
- Even lower doses may be possible for some women

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Vaginal estrogen after breast cancer - data

- Post menopausal breast cancer patients and age-matched controls
- Vaginal atrophy in 32% taking Tamoxifen
57.6% aromatase inhibitors
- No RCTs
- Cohort study 1472 women breast cancer, 69 (4.7%) used vaginal estrogen
- Small numbers, no increased recurrence

A cohort study of topical vaginal estrogen therapy in women previously treated for breast cancer.
Dew JE, Wren BG, Eden JA. Climacteric 2003 Mar;6(1):45-52

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Vaginal Oestrogen after Breast Cancer - Theory

- Triple Negative cancers OK (?)
- Tamoxifen – works to prevent breast cancer recurrence by local effect in breast tissue (despite higher oestrogen levels in premenopausal women) – should be ok
- Aromatase inhibitors – work by minimizing oestrogen levels – needs discussing with individual oncologists

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Treatment Regimens

- Traditionally
 - Once each night for two weeks
 - Then twice per week
- Little comparison data
- Not written in stone

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Ospemifene (Senshio)

- A Selective Estrogen Receptor Modulator (SERM)
- 60 mg tablet daily
- Improves pain on intercourse and vaginal dryness
- Same thrombosis risk as oestrogen and tamoxifen
- May occasionally aggravate flushes and sweats initially

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Ospemifene after Breast Cancer

- No data
- Several other SERMs breast protective
- Current license says:-
 - Avoid in suspected breast cancer or during active treatment (including adjuvant therapy)

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Prasterone (Intrarosa)

- Dehydroepiandrosterone (DHEA)
- 6.5 mg pessary one nocte
- Converts to oestrogen and androgens
- Good second line treatment
- Avoid with breast cancer
- Avoid with latex

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Lubes, etc

- Moisturisers
 - e.g. Replens, Sylk, Yes, Balance Activ
- Lubricants
 - E.g. Sylk, Astroglide, Pjur, Yes

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Lubes, etc – general considerations

- Moisturisers longer lasting (use very 1-3 days)
- Lubricants more effective for use with sexual activity
- Water-based v. oil-based lubricants
- pH
- Osmolality
- May be available on NHS
- Free samples available on manufacturers' websites
- Try several and find which suit you best

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Dilators



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Dilators

- Little and often
- Start at smallest – 1 minute
- Build size and duration as comfortable to 10 mins 5-6 times per week
- Reduce frequency when stable

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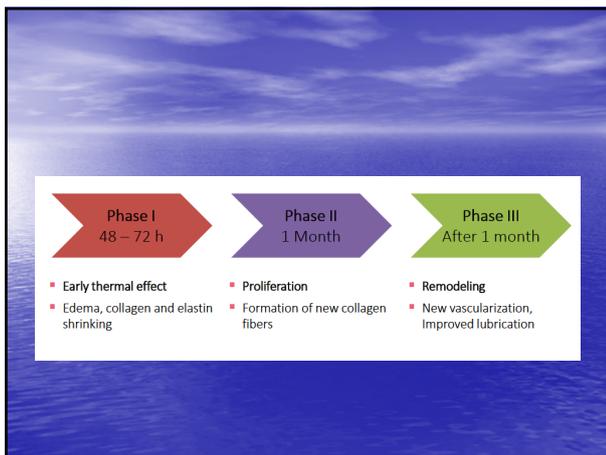


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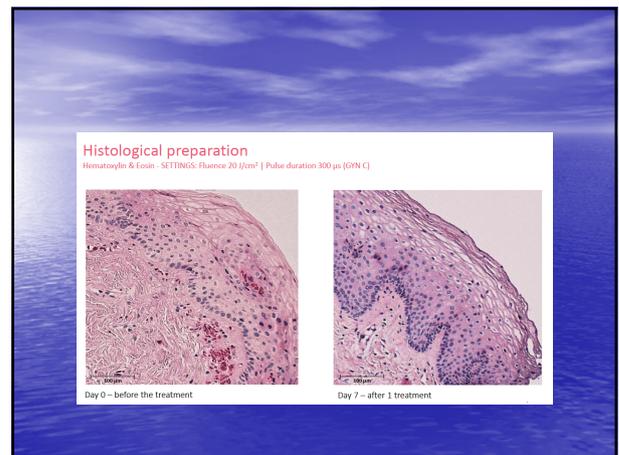
Micro-Spot Technology Juliet
The feminine Laser

- Squared spot of 9 x 9mm, consisting of 169 MicroSpots
- MicroSpot optic with stable and precise micro lens array technology
- Selective treatment of only "fractions" of the tissue in the form of a grid
- Triggers skin renewal and collagen formation with rapid wound healing supported by the untreated skin
- Very low risk of side effects

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Erb:YAG Laser

- No hormones involved
- Works as well as oestrogen in the short run
- *May* help stress incontinence and mild prolaps

BUT

- Mainly available in private sector
- FDA/RCOG advise not widespread use yet
- Expensive
- May need multiple treatments
- Little long-term data

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Take Home Messages

- Common problem
- May not be revealed so ask and ask early
- Moisturisers and lubricants helpful but don't treat underlying changes
- Hormones may be a possibility – discuss
- Laser treatment promising but no long-term data
- Late or post radiotherapy changes may be minimized by dilators

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