



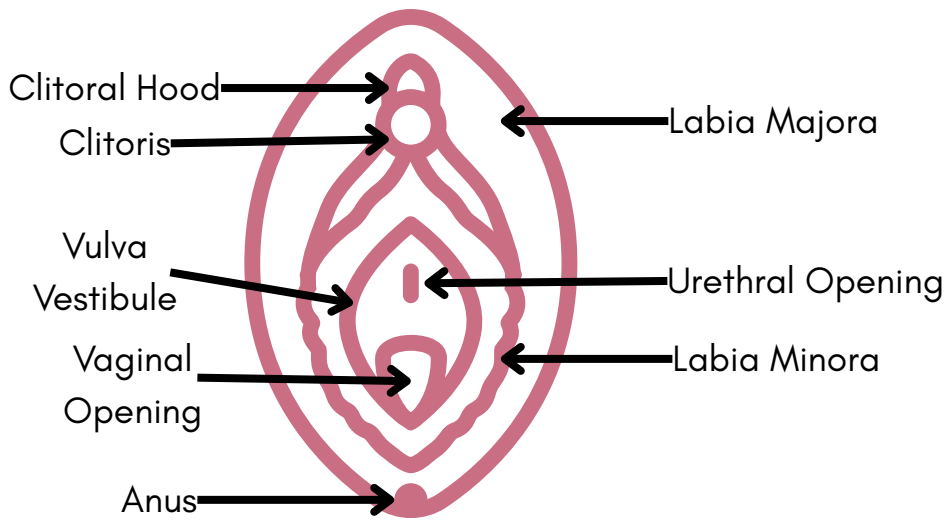
Bristol Menopause
& Wellwoman Clinic

Understanding GSM



Genitourinary Syndrome of Menopause (GSM)

Genitourinary Syndrome of Menopause (GSM) is a common condition caused by low oestrogen levels, usually during or after menopause. It affects the vulva (external genital area), the vagina (internal), and the urinary system.



*UP TO 70% OF WOMEN
WILL EXPERIENCE SOME
GENITOURINARY
SYMPTOMS IN THEIR
LIVES (PORTMAN AND
GASS, 2014)*

Symptoms:

- Vaginal dryness
- Discomfort or pain during sex
- Burning, itching, or soreness of the vulva
- Recurrent urinary tract symptoms (without infection)
- Shrinking or thinning of vulval tissue
- Small tears or splits in the vulval skin
- Urinary urgency or incontinence

These changes can begin in perimenopause or may only occur many years after menopause. They are common, treatable and nothing to be embarrassed about.

Causes of GSM:

Oestrogen helps keep the tissues of your vulva, vagina, and urinary tract healthy. When oestrogen levels drop, these tissues can become thinner, drier, and more fragile, leading to symptoms.

Treatment Options

There are several effective treatments available to help manage GSM. The right combination depends on your symptoms, medical history, and personal preferences.

The most recommended ones are:

Vaginal Oestrogen Therapy:

Vaginal oestrogens are the most effective treatment for GSM and are used to restore the thinning tissues caused by reduced oestrogen levels. They come in various forms including creams, tablets (pessaries), and vaginal rings. Treatment typically starts with a nightly dose for two weeks, followed by a maintenance dose twice weekly, which can be continued long-term.

These treatments act locally and are absorbed only in small amounts, so there is no need for additional hormone therapy like progestogens. Research shows they are safe for most women. However, vaginal oestrogens are not suitable for women currently using aromatase inhibitors like Letrozole. Symptoms often return if treatment is stopped, so continued use is recommended for long-term relief.

Some vaginal oestrogens and oil-based lubricants can weaken condoms. Be aware of this when you are using condoms for contraception and discuss with your doctor or pharmacist. It is advised to wait 12 hours after inserting an oestrogen cream, gel or pessary before having sex.

Treatment Type	Brand Name	Active Ingredient	How It's Used	Available Without Prescription?
Vaginal Cream	Estriol	Oestriol	Inserted with applicator	No
	Ovesse	Oestriol	Inserted with applicator	Yes (for women 50+ postmenopausal)
Vaginal Gel	Blissel	Oestriol (50mcg/g)	Internal or external application	No
Vaginal Pessaries	Imvaggis	Oestriol (30mcg)	Inserted by finger	No
	Vagifem	Oestradiol (10mcg)	Inserted with single-use	No
	Vagirux	Oestradiol (10mcg)	Inserted with reusable	No
	Intrarosa	Prasterone (DHEA) 6.5mg	Inserted by finger	No (specialist only)
	Gina	Oestradiol (10mcg)	Inserted with preloaded applicator	Yes (for women 50+ postmenopausal)
Vaginal Ring	Estring	Oestradiol (2mg, 7.5mcg/day)	Inserted and left in place for 3 months	No

Treatment Options

Oestrogen Pessaries:

These dissolve naturally inside the vagina, and it's common to notice a small amount of whitish discharge as this happens. This is completely normal and not a cause for concern unless you have other symptoms like itching, odour, or irritation.

Vaginal Moisturisers:

Vaginal moisturisers are designed to hydrate the vaginal tissues and maintain the natural moisture balance, helping to relieve dryness and irritation. These are not the same as lubricants and are used regularly (e.g., every 1-3 days), rather than just during sex. Moisturisers are available over the counter, but can also be prescribed, especially for women who are unable to use vaginal oestrogens. They are safe for long-term use and can be applied both inside the vagina and around the vulva as needed.

Lubricants for Sex:

Lubricants help reduce friction and discomfort during sex. They can be water-based, oil-based, or silicone-based. Water-based lubricants are easy to find and safe to use with condoms. Oil-based lubricants may last longer but can weaken latex condoms, increasing the risk of breakage. Using both water- and oil-based lubricants together can create a smoother 'double-glide' effect. Choose products without fragrances or irritants, and speak with your doctor or pharmacist if you're unsure what's best for you.

Ospemifene:

Ospemifene is a tablet taken by mouth and acts like oestrogen in the vaginal tissues. It is licensed for the treatment of GSM in the UK. It may be suitable for women who cannot use vaginal oestrogens, but it is not appropriate for everyone.

Prasterone (DHEA) Vaginal Gel:

Prasterone is a hormone-based vaginal pessary that works by converting into sex hormones (oestrogen and testosterone) locally within the vaginal tissues and may be tried when other therapies have been ineffective.

Treatment Options

Pelvic Floor Physiotherapy:

Pelvic floor exercises and physiotherapy can help strengthen the muscles that support your bladder, bowel, and vagina. This may be especially useful if you experience urinary incontinence, pressure, or pain. Physiotherapists trained in women's pelvic health can guide you through exercises tailored to your needs, and this support can also enhance sexual comfort.

Vitamin E Oil:

Vitamin E can be applied directly to the vulva to help relieve dryness and irritation. It is available in capsule form from most pharmacies. Simply pierce the capsule and apply the oil gently to the affected area. This can be used alongside other treatments to support vulval skin health.

Soap Substitutes and Emollients:

Many regular soaps and body washes contain ingredients that can irritate sensitive vulval skin. Switching to soap substitutes or gentle, fragrance-free emollients can help protect and hydrate the skin. These products can be used both to wash with and to moisturise the vulva daily — not just the internal vaginal area. Maintaining healthy skin helps reduce irritation, itching, and micro-tears.

Most treatments for GSM are safe to use in the long term. In fact, symptoms frequently return if treatments stop. Regular use of maintenance therapies like moisturisers, lubricants, or low-dose oestrogens can keep symptoms under control and support your comfort, confidence, and overall quality of life.

Laser treatments have not yet shown lasting improvements for GSM. Potential adverse events associated with laser use include vaginal pain, vaginal bleeding and urinary tract infections.





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