

PURITY HEALTH®

Genitourinary Syndrome of Menopause (GSM)

Understanding Vaginal Dryness, Bladder Symptoms and Intimate Health After Menopause

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What is GSM?

Genitourinary Syndrome of Menopause (GSM) is the term used to describe the changes that occur in the vulva, vagina, bladder and urinary tract due to declining oestrogen levels.

Many women have heard terms such as:

- Vaginal atrophy
- Atrophic vaginitis
- Vaginal dryness

However, these terms do not fully describe the range of symptoms women can experience.

GSM is now the preferred term because it recognises that low hormone levels affect not only the vagina but also the bladder, urethra, pelvic floor and surrounding tissues.

How Common is GSM?

GSM is one of the most common symptoms of menopause.

Studies suggest that approximately **70% of postmenopausal women experience symptoms**, yet only a small proportion receive treatment.

Many women do not realise their symptoms are hormone related and often suffer in silence.

Unlike hot flushes, GSM symptoms usually **worsen over time if left untreated**.

Why Does GSM Occur?

Oestrogen receptors are present throughout the:

- Vulva
- Vagina
- Urethra
- Bladder
- Pelvic floor

When oestrogen levels decline during perimenopause and menopause:

- Vaginal tissues become thinner
- Blood supply decreases
- Natural lubrication reduces
- Collagen and elastin decline
- Vaginal pH increases
- Protective vaginal bacteria decrease
- Bladder and urethral tissues become more fragile

These changes can lead to a wide range of symptoms.

Common Symptoms of GSM

Vaginal Symptoms

- Vaginal dryness
- Burning
- Itching
- Irritation
- Vaginal soreness
- Reduced lubrication
- Pain during intercourse
- Bleeding after intercourse
- Reduced sexual pleasure
- Difficulty achieving orgasm

Urinary Symptoms

- Increased urinary frequency
- Urinary urgency
- Nocturia (waking at night to pass urine)
- Burning when passing urine
- Recurrent urinary tract infections
- Bladder discomfort

Many women are surprised to learn that recurrent urinary tract infections may actually be a symptom of oestrogen deficiency.

The Impact of GSM

GSM affects far more than sexual function.

Women commonly report:

- Reduced confidence
- Relationship difficulties
- Sleep disruption
- Reduced quality of life
- Difficulty exercising
- Discomfort sitting for long periods
- Avoidance of intimacy

Some women experience symptoms while:

- Walking
- Cycling
- Horse riding
- Sitting at work

GSM can have a profound impact on day-to-day life.

How Is GSM Diagnosed?

GSM is usually diagnosed from your symptoms and medical history.

An examination may be helpful but is not always necessary.

Importantly:

A normal examination does not exclude GSM.

Treatment does not need to be delayed while waiting for an examination.

Women should seek medical review if they experience:

- Unexplained vaginal bleeding
- New vaginal discharge
- Persistent pelvic pain
- Symptoms that do not improve with treatment

Why Early Treatment Matters

Many women are told to "wait and see."

Unfortunately, GSM is usually progressive.

Starting treatment early can help:

- Restore healthy tissue
- Improve symptoms more quickly
- Reduce recurrent urinary tract infections
- Prevent worsening vaginal atrophy
- Prevent more advanced tissue changes

Treatment Options

1. Systemic HRT

For women with other menopause symptoms such as:

- Hot flashes
- Night sweats
- Mood changes
- Sleep problems

Systemic HRT can improve both menopause symptoms and GSM.

However, around **10–25% of women taking HRT continue to experience GSM symptoms** and may require additional vaginal treatment.

2. Vaginal Oestrogen

Vaginal oestrogen is one of the most effective treatments available.

Benefits include:

- Restoring normal vaginal pH
- Improving blood supply
- Thickening vaginal tissues
- Improving lubrication
- Reducing discomfort
- Reducing recurrent urinary tract infections
- Improving bladder symptoms

Available treatments include:

- Vagifem®
- Vagirux®
- Ovestin®
- Invaggis®
- Blissel®
- Estring®

Important Facts About Vaginal Oestrogen

The dose is extremely low.

For example:

Using Vagifem® 10 micrograms twice weekly for an entire year provides approximately the same total oestrogen exposure as one 1 mg oral oestradiol tablet.

Most women can use vaginal oestrogen safely for many years.

Do I Need Progesterone?

No.

When vaginal oestrogen is used on its own:

- Progesterone is not required
- Endometrial scans are not required
- Routine endometrial monitoring is not required

3. Intrarosa® (Prasterone)

Intrarosa® contains **Prasterone (DHEA) 6.5 mg**.

It is inserted into the vagina once daily.

DHEA is converted within vaginal tissues into small amounts of:

- Oestrogen
- Testosterone

Studies have shown improvements in:

- Vaginal dryness
- Pain during intercourse
- Vaginal health
- Vaginal pH
- Sexual comfort
- Lubrication
- Sexual satisfaction

Importantly, studies have not demonstrated significant increases in blood oestrogen or testosterone levels.

Women using Intrarosa® should be aware that it may damage latex condoms and diaphragms.

4. Vaginal Moisturisers and Lubricants

These can be used:

- Alone
- With vaginal oestrogen
- With Intrarosa®
- Alongside systemic HRT

Moisturisers help improve everyday dryness.

Lubricants help reduce friction during intercourse and pelvic examinations.

Examples include:

- YES® Vaginal Moisturiser
- YES® Lubricants
- Sylk®
- Regelle®

Avoid perfumed intimate washes, deodorants and products marketed for "feminine hygiene" as these may worsen symptoms.

5. Testosterone

Testosterone is an important hormone for women.

Women naturally produce approximately three times more testosterone than oestrogen before menopause.

For some women, testosterone therapy may improve:

- Sexual desire
- Sexual responsiveness
- Energy
- Motivation
- Wellbeing

Testosterone may be considered when low libido persists despite adequate HRT.

GSM and Breast Cancer

Many women with a history of breast cancer experience severe GSM symptoms.

These symptoms may result from:

- Chemotherapy
- Ovarian suppression
- Aromatase inhibitors
- Tamoxifen
- Surgical menopause

Current evidence suggests that low-dose vaginal hormone treatments result in minimal systemic absorption.

Studies have not demonstrated an increased risk of breast cancer recurrence in women using low-dose vaginal oestrogen.

Women with a history of breast cancer should discuss treatment options with their healthcare team, but many women can safely use vaginal therapies after an informed discussion of benefits and risks.

Quality of life matters.

No woman should be expected to suffer unnecessarily.

How Long Should Treatment Continue?

GSM is a chronic hormone-deficiency condition.

Unlike hot flashes, symptoms usually return when treatment is stopped.

For many women:

Treatment is lifelong.

Most women continue treatment indefinitely because it keeps symptoms controlled and maintains tissue health.

Women should be reviewed approximately three months after starting treatment and then annually thereafter.

Dr Purity's Key Messages

✓ GSM affects approximately 70% of postmenopausal women.

✓ Vaginal dryness is only one symptom of GSM.

✓ Bladder symptoms and recurrent urinary tract infections are often caused by oestrogen deficiency.

✓ GSM usually worsens over time if left untreated.

- ✓ Vaginal oestrogen is safe, highly effective and extremely low dose.
- ✓ Progesterone is not required when using vaginal oestrogen alone.
- ✓ Women can use vaginal oestrogen alongside systemic HRT.
- ✓ Intrarosa® is an effective alternative that works through local conversion of DHEA to oestrogen and testosterone within vaginal tissues.
- ✓ Most women need long-term treatment because symptoms usually return when treatment is stopped.
- ✓ No woman should suffer in silence, effective treatment is available.

References

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Disclaimer: This leaflet provides general information only and does not replace individual medical advice. Please discuss your symptoms and treatment options with your healthcare professional.

Best Wishes

Purity Health Menopause & Wellbeing Centre **Dr Purity Carr | GP | Menopause Doctor**


"Personalised, evidence-based care."

Founder:

10:10 Metabolic Reset

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 No. 1 Best seller - *Low Histamine Living* – [Available on Kindle](#)

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