

THE VIEW FROM DOWN UNDER

New Zealand women's experience of GSM

Sponsored by Myregyna.
Introduction by Niki Bezzant.

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If you're a woman in peri-menopause or beyond, there's a good chance you will have sought some treatment for symptoms that crop up in this turbulent life stage. There's also a good chance that in seeking that treatment, you've never been asked: 'How's your vagina'?

That's because one particular aspect of menopause is seriously under the radar; underdiscussed—and often unheard of.

It's called Genitourinary Syndrome of Menopause (GSM). In a recent independent survey of 500 women aged 50 and over, conducted for Myregyna, 70% of women had never heard of GSM, despite the fact that there's evidence most women (at least 50% and as many as 84%) will experience the symptoms, especially in their postmenopausal years. It's still widely underdiagnosed. And untreated, it tends to get worse with time.

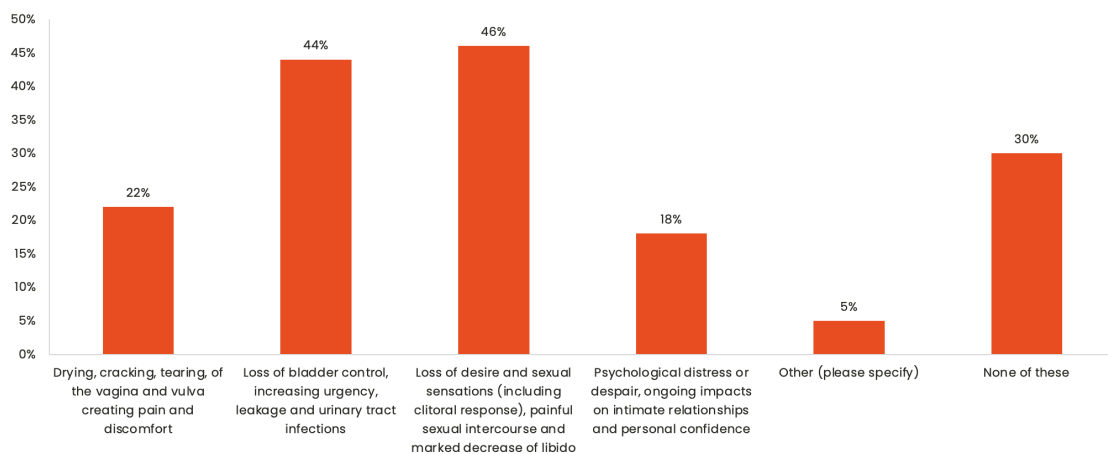
Once upon a time, GSM used to be known as vaginal atrophy, which—while horrifying—does describe some of what's going on.

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A total of n=500 menopausal females aged 50+ from the Octopus Group online panel took part in the research between 9–16 September, 2024. Independent research sponsored by Myregyna.



Have you experienced any of the following symptoms during peri-menopause, menopause, or after menopause?



It's not the full picture, though. GSM—coined in 2014—is a more accurate term, because this isn't just about the vagina. It encompasses all the tissues of the vulva, vagina, urethra and bladder. GSM causes a wide range of symptoms, including vaginal dryness; itching; irritation; burning; frequent urination; recurrent UTIs; urinary incontinence; pain during sex and other kinds of pain and tenderness.

The GSM survey found 22% of women had experienced vagina and vulva symptoms. Of those, 33% said it occurred frequently.

'It's embarrassing and it affects what I wear and what I do'

In the survey 44% of women had experienced bladder symptoms; nearly half of those had experienced frequent loss of bladder control, increasing urgency, leakage and urinary tract infections. This can have a serious impact on everyday life. Many respondents described having to know where toilets were at all times in case of an urgent need to urinate, or of limiting their activities. For example:

'The moment I move, for example when I start to stand up, it's as if a tap turns on! I can never get to the bathroom in time. How can I possibly go out?'

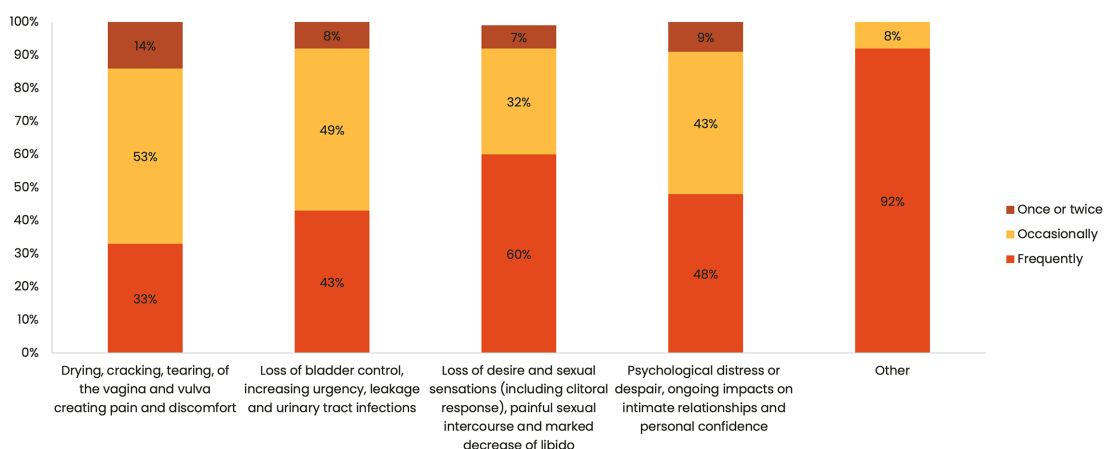
Another reported: 'I never want to leave my house for fear of accidents!'

And here's a typical comment expressing the distress this causes: 'Leakage and a complete lack of control cause anxiety in work and social situations through unpredictability. Even sneezing causes anxiousness.'

Why does GSM happen?

This is all happening because of the hormonal fluctuations of menopause. Oestrogen – the key hormone that controls so much in a female body—plays an important role in our genitals, too. Just as in many parts of our bodies, we have oestrogen receptors in the tissues of the genitals. And just as the skin on our faces and bodies changes as we lose oestrogen, the skin and tissue of the vulva, vagina and urethra does, too.

To what extent have you experienced these symptoms during peri-menopause or menopause?



The skin thins as the soft tissue of the vulva shrinks; blood flow to the genital tissues decreases, and collagen production goes down. The vagina becomes more alkaline. The lining of the vagina thins; the cells become less well-lubricated and plumped up. The vagina shrinks in length and width.

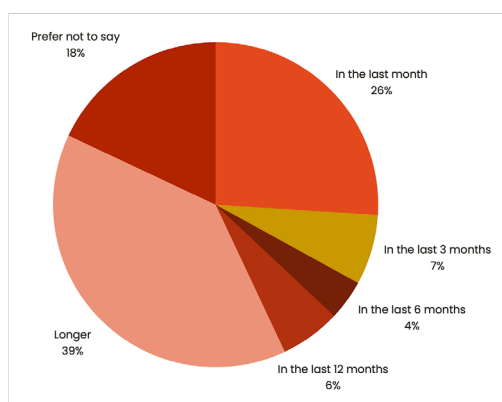
The same thing happens to the tissues of the urethra (the narrow pipe that transports urine from the bladder); its lining thins and it gets shorter. This causes irritation, urgency, frequency and more susceptibility to infections.

There are also age-related changes to the genitals including, it's believed, a loss of nerve fibres in the dorsal nerve of the clitoris. This can result in a loss of sensation and pleasure.

'I feel awful, sad, unappealing and boring'

It's no surprise that GSM symptoms can lead to less-than-satisfying sex. Who wants to have sex—especially penetrative sex—when it hurts? On top of the loss of libido that a general decline in oestrogen is known to cause, it can mean women feel it's the end of their sex lives.

When did you last have sexual intercourse?



In the GSM Survey, 39% of women said they had not had intercourse in more than a year. Forty six percent said they found it more difficult to become aroused and achieve orgasm. 'I don't have desire anymore. I feel old', said one woman. Another commented that 'sadly, sexual pleasure is non-existent'.

This loss can really impact women's mental health. The survey found 18% of women experienced psychological distress or despair with ongoing impacts on intimate relationships and personal confidence. And there's a general feeling of suffering in silence. 'At post menopause I have a dry vagina, no interest in sexual intercourse and I feel worried about my bladder all the time. I need help but I am shy to ask,' commented one survey participant.

What can we do for GSM?

Over 40% of women in the GSM survey had never discussed their GSM symptoms with anyone, including their doctor or partner, and over 60% had never sought treatment for their symptoms, which suggests many women are suffering in silence. 'It's really a case of: this is life, deal with it' is a common attitude expressed by one woman.

What's sad about the silence around GSM is that it doesn't have to be this way. Talking about what's going on is a vital first step; speaking up is actually one of the best things we can do. GSM is highly treatable, if we're brave enough to raise the issue with a health professional. (That's also really important to rule out other reasons why we might be experiencing symptoms).

Once you've got a diagnosis of GSM, there's a range of things that can help:

Vaginal moisturisers and lubricants

Over-the-counter moisturiser—which works just like moisturisers for other parts of the body—keep the skin feeling comfortable and moist. A lubricant (lube) should also be a bedside essential for midlife women; it helps provide lubrication, prevent irritation and damage and—importantly—increase pleasure during sex.

Vaginal oestrogen

Oestrogen that's used directly on the vagina and vulva—usually in the form of a cream, but also available as pessaries or a ring—is a non-systemic, low-risk (for most women) and effective form of hormone treatment for GSM. It's used a couple of times a week, and can be used for as long as it's needed—which might be lifelong. It's a prescription medicine, available from your doctor. Be aware that not all doctors are up-to-date with the latest menopause treatment options; if you're not happy with the response you get when seeking treatment, it's worth seeking another opinion. You do not have to just put up with symptoms.

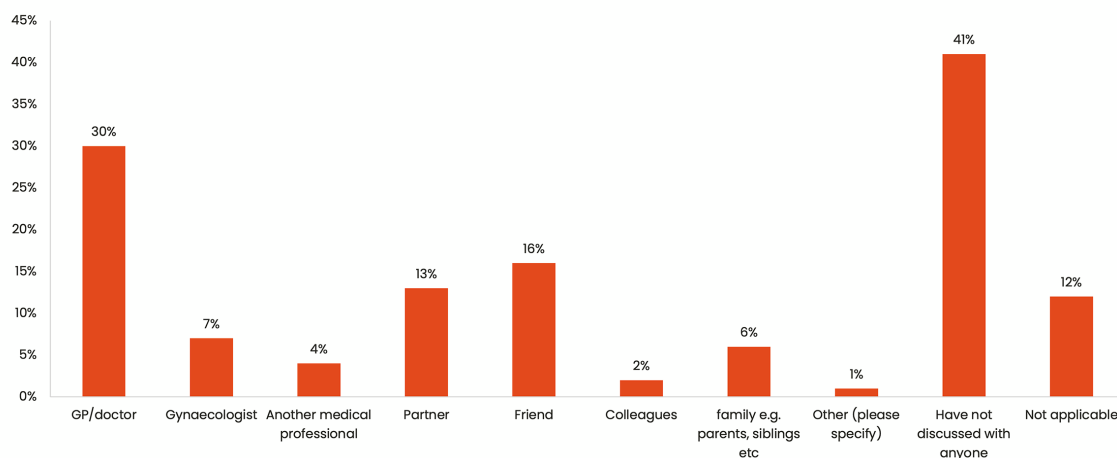
Systemic hormonal therapy

Hormone therapy—known as HRT or MHT—that's used systemically can also be useful in symptoms of GSM, as well as helping the other main symptoms of menopause like hot flushes, sleep issues and mood issues (which might in turn be affecting libido and sexual function). It's fine to use both systemic and vaginal oestrogen at the same time. Again, this needs to be discussed with and prescribed by your doctor, taking risks and benefits into account. It's usually in the form of patches of oestrogen and pills of progesterone (for those who have a uterus).

Non-hormonal treatments

For those who can't or prefer not to use hormone therapy, there are non-hormonal options available—in both topical and supplement forms—which can help alleviate some symptoms without the use of hormones. There are also other prescribed medications that can help e.g. with specific bladder symptoms.

Have you discussed any symptoms of Genitourinary Syndrome of Menopause (GSM) e.g. dry vagina, loss of urinary control, with any of the following people?



Self-care

To protect the skin of the vulva and avoid irritation, it's important to treat this area gently. Avoid harsh or fragranced products such as body washes, soaps and panty liners and avoid 'feminine hygiene' washes and sprays.

As with all aspects of menopause, some lifestyle measures will also help. Eating well including plenty of fibre; stress management; staying well hydrated and avoiding alcohol are all useful for bladder health and function.

Pelvic floor exercises

Strengthening the pelvic floor—the muscles

that support the pelvic organs—through targeted exercises can improve urinary incontinence and enhance overall pelvic health. A pelvic floor physiotherapist can help with this.

There is hope

GSM is one aspect of menopause and ageing that we don't have to just put up with, and we certainly don't have to suffer in silence with it. Breaking the silence is the first step.

Refs

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9580828/>
<https://www.menopause.org.au/health-info/fact-sheets/urinary-incontinence-in-women>
<https://www.menopause.org.au/hp/information-sheets/vulvovaginal-symptoms-after-menopause>
<https://www.menopause.org.au/hp/information-sheets/sexual-difficulties-in-the-menopause>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7946389/>
<https://vajenda.substack.com/p/genitourinary-syndrome-of-menopause>

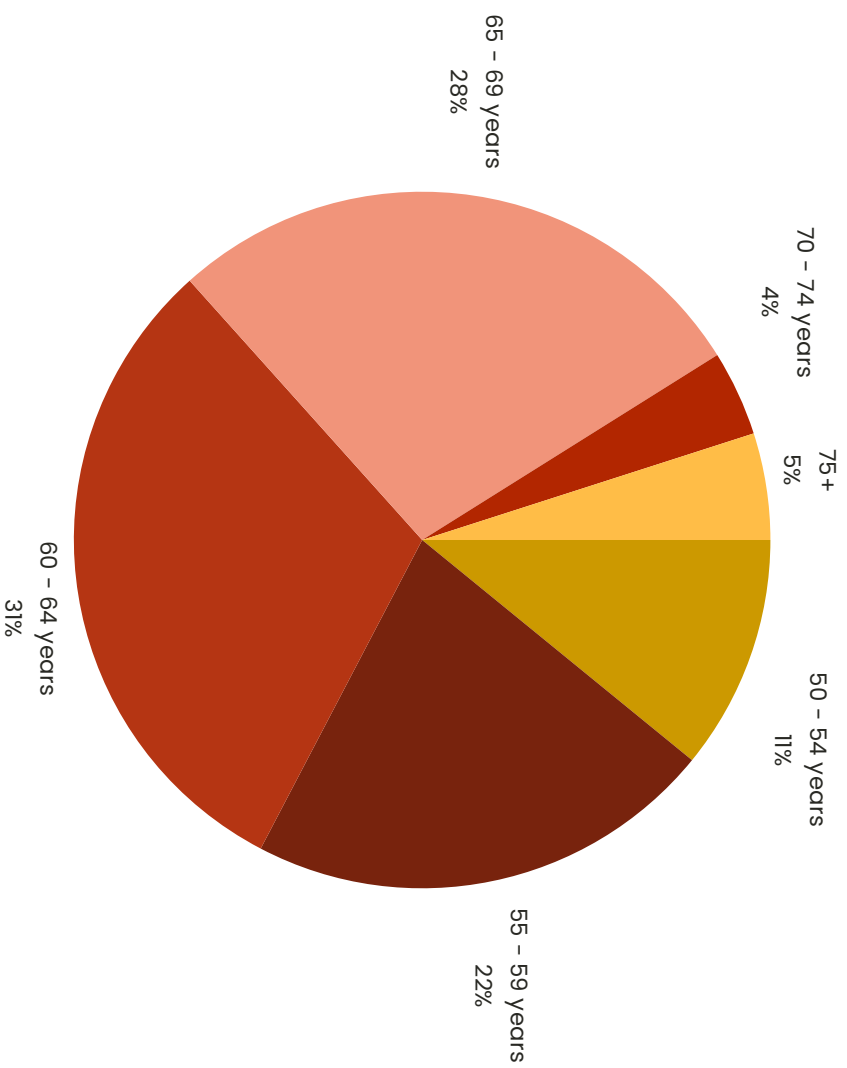
THE VIEW FROM DOWN UNDER

Women's Experience of GSM in
Aotearoa New Zealand

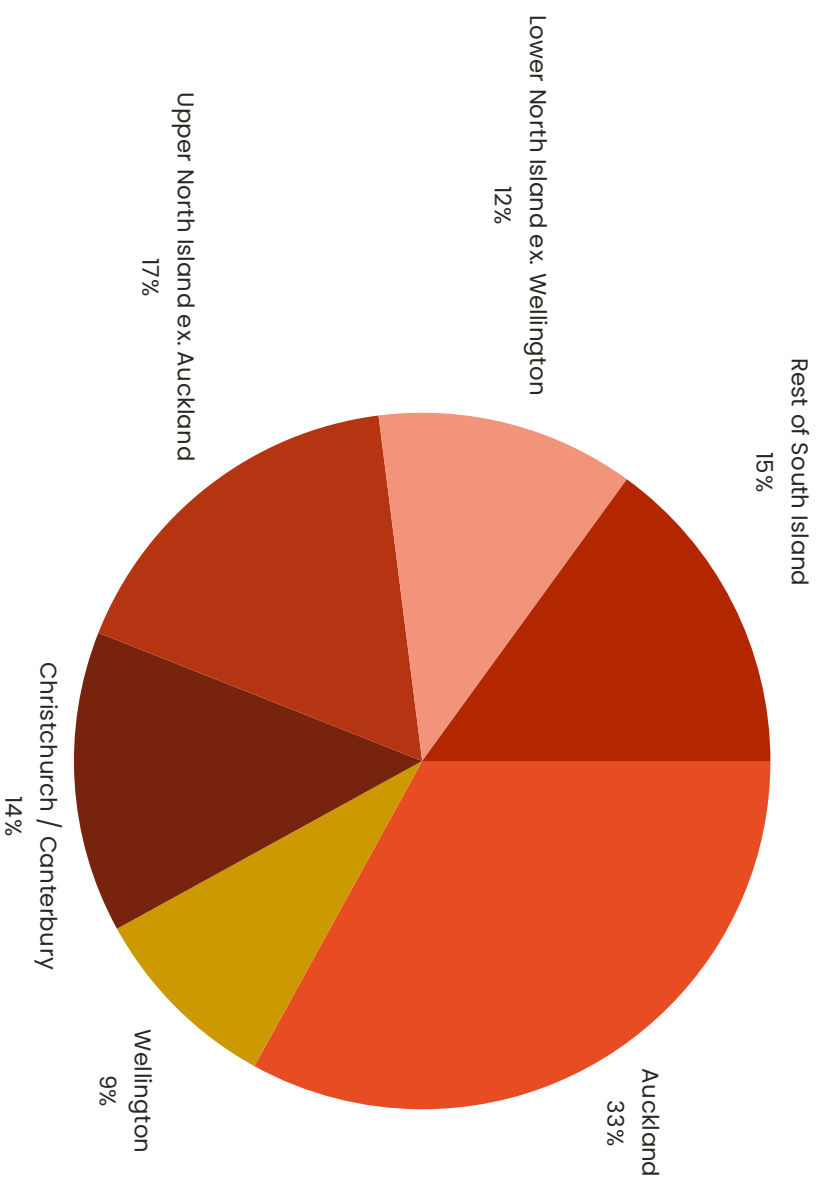
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Independent research sponsored by Myregyna.

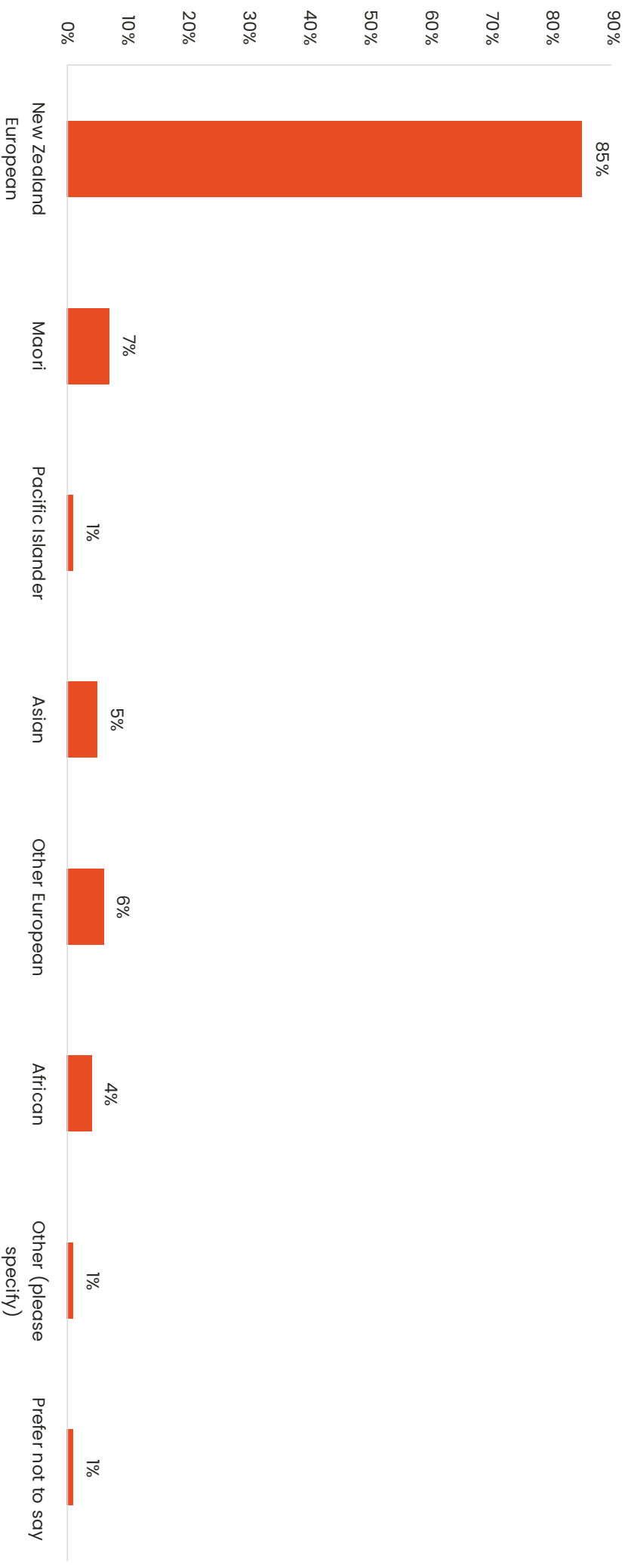
Age group



Where in New Zealand do you live?

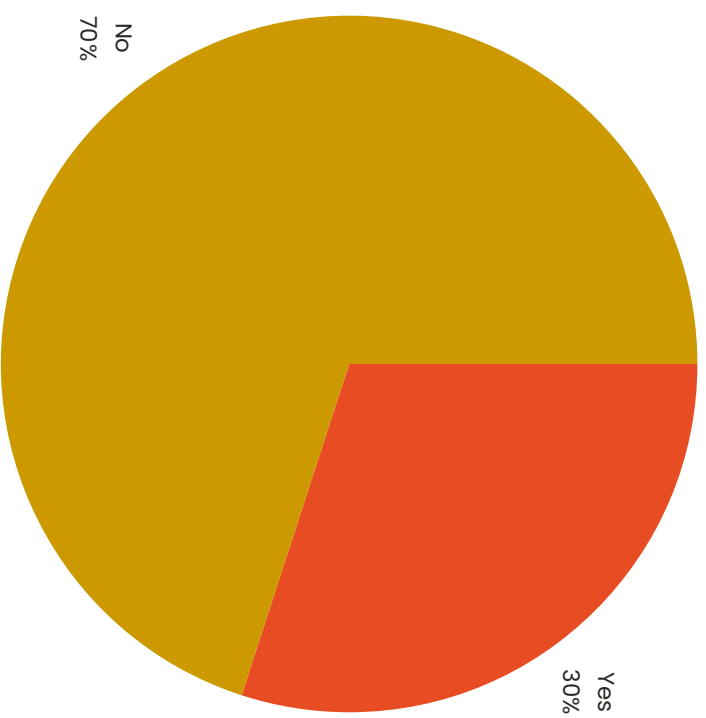


Which ethnic group(s) do you identify with?

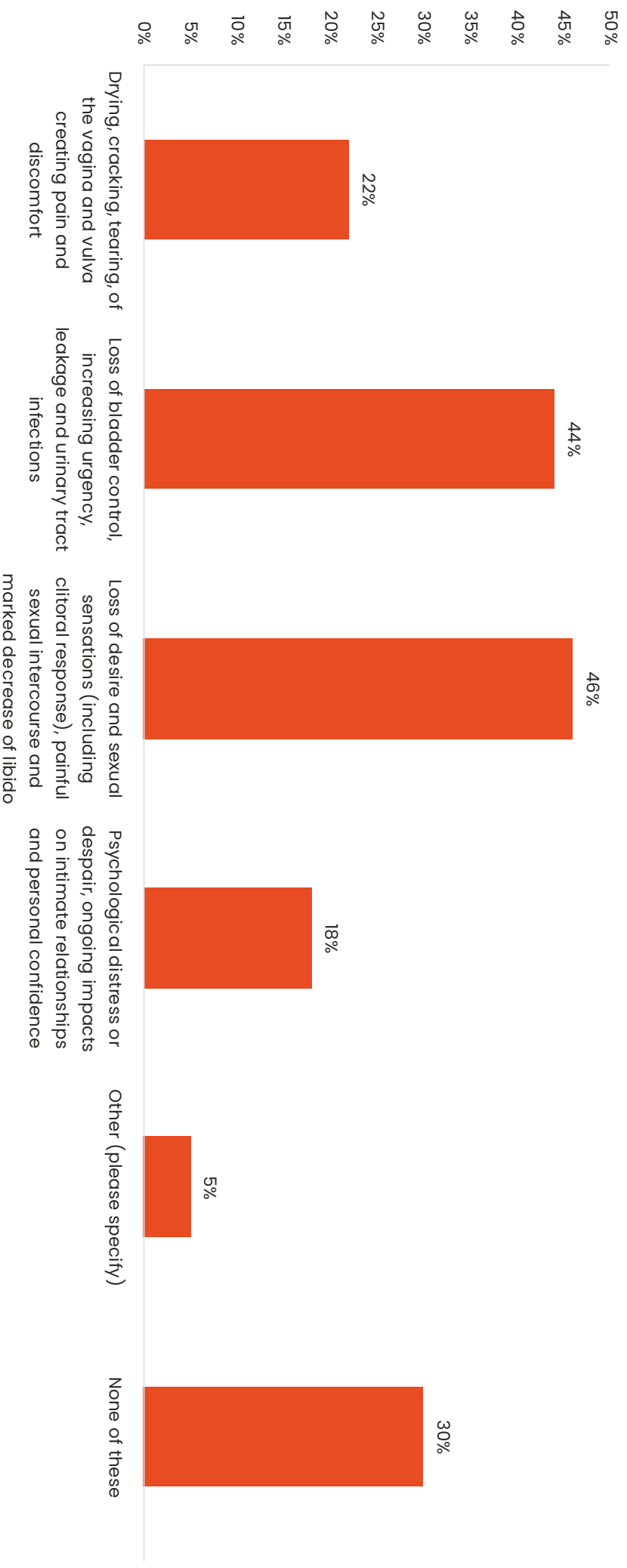


— 4 — Total sample: Unweighted; base n = 500

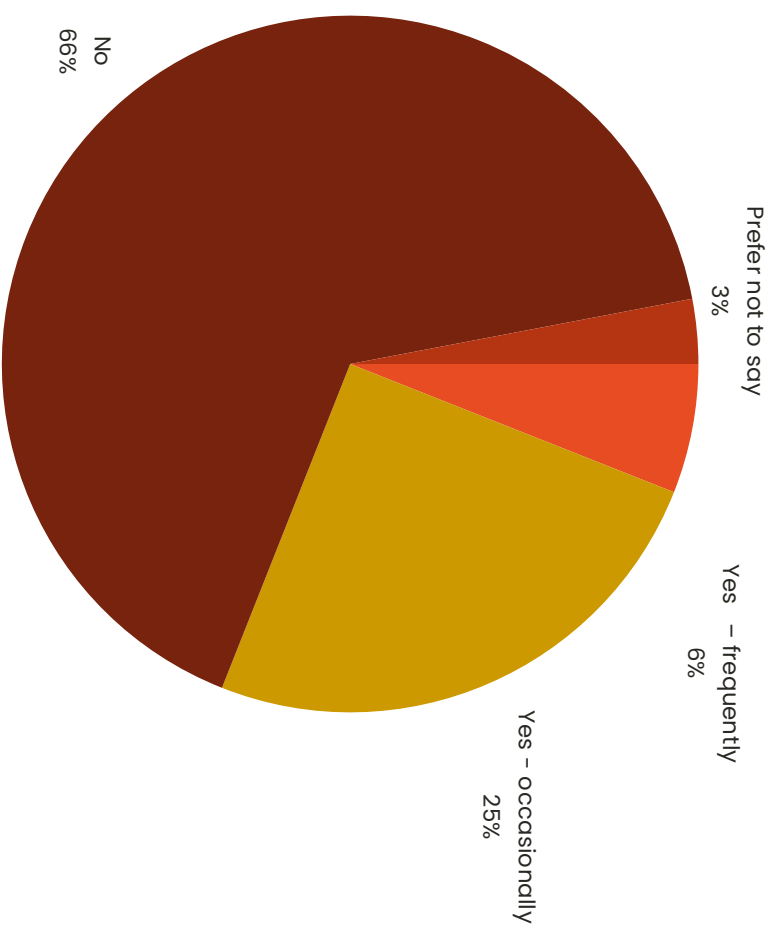
Have you heard of Genitourinary Syndrome of Menopause (GSM)?



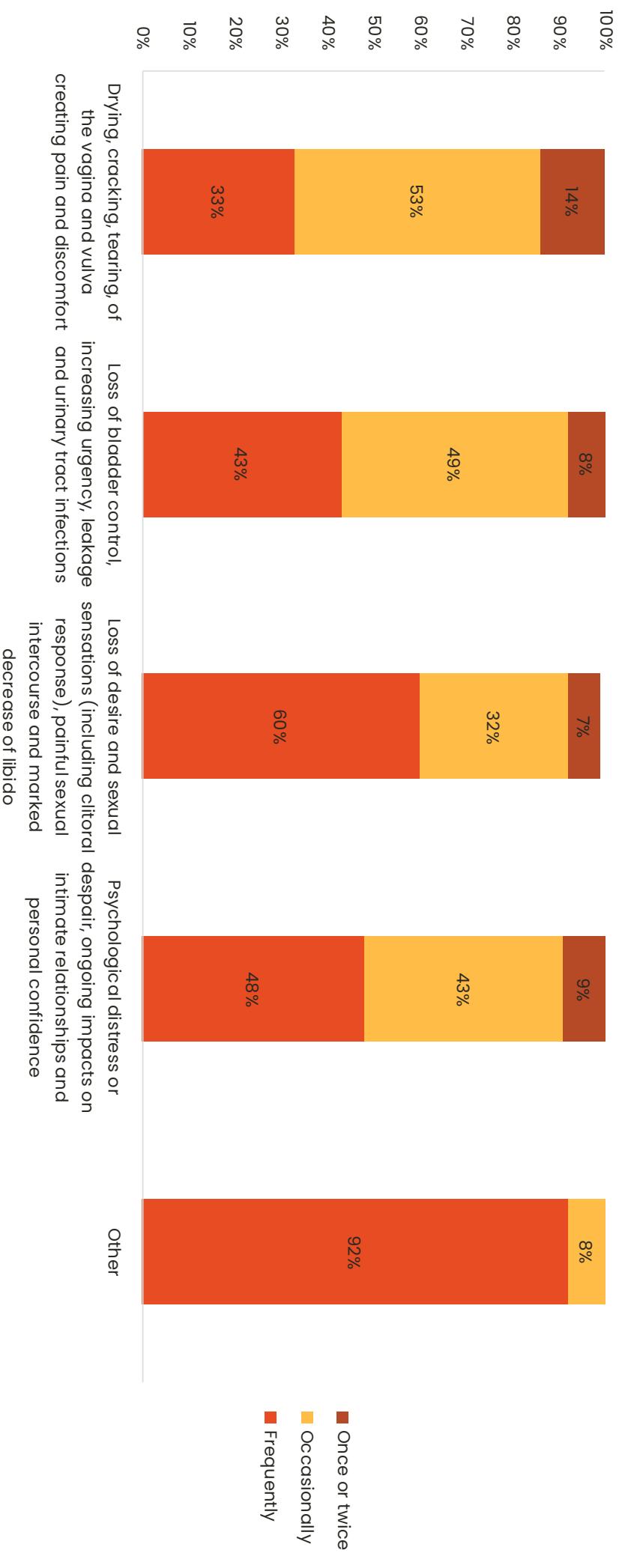
Have you experienced any the following symptoms during peri-menopause, menopause or after menopause?



Does a dry vagina impact you in everyday life?

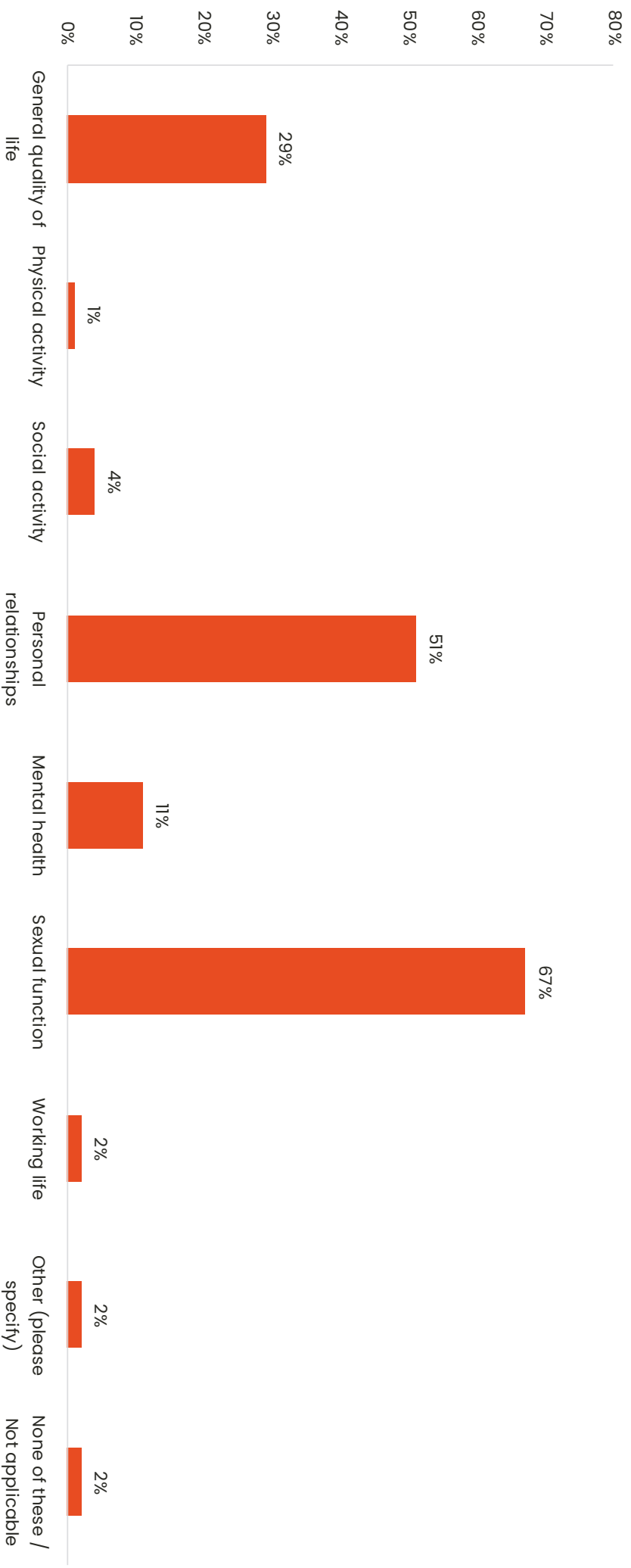


To what extent have you experienced these symptoms during peri-menopause or menopause?



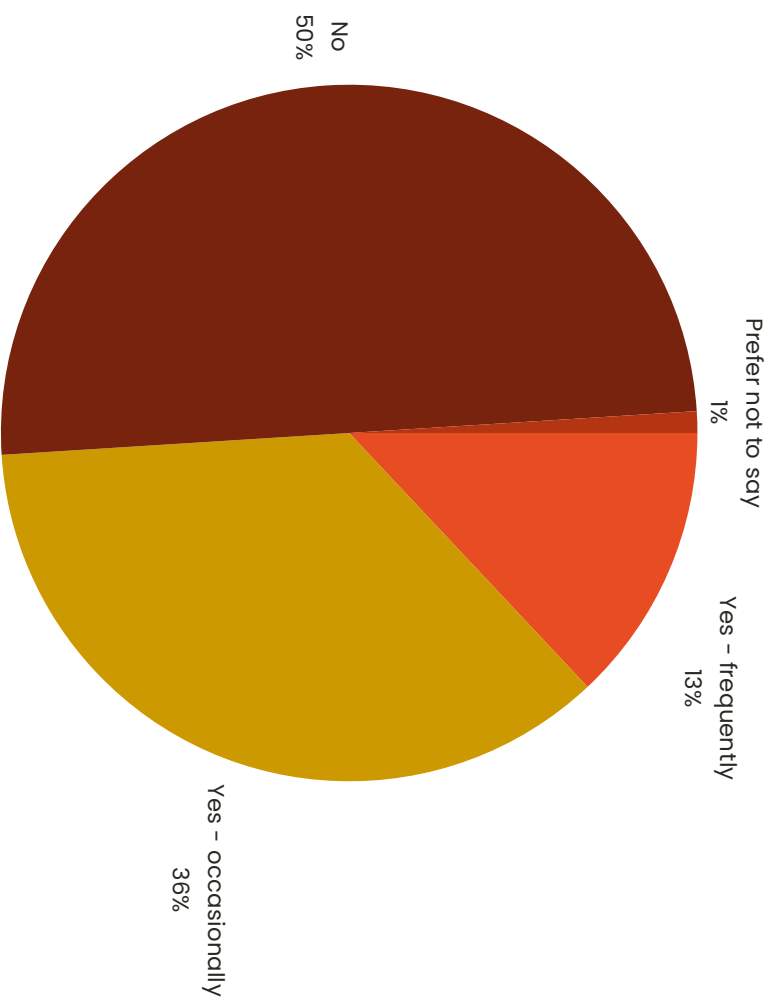
- 7 - Those who have experienced each issue; Unweighted; base n = 24 to 228

In which of the following ways does a dry vagina impact your everyday life?

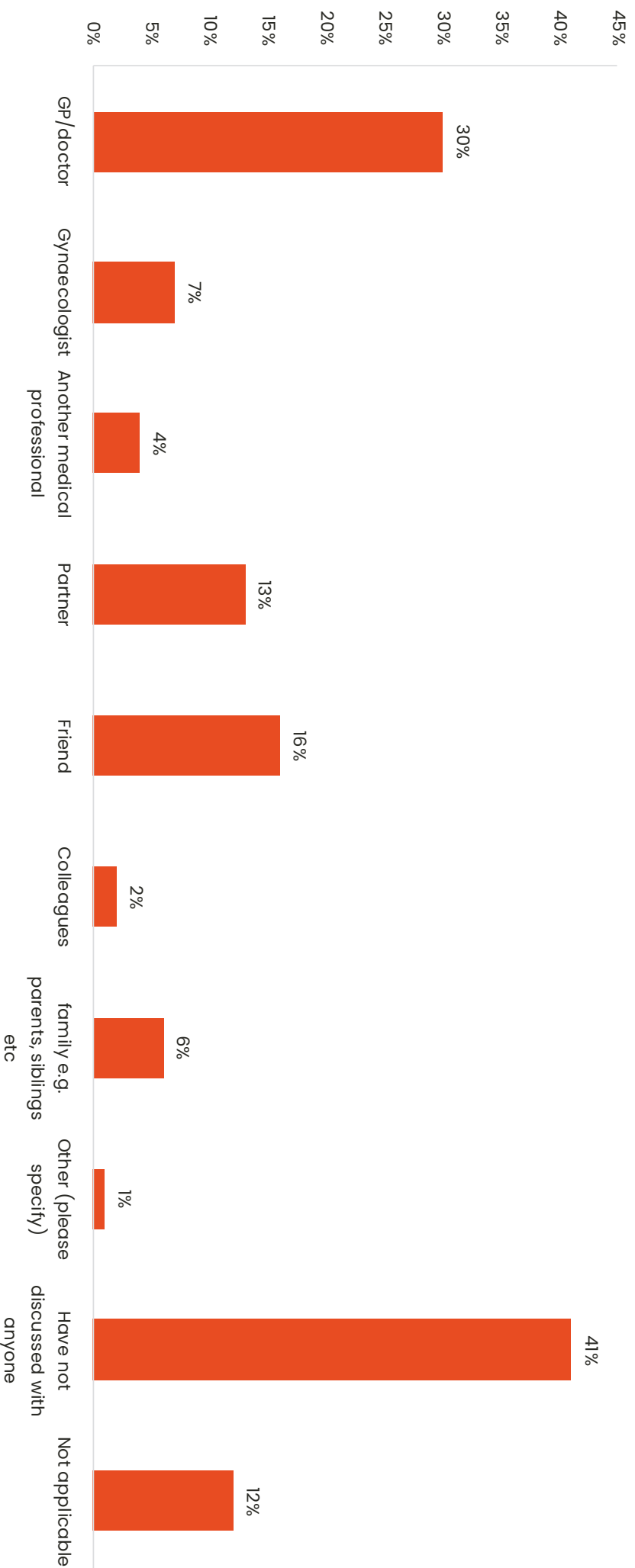


— 9 — Those who have a dry vagina impact their life; Unweighted; base n = 153

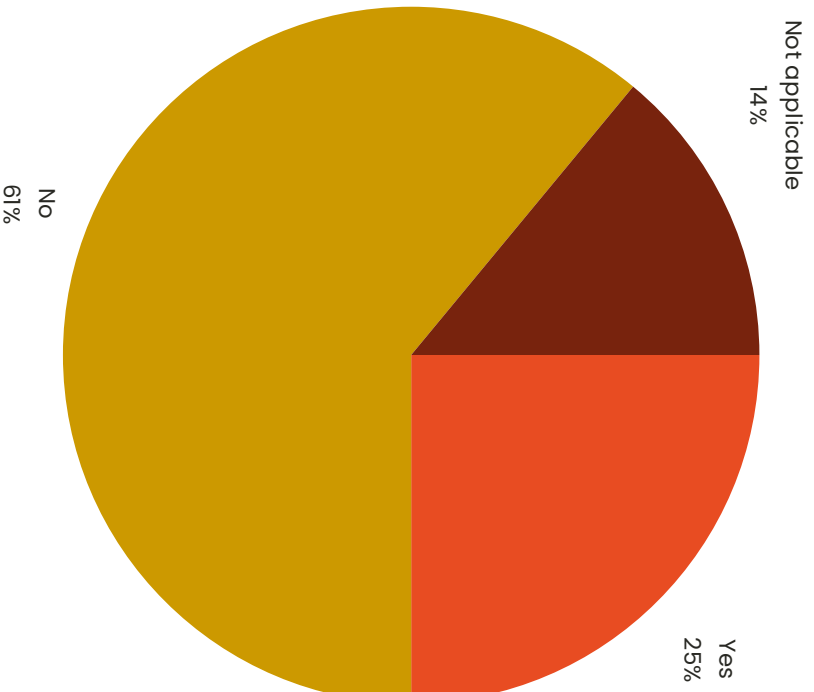
Does loss of urinary control affect you in daily life?



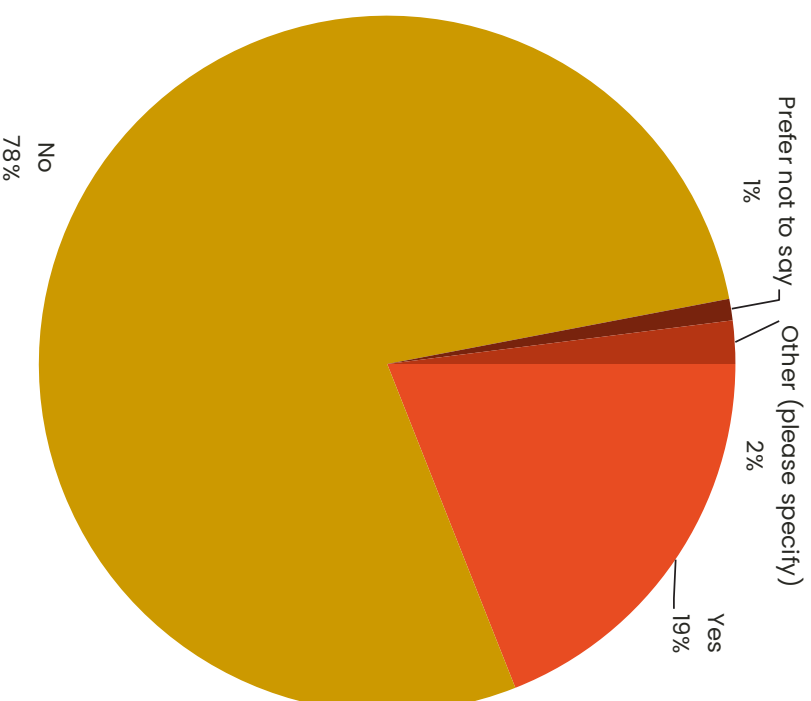
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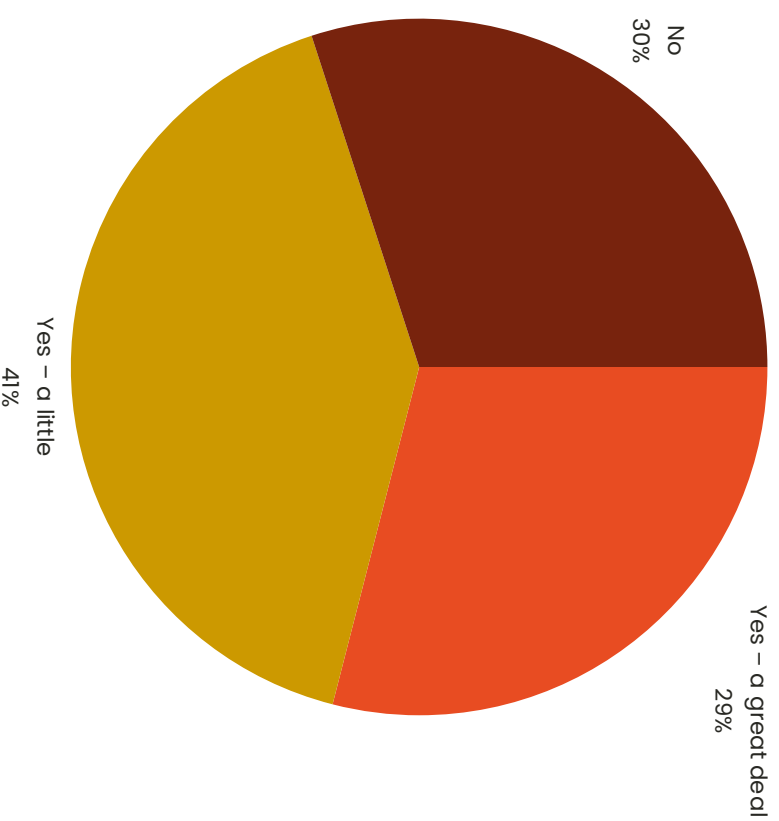
Have you sought treatment for any of your Genitourinary Syndrome of Menopause (GSM) symptoms?



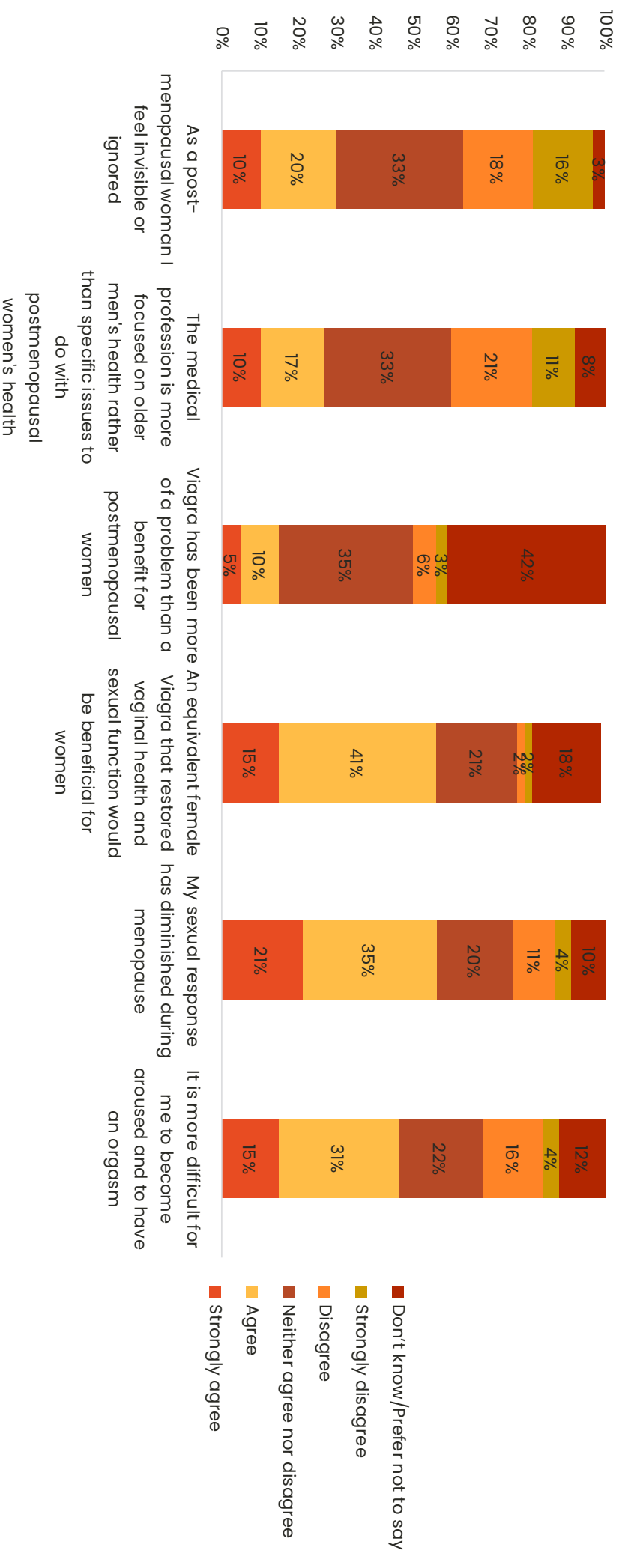
Have you used HRT (Hormone Replacement Therapy) or MHT (Menopausal Hormone Treatment) for your GSM symptoms?



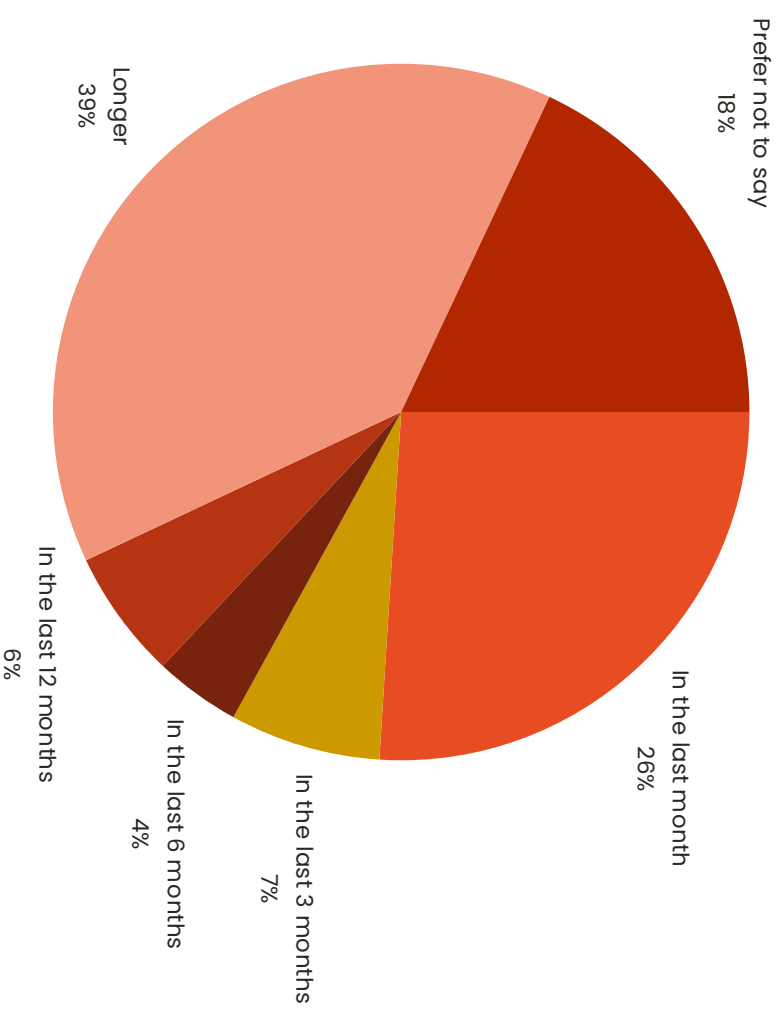
Did the treatment provide you with relief from your Genitourinary Syndrome of Menopause (GSM) symptoms?



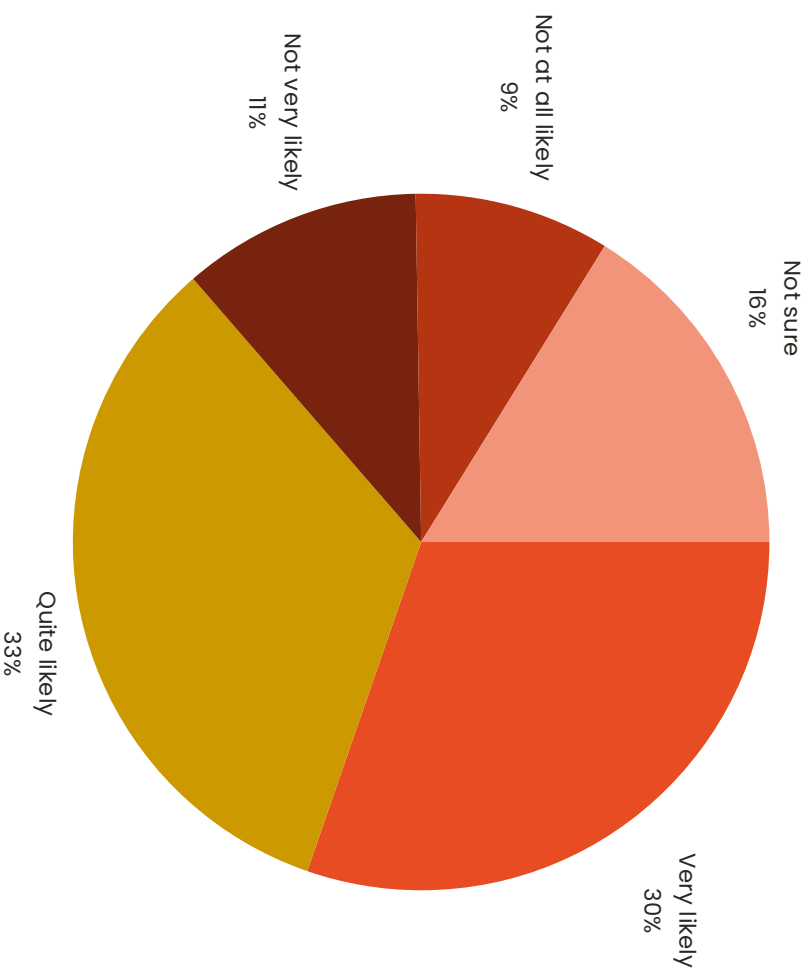
How much do you agree or disagree with the following statements



When did you last have sexual intercourse?



If there was a easy-to-use, hormone-free, all-natural product invented here in New Zealand that provided long term relief from the symptoms of Genitourinary Syndrome of Menopause (GSM) that you could purchase directly / over the counter from the pharmacy,



Would you be happy for us to use your comments from this survey anonymously in a news article that may be published in the media?

