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GENITOURINARY SYNDROME OF MENOPAUSE:

New Terminology—Old Problem!



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- **Discuss** the reason behind the development of this new terminology
- **Review** the Old Terminology for which Genitourinary Syndrome of Menopause (GSM) is replacing
- **Outline** a Primary Care physician (PCP) approach to GSM
- **Assist** the PCP in recognizing the clinical presentation of GSM
- **Explore** the step wise treatment options for GSM
- **Empower** the PCP to feel comfortable with initiating treatment for GSM



WHAT'S YOUR COMFORT LEVEL?
Taboo Words? or Are They?

Penis
Nipple

clitoris
Vagina

P
e
e
sex



ORIGINAL TERMS:**VULVOVAGINAL ATROPHY (VVA)
ATROPHIC VAGINITIS****▪ So Why The Need to Change?**

- **Vulvovaginal Atrophy is a term which describes a clinical appearance but does not include symptoms.**
- **General public uncomfortable with using word “vagina” or “vaginal”**

Who Changed It? . . .**SPECIAL FEATURE****Genitourinary syndrome of menopause: new terminology for
vulvovaginal atrophy from the International Society for the Study of
Women's Sexual Health and The North American Menopause Society**

David J. Portman, MD,¹ Margery L.S. Gass, MD, NCMF,²
on behalf of the Vulvovaginal Atrophy Terminology Consensus Conference Panel

Abstract

Background: In 2012, the Board of Directors of the International Society for the Study of Women's Sexual Health (ISSWSH) and the Board of Trustees of The North American Menopause Society (NAMS) acknowledged the need to review current terminology associated with genitourinary tract symptoms related to menopause.

Methods: The 2 societies cosponsored a terminology consensus conference, which was held in May 2013.

Results and Conclusions: Members of the consensus conference agreed that the term *genitourinary syndrome of menopause* (GSM) is a medically more accurate, all-encompassing, and publicly acceptable term than *vulvovaginal atrophy*. GSM is defined as a collection of symptoms and signs associated with a decrease in estrogen and other sex steroids involving changes to the labia majora/minora, clitoris, vestibule/introitus, vagina, urethra and bladder. The syndrome may include but is not limited to genital symptoms of dryness, burning, and irritation; sexual symptoms of lack of lubrication, discomfort or pain, and impaired function; and urinary symptoms of urgency, dysuria and recurrent urinary tract infections. Women may present with some or all of the signs and symptoms, which must be bothersome and should not be better accounted for by another diagnosis. The term was presented and discussed at the annual meeting of each society. The respective Boards of NAMS and ISSWSH formally endorsed the new terminology—genitourinary syndrome of menopause (GSM)—in 2014.

Key Words: Atrophic vaginitis – Genitourinary syndrome of menopause – Menopause, urinary urgency – Vulvovaginal atrophy – Women's sexual health.

BACKGROUND

The terms *vulvovaginal atrophy* (VVA) and *atrophic vaginitis* have been considered by many to be inadequate and inexact for describing the range of menopausal symptoms associated with physical changes of the vulva, vagina, and lower urinary tract associated with estrogen deficiency. VVA describes the appearance of the postmenopausal vulva and vagina without specifying the presence of associated symptoms. Atrophic vaginitis connotes a state of inflammation or

infection, neither of which is a primary component of VVA. Furthermore, the word *atrophy*, as used in both terms, has negative connotations for midlife women, and the word *vagina* is not a generally accepted term for public discourse or for the media. Neither term includes reference to the lower urinary tract. A growing need for more accurate and inclusive terminology led to planning of the consensus conference.

Successful precedents for changing medical terminology are known. For example, the term *overactive bladder syndrome*

**SO WHO
CHANGED THE
TERMINOLOGY?****...AND WHY!?**

OVERVIEW OF THE ARTICLE

OBJECTIVES

3-FOLD

1. To review the basic and clinical science related to the genitourinary physical changes and resultant symptoms associated with menopause, & to identify key elements relevant to the terminology
2. To determine whether the term vulvovaginal atrophy should be revised and, if so, to develop a new term that more accurately and appropriately describes the condition for medical care, teaching and research
3. To generate a plan for disseminating recommendations and raising awareness of the new terminology among members of the broader health care community, including specialist, PCPs, researchers, and patients, as well as the public

PROCESS

- 5 person selection committee chose experts from the field of postmenopausal urogenital and sexual healthy fields.
- Chosen experts invited to attend a 2 day interdisciplinary consensus conference
- Experts evaluated the current terminology for symptomatic urogenital changes associated with menopause
- Upon completion of literature review, experts determined that a change in terminology was needed to:
 - Be more acceptable to women, educators, researchers, public, and media
 - Exploration of terms that would be descriptive, comprehensive, and suitable for all



TABLE 1. *Components used to develop new terminology*

Anatomy	Descriptors	Problem	Life Phase
Vagina	Vulvovaginal	Atrophy	Midlife
Vulva	Genital	Alterations	Aging
Labia	Gynecologic	Changes	Menopause
Vestibule	Reproductive	Condition	Perimenopause
Urethra	Sexual	Disease	Postmenopause
Bladder	Urogenital	Disorder	
	Genitourinary	Deficiency	
	Urinary	Dysfunction	
	Urologic	Syndrome	
		Vaginitis	

Terms in bold are the words selected by the panel to develop new nomenclature.

urogenital sinus tissue, as are the vulvar vestibule and the upper vagina.²⁹ Androgen receptors are also widely distributed in the vestibule and within its glands, making urogenital tissues responsive not only to estrogen but to androgens as well.³² Urinary frequency and urgency are common midlife complaints; incontinence occurs in 15% to 35% of women

PROPOSED NEW TERMINOLOGY



OVERVIEW OF ARTICLE

Conclusion of Consensus Conference

- Final two proposed new terms where presented for an open discussion at 2 scientific meetings:
 - Annual Meeting of NAMS – October 2013
 - Annual Meeting of ISSWSH – February 2014

Conclusion of Scientific Meetings

- *New Terminology Approved:*

Genitourinary Syndrome Of Menopause



GENTOURINARY SYNDROME OF MENOPAUSE

(Formerly Known As Vulvovaginal Atrophy & Atrophic Vaginitis)



- “Chronic, progressive vulvovaginal, sexual, and lower urinary tract condition. . .”
- Involves multiple symptoms
- Due to hypoestrogenism secondary to the menopausal state
- > 50% of postmenopausal women affected



TABLE 1
External genital, urological, and sexual manifestations of genitourinary syndrome of menopause

External genital		Urological		Sexual
Signs and symptoms	Complications	Signs and symptoms	Complications	Signs and symptoms
Vaginal/pelvic pain and pressure	Labial atrophy	Frequency	Ischemia of vesical trigone	Loss of libido
Dryness	Vulvar atrophy and lesions	Urgency	Meatal stenosis	Loss of arousal
Irritation/burning	Atrophy of Bartholin glands	Postvoid dribbling	Cystocele and rectocele	Lack of lubrication
Tenderness	Intravaginal retraction of urethra	Nocturia	Urethral prolapse	Dyspareunia
Pruritus vulvae	Alkaline pH (5–7)	Stress/urgency incontinence	Urethral atrophy	Dysorgasmia
Decreased turgor and elasticity	Reduced vaginal and cervical secretions	Dysuria	Retraction of urethral meatus inside vagina associated with vaginal voiding	Pelvic pain
Suprapubic pain	Pelvic organ prolapse	Hematuria	Uterine prolapse	Bleeding or spotting during intercourse
Leukorrhea	Vaginal vault prolapse	Recurrent urinary tract infection	Urethral polyp or caruncle	
Echymosis	Vaginal stenosis and shortening			
Erythema	Introital stenosis			
Thinning/graying pubic hair				
Thinning/pallor of vaginal epithelium				
Pale vaginal mucous membrane				
Fusion of labia minora				
Labial shrinking				
Leukoplakic patches on vaginal mucosa				
Presence of petechiae				
Poorer vaginal rugae				
Increased vaginal friability				

Gandhi. Genitourinary syndrome of menopause. *Am J Obstet Gynecol* 2016.

CLINICAL MANIFESTATIONS OF CSM

External Genitalia

Urological

Sexual



Urinary symptoms

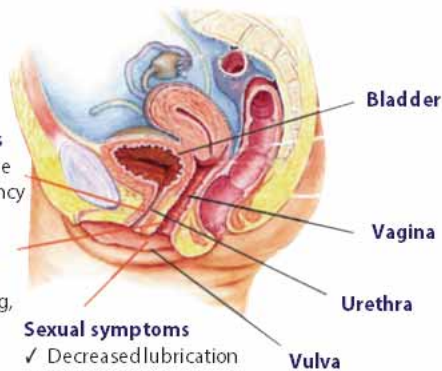
- ✓ Pain passing urine
- ✓ Frequency, urgency

Genital symptoms

- ✓ Dryness
- ✓ Irritation, burning, itching

Sexual symptoms

- ✓ Decreased lubrication
- ✓ Discomfort or pain
- ✓ Bleeding after sex
- ✓ Decreased arousal, orgasm or desire



PATHOPHYSIOLOGY

Embryonic Development:

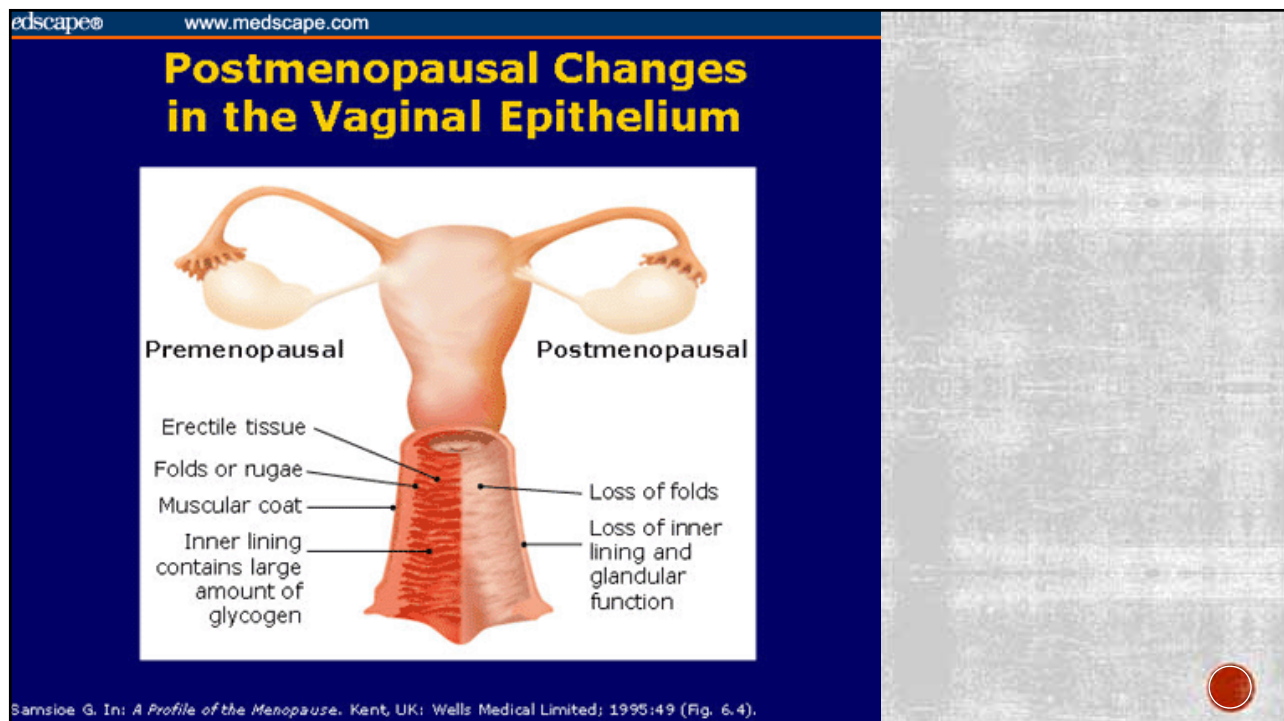
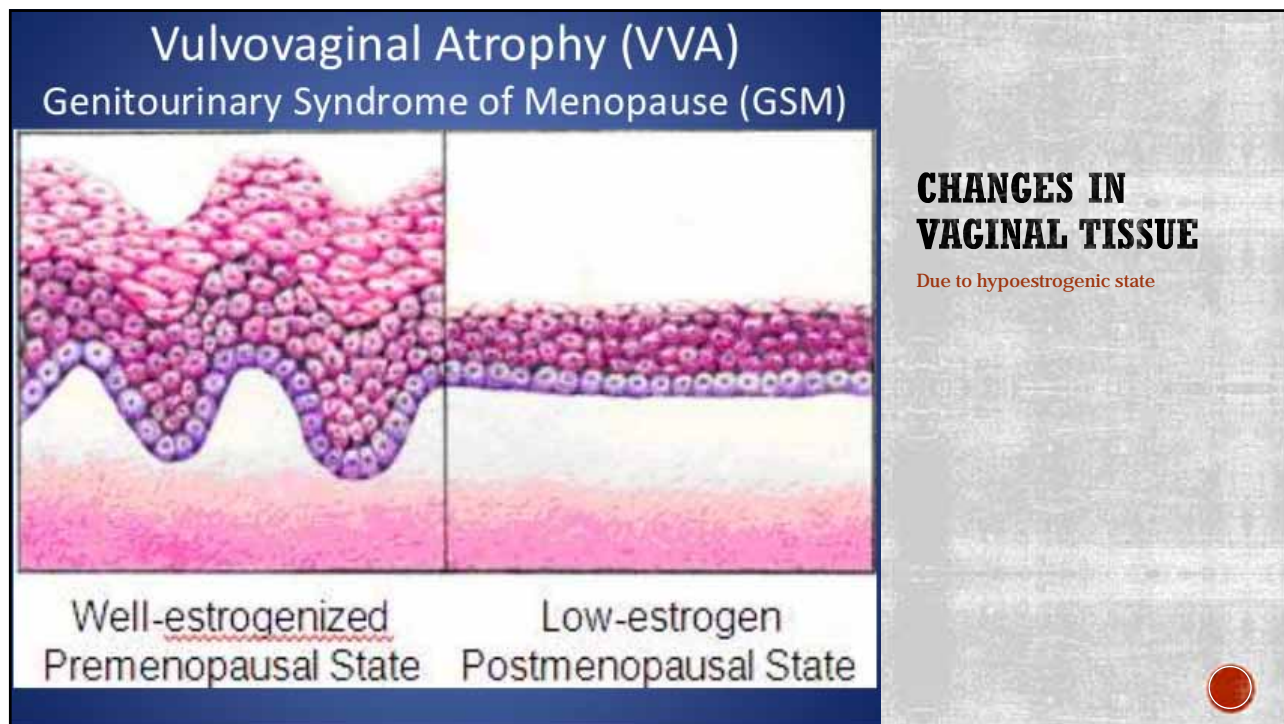
Urogenital sinus

Mullerian duct = uterus and upper 4/5 of vagina once fused

Sinovaginal node (Muller tubercle)

Vaginal vestibule, and lower 1/5 of the vagina, urinary bladder, trigone, and urethra formed by all the above.





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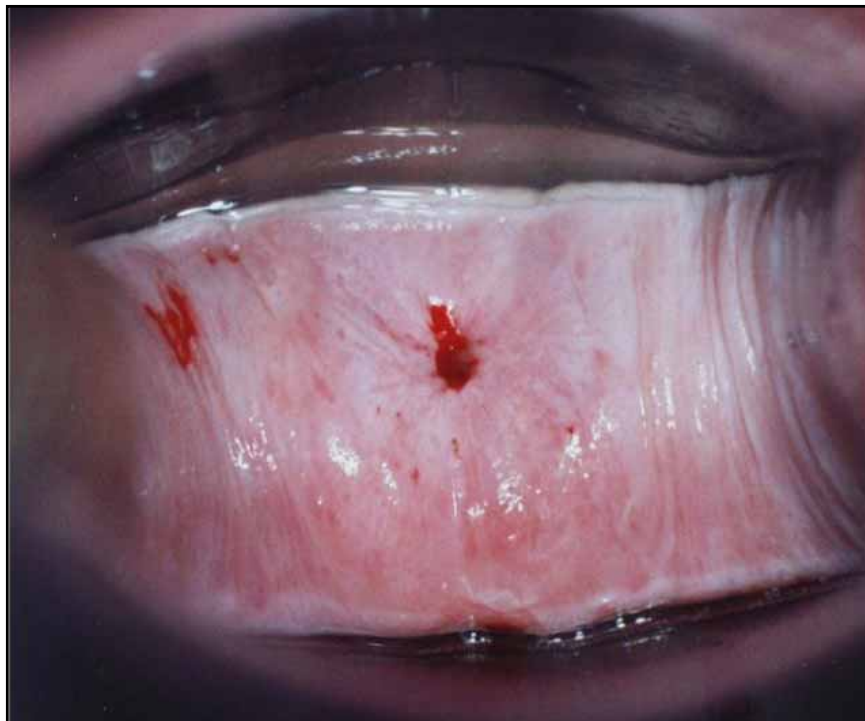
www.medscape.com

Atrophy: The Clinical Picture



- 2 years since natural menopause
- No estrogen therapy
 - Loss of labial and vulvar fullness
 - Pallor of urethral and vaginal epithelium
 - Minimal vaginal moisture
 - Loss of urethral meatal turgor

Bachmann GA, Nevadunsky NS. Available at: <http://www.aafp.org/aafp/20000515/3090.html> Accessed May 2004 & October 2006.



Vaginal histology

H & E, magnification $\times 10$



Premenopause

Well-estrogenized epithelium, multi-layered with good blood supply; superficial cells rich in glycogen



Postmenopause

Estrogen-deficiency atrophy with marked thinning of the epithelium, reduced blood supply and loss of glycogen

FUSION OF LABIA MAJORA AND MINORA



Severe vulvovaginal atrophy. Note loss of pubic hair and complete fusion of labia (labial agglutination). From: Goldstein I. Current management strategies of the postmenopausal patient with sexual health problems. *J Sex Med.* 2007;4 suppl 3:235-253.

THE PRIMARY CARE PHYSICIAN'S APPROACH TO GSM



"You have not
because you ask
not." James 4:2

#SayQuotable

**"YOU GOT
TO **ASK!**"**



“YOU GOT TO **LOOK!**”



- **Inspect the external genitalia**
 - Mons pubis
 - Clitoris
 - Labia majora & minora
 - Urethra meatus
 - Vestibule
 - Introitus
- **Inspect the internal genitalia**
 - Vaginal walls
 - Cervix



“YOU GOT TO **TALK!**”



- **Discuss your findings:***
 - Patient focused
 - Care-giver focused
 - Patient & Care-giver focused
- **Explain what your findings mean:***
 - Clinically (Diagnosis/Treatment)
 - Personally (for the patient)
- **Physician comfort and confidence important*



“YOU GOT TO **DO!**”



- **Take Action**
 - Expectant management
 - Conservative treatment
 - Medication administration
- **Refer**
 - Gynecologist
 - Physical Therapist
 - Oncologist



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**STEP WISE
APPROACH TO
TREATMENT OF GSM**



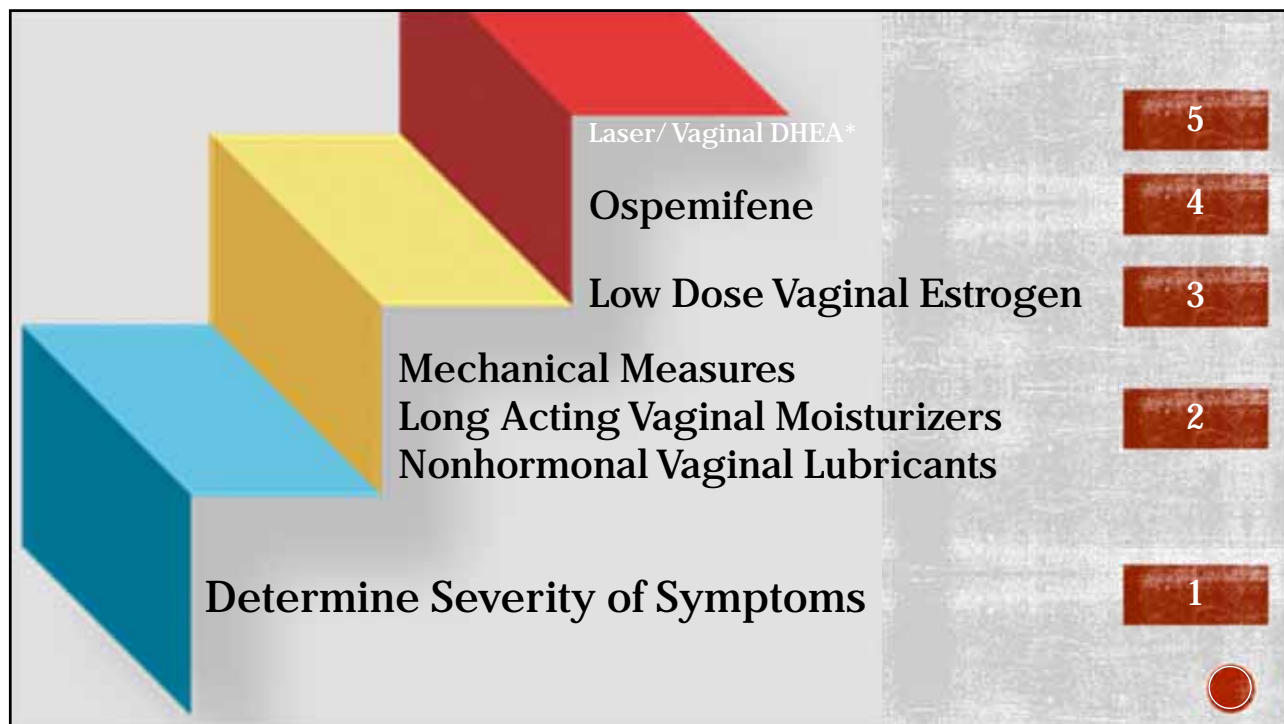


TABLE 1. *Examples of nonhormonal therapeutic options for dyspareunia secondary to VVA*

Lubricants	Moisturizers
<i>Water based</i>	Replens
Astroglide Liquid	Me Again
Astroglide Gel Liquid	Vagisil
Astroglide	Feminease
Just Like Me	K-Y SILK-E
K-Y Jelly	Luvena
Pre-Seed	Silken Secret
Slippery Stuff	
Liquid Silk	
<i>Silicone based</i>	
Astroglide X	
ID Millennium	
K-Y Intrigue	
Pink	
Pjur Eros	
<i>Oil based</i>	
Elégance Women's Lubricants	
Olive oil	

Abbreviation: VVA, vulvovaginal atrophy.

NAMS POSITION STATEMENT

TABLE 2. Vaginal ET products for postmenopausal use in the United States and Canada

Composition	Product name	FDA-approved dosage
Vaginal creams 17 β -estradiol	Estacee Vaginal Cream ^a	Initial: 2-4 g/d for 3-2 wk Maintenance: 1 g 1-3 times/wk ^b (0.1 mg active ingredient/g)
Conjugated estrogens	Premarin Vaginal Cream	For ET: 0.5-2 g/d for 21 d then off 7 d For dyspareunia: 0.5 g/d for 21 d then off 7 d, or twice/wk ^c (0.625 mg active ingredient/g)
Estrogens	Estrogyn Vaginal Cream ^b	2-4 g/d (1 mg active ingredient/g) Intended for short-term use; progestogen recommended
Vaginal rings 17 β -estradiol	Estring	Device containing 2 mg releases approximately 7.5 μ g/d for 90 d (for VVA)
Estradiol acetate	Femring ^a	Device containing 12.4 mg or 24.8 mg estradiol acetate releases 0.05 mg/d or 0.10 mg/d estradiol for 90 days (both doses release systemic levels for treatment of VVA and vasomotor symptoms)
Vaginal tablet Estradiol hemihydrate	Vagifem	Initial: 1 tablet/d for 2 wk Maintenance: 1 tablet twice/wk (tablet containing 10.3 μ g of estradiol hemihydrate, equivalent to 10 μ g of estradiol, for VVA)

Abbreviations: ET, estrogen therapy; FDA, US Food and Drug Administration; VVA, vulvovaginal atrophy.
 Products not marked are available in both the United States and Canada.
^aAvailable in the United States but not Canada.
^bAvailable in Canada but not the United States.
^cSome FDA-approved dosages of conjugated estrogen and estradiol creams are greater than those currently used in clinical practice that are proven to be effective.
 Doses of 0.5-1 g of estrogen vaginal cream, used 1-2 times weekly may be adequate for many women.
 From Estacee¹¹, Premarin¹², Estrogyn¹³, Estring¹⁴, Femring¹⁵, Vagifem¹⁶, Buchnum G, et al.¹⁷

Important Safety Information | Patient Information | U.S. Full Prescribing Information | Healthcare Professionals | Find a Certified Menopause Practitioner

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improving your life

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Important Safety Information and Indication

Important Information you should know about Osphena[®]

Osphena works like estrogen in the lining of the uterus, but can work differently in other parts of the body. Taking estrogen alone or Osphena may increase your chance for getting cancer of the lining of the uterus. Vaginal bleeding after menopause may be a warning sign of cancer of the lining of the uterus. Your healthcare provider should check any unusual vaginal bleeding to find out the cause, so tell them right away if this happens while you are using Osphena.

EXPAND

SELECTIVE ESTROGEN RECEPTOR MODULATOR

Oral treatment for vulvovaginal atrophy and dyspareunia

Fractional Laser Treatment of Vulvovaginal Atrophy



DEKA

Innovative treatment option for GSM

Two Renewal Mechanisms in One:

- Ablation
- Thermal effect



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THANK YOU!