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**GENITOURINARY SYNDROME OF MENOPAUSE:**

*New Terminology—Old Problem!*

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March 3, 2018
- 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
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, NCMN2 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 sponsored 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-inclusive, 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 hormones involving changes in the vulva, vagina, cervix, urethra, bladder, and rectum. 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.

Keywords: 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 incorrect 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 middle women, and the word vaginitis 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 paradigms for changing medical terminology are known. For example, the term overactive bladder syndrome...
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>
<thead>
<tr>
<th>Anatomy</th>
<th>Descriptors</th>
<th>Problem</th>
<th>Life Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vagina</td>
<td>Vulvovaginal</td>
<td>Atrophy</td>
<td>Midlife</td>
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<tr>
<td>Vulva</td>
<td>Genital</td>
<td>Alterations</td>
<td>Aging</td>
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<td>Labia</td>
<td>Gynecologic</td>
<td>Changes</td>
<td>Menopause</td>
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<tr>
<td>Vestible</td>
<td>Reproductive</td>
<td>Condition</td>
<td>Perimenopause</td>
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<td>Urethra</td>
<td>Sexual</td>
<td>Disease</td>
<td>Postmenopause</td>
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<td>Bladder</td>
<td>Urogenital</td>
<td>Disorder</td>
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<tr>
<td>Genitourinary</td>
<td>Urinary</td>
<td>Deficiency</td>
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<td>Urologic</td>
<td>Dysfunction</td>
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</table>

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. 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. Urinary frequency and urgency are common midlife complaints; incontinence occurs in 15% to 35% of women
Conclusion of Consensus Conference
- Final two proposed new terms were 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

Genitourinary 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
### 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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**TABLE 1**

<table>
<thead>
<tr>
<th>External genital signs and symptoms</th>
<th>Complications</th>
<th>Urological signs and symptoms</th>
<th>Complications</th>
<th>Sexual signs and symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal/pruritic pain and pressure</td>
<td>Laceration</td>
<td>Frequency</td>
<td>Urethral stricture</td>
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<tr>
<td>Dysuria</td>
<td>Urethral infection</td>
<td>Urethritis</td>
<td>Loss of libido</td>
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<tr>
<td>Tenderness</td>
<td>Urinary urgency</td>
<td>Urethral pain</td>
<td>Loss of arousal</td>
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<tr>
<td>Pruritus vulvae</td>
<td>Nocturia</td>
<td>Urethral infection</td>
<td>Lack of lubrication</td>
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<tr>
<td>Decreased sexual drive</td>
<td>Reduced sexual desire</td>
<td>Urethral palpate</td>
<td>Dyspareunia</td>
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<tr>
<td>Suprapubic pain</td>
<td>Vaginal vault palpate</td>
<td>Urethral stricture</td>
<td>Dyssynergism</td>
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<tr>
<td>Leukorrhea</td>
<td>Vaginal vault palpate</td>
<td>Urinary tract infection</td>
<td>Pubic pain</td>
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<tr>
<td>Erythema</td>
<td>Vaginal vault palpate</td>
<td>Osteoporotic changes</td>
<td>Bleeding or spotting</td>
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<tr>
<td>Thrusting/gritting pubic hair</td>
<td>Vaginal vault palpate</td>
<td>Infectious etiology</td>
<td>During intercourse</td>
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<tr>
<td>Thrusting/vibrating vaginal epithelium</td>
<td>Vaginal vault palpate</td>
<td>Inflammatory etiology</td>
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<tr>
<td>Pain vaginal mucosa membrane</td>
<td>Vaginal vault palpate</td>
<td>Infertility etiology</td>
<td></td>
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<tr>
<td>Fusion of labia minora</td>
<td>Vaginal vault palpate</td>
<td>Mental changes</td>
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<td>Laxity</td>
<td>Vaginal vault palpate</td>
<td>Anorectal changes</td>
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<tr>
<td>Levator platelets on</td>
<td>Vaginal vault palpate</td>
<td>Uterine prolapse</td>
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<tr>
<td>vaginal mucosa</td>
<td>Vaginal vault palpate</td>
<td>Rectal prolapse</td>
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<tr>
<td>Presence of pectinate</td>
<td>Vaginal vault palpate</td>
<td>Uterine rupture</td>
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<tr>
<td>Reversal vaginal rugae</td>
<td>Vaginal vault palpate</td>
<td>Vaginal atrophy</td>
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<tr>
<td>Increased vaginal liability</td>
<td>Vaginal vault palpate</td>
<td>Vaginal stenosis</td>
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</tbody>
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**Urinary symptoms**
- Pain passing urination
- Frequency, urgency

**Genital symptoms**
- Dryness
- Irritation, burning, itching

**Sexual symptoms**
- Decreased lubrication
- Discomfort or pain
- Bleeding after sex
- Decreased arousal, orgasm, or desire

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**CLINICAL MANIFESTATIONS OF GSM**

**External Genitalia**

**Urological**

**Sexual**

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**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.
Vulvovaginal Atrophy (VVA)
Genitourinary Syndrome of Menopause (GSM)

Well-estrogenized
Premenopausal State

Low-estrogen
Postmenopausal State

Changes in Vaginal Tissue
Due to hypoestrogenic state

Postmenopausal Changes in the Vaginal Epithelium

Erectile tissue
Folds or rugae
Muscular coat
Inner lining contains large amount of glycogen

Loss of folds
Loss of inner lining and glandular function

 Jamaice G. In: A Profile of the Menopause. Kent UK: Wolfe Medical Limited; 1995:69 (Fig. 6.4).
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

Vaginal histology
H & E, magnification ×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

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

STEP WISE APPROACH TO TREATMENT OF GSM
Determine Severity of Symptoms

Mechanical Measures
Long Acting Vaginal Moisturizers
Nonhormonal Vaginal Lubricants

Laser/ Vaginal DHEA*
Ospemifene
Low Dose Vaginal Estrogen

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

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

Abbreviation: VVA, vulvovaginal atrophy.
Oral treatment for vulvovaginal atrophy and dyspareunia
Innovative treatment option for GSM

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THANK YOU!