

There's a condition that affects millions of women and can spell the end of your love life. So why have so few of us heard about it? Linda Kelsey investigates...

The good thing about the menopause is that it's a phase, not a life sentence. Once we're through it, most of us feel like our old selves again. But there's one pesky problem that for many women doesn't start until the other symptoms have eased, and then it gets worse rather than better. I'm talking about vaginal dryness – and various associated symptoms – and the reason I'm feeling unabashed to declare my personal interest is thanks to *Grace And Frankie*, the smash-hit Netflix comedy drama.

It stars Jane Fonda and Lily Tomlin as a couple of sixtysomething singles rebuilding their lives – including their sex lives – after their respective husbands run off with each other. Having watched one particularly upfront episode in which Frankie (Tomlin) decides to produce her own home-made, organic, yam-based lube, I went off to get

some help of my own, and to research a topic that has such a great impact on women's physical and psychological health.

What I learnt is that not only do I have, along with most postmenopausal women, a degree of vaginal atrophy (the most common symptom of which is dryness) but also that, with the help of the right lubricants or topical oestrogens, I can do something about it. A combination of embarrassment and lack of knowledge is stopping way too many women from taking action.

Ouch! It's too painful to ignore

Vaginal atrophy is a direct result of reduced oestrogen levels. As the vaginal walls become thinner, drier, less elastic and more fragile, they may become inflamed. The vaginal canal itself may become shorter

and tighter. This can result in burning or itching of the vagina or vulva, leading to pain during intercourse and blood spotting post-intercourse. Because these symptoms are often a later rather than an immediate effect of menopause, women often put them down to ageing rather than oestrogen.

The double whammy here is that women with vaginal atrophy have a greater chance of recurrent vaginal infections and urinary function problems, including the need to urinate more frequently and urinary incontinence. Atrophy causes alterations in the acidity of the vagina, making it easier for bacteria and yeast to thrive. In extreme cases it can result in prolapse. So it's not just your sex life that may suffer, it's your health in general.

As a term to cover all the above, vaginal atrophy has long struck medics as pretty inadequate. So now there's a new term we

have to wrap our brains around. Following a medical review, the umbrella term GUS (genitourinary syndrome of menopause) has been created to cover the entire spectrum of related genital, urinary and sexual symptoms. It's worth being aware of, as you may well be diagnosed with GUS if you visit a doctor about any of the above.

Consultant obstetrician and gynaecologist Claudine Domoney believes vaginal atrophy is under-treated and under-acknowledged. 'It's the female equivalent of erectile dysfunction (ED) in men,' she says. 'But now even men like football hero Pelé are talking about ED on television. We need to find a way to talk about vaginal issues on the breakfast sofa.'

One of the stumbling blocks, she says, is that women are coy about sex and ageing, and that even if we go to the GP with symptoms, we may not say how they're affecting our sex life. And the GP may have only limited interest or experience in the area. Given that we're talking about a chronic condition that won't go away, it's a shock to find that only 20% of women with vaginal symptoms will go to the doctor, while 25% will go to the chemist and ask for a lubricant. That means that more than half seek no help at all for distressing symptoms.

NOT TONIGHT, DARLING!

More shocking still are the results of a 2013 survey, co-authored by Ms Domoney, on the impact of postmenopausal vaginal discomfort on women and their male partners. Avoiding physical intimacy because of vaginal discomfort was reported by 69% of women and 76% of men, mainly due to concern about sex being painful. It's a vicious circle, she says. 'The more you shy away from sex, the more your libido reduces, then the whole thing dwindles to nothing. It's also a problem that everyone can be helped with, as long as they have information.'

Dr Jane Woyka, a GP and associate specialist in menopause care, agrees that education is needed. 'Women spend a fortune on face creams. I say to patients, "Treat your vagina like your face with some lovely vagina cream." Too many go out and buy K-Y Jelly, which is less effective than options specifically designed to reduce GUS symptoms.'

The main treatments for vaginal dryness divide into hormonal and non-hormonal. While hormone replacement therapy is



effective, a topical oestrogen is more likely to be prescribed as it works on the local area only, making it safer than full HRT. If your main symptom is dryness and discomfort with intercourse, your first port of call will probably be the pharmacist for over-the-counter remedies.

Vaginal atrophy won't get better, says Dr Woyka, 'so treatment should be for life'. Fortunately, the vaginal discomfort survey concluded that use of local oestrogen therapy led to significant improvements in sexual and emotional relationships.

Pass the lube

Non-hormonal treatments are mainly lubricants and moisturisers. You may need to experiment to see which works best for you. All the following can be bought over the counter or online, and some may be prescribed by your doctor.

◆ **Lubricants** Good for short-term relief from dryness during intercourse. Choose from water-based or oil-based lubricants, according to personal preference.

Sylk is a water-based lubricant derived

WHAT ELSE CAUSES DRYNESS?

Sometimes oestrogen levels will decline and affect your vagina for reasons other than the menopause. These include:

- ◆ Breastfeeding
- ◆ Chemotherapy
- ◆ Surgical removal of the ovaries
- ◆ Pelvic radiation therapy for cancer
- ◆ Hormonal therapy for breast cancer
- ◆ Diabetes – women with the condition have a 33% increased incidence of vaginal dryness

from the vines on which kiwi fruit are grown. It is hormone and paraben-free and safe to use with condoms and sex toys.

Yes comes in water and oil-based types. Oil-based Yes is perhaps longer lasting than water-based Yes, but not condom compatible. Both are certified organic and available with or without applicators.

◆ **Re-moisturisers** Replens and Regelle are good examples of longer-lasting moisturisers, says Dr Woyka. Both claim to last for up to 72 hours by adhering to dry cells and offering continuous moisture. They plump up the tissues and may make you less vulnerable to recurrent infections.

Hyalofemme contains hyaluronic acid, a favourite ingredient in anti-ageing skincare products. It's usually reapplied once every three days.

WHAT ABOUT HORMONAL TREATMENTS?

Standard HRT is unlikely to be recommended as a first-line treatment if you have no other troubling menopausal symptoms. Topical oestrogens that may help include: **VAGIFEM** Vaginal tablets inserted with an applicator, used daily for the first fortnight, then twice a week. It is a form of HRT, and has to carry the same health warnings, but most gynaecologists and menopause specialists believe it to be safe and

that only the tiniest amount will cross into the bloodstream. Once the vaginal cells are plumped up, it is unlikely to cross into the bloodstream at all.

- ◆ Prescribed by a doctor.
- ◆ Contains estradiol, a female sex hormone produced in the ovaries.
- ◆ Relieves dryness and itching.
- ◆ May make you less prone to UTIs.
- ◆ May help with problems of urinary frequency.

ESTRING A flexible

silicone ring worn in the vagina continuously for three months.

- ◆ Releases oestrogen into vaginal tissues.
- ◆ Should be reviewed annually and not used continuously for more than two years.
- ◆ Can be inserted by you or your doctor.

OVESTIN CREAM Also releases oestrogen directly into the vagina.

- ◆ Can be used around the clitoris to improve sensory awareness. □