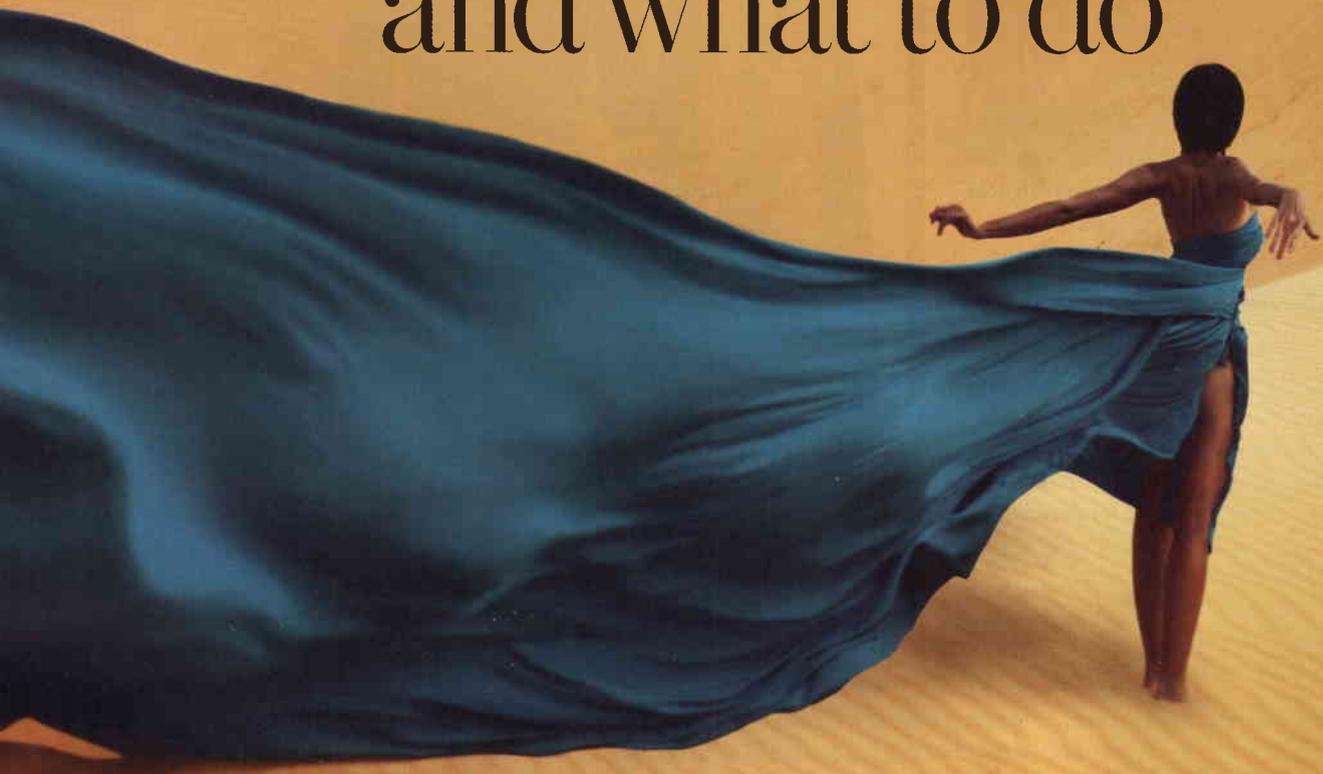


Why
you might be
DRY
and what to do



It's not just the menopause that can cause vaginal dryness. *GH* investigates the causes that can affect millions of women and finds the most important thing you can do for your gynae health

Maybe it's because of where it's stocked in shops - next to the condoms - but most of us think of lubricant as something to try only when our sex lives are being affected by vaginal dryness. This is not the case.

It's estimated that millions of women suffer from vaginal dryness for a whole range of reasons, including common medical conditions, the side effects of certain drugs, some cancer treatments, as well as any changes that reduce levels of the hormone oestrogen. The most common change is menopause, but it can also be other things, like breast-feeding.

'Vaginal dryness can affect women at a whole range of ages and cause a lot of misery,' says Dr David Edwards, a specialist in sexual problems and past president of the British Society for Sexual Medicine, who co-authored a paper on the treatment of vaginal dryness. 'Yet few women seek help - research suggests fewer than one in four - because of embarrassment or because they think it's too trivial to bother a doctor with.'

While vaginal dryness can be due to several factors and may be temporary, it is also the main symptom of vaginal atrophy, which is a permanent change and one of the last big taboos surrounding menopause. Without oestrogen, the lining of the vagina thins and loses its elasticity, and the vaginal canal becomes shorter. The vulva area, bladder and urethra are affected in the same way making urinary tract infections, urgent or frequent loo trips and stress incontinence (when you leak a bit as you cough or exercise) more common. Joy all round, in other words!

Whatever the cause of vaginal dryness, no one needs to just put up with it, says Dr Edwards - and understanding why it's happening, how to choose the right vaginal moisturiser and lubricant, and whether local oestrogen can help are the first steps to sorting out your gynae health.

Reasons you might be feeling dry...

While menopause is the most common cause, vaginal dryness can be due to many other factors. 'A big group that is under-diagnosed is women with type 2 diabetes,' says Dr Edwards. 'Just as diabetic men can be prone to erectile dysfunction because damage to tiny blood vessels restricts blood flow, the same problem can affect women, so blood flow to the vagina and clitoris is limited. The result is an inability to become properly aroused, and you don't get the lubrication you would normally.'

Vaginal dryness can also be a side effect of several medications, in particular antidepressants, which can reduce libido in both men and women. Selective serotonin

tension may switch off ovarian function, temporarily causing dryness.

Cancer patients are another group who may be affected, as chemotherapy can bring on the menopause, as can radiotherapy to the pelvis or lower abdomen. This can also make the vaginal tissues stiff and less elastic.

A rare but unpleasant autoimmune condition called Sjögren's syndrome, which affects about half a million people in the UK, mainly women aged 40 to 60, damages the body's secretory glands preventing tears and saliva, as well as secretions of the vagina and gastrointestinal tract.

It's also possible that anxiety can sometimes be linked to vaginal dryness. 'We do sometimes see women whose periods have stopped as a result of stress, though it's not clear what causes this,' says Dr Heather Currie, associate specialist gynaecologist at Dumfries and Galloway Royal Infirmary and MD of Menopause Matters (menopausematters.co.uk).

It's also worth highlighting that chemical products like feminine sprays, shower or bath products may cause irritation to the sensitive skin of the vulva in individuals, rather than vaginal dryness, says Dr Currie.

'Whatever the cause of vaginal dryness, no one needs to just put up with it'

reuptake inhibitors (SSRIs), like fluoxetine (Prozac), can cause vaginal dryness and reduced sensitivity, though this varies in individuals. Asthma, allergy and cold medications containing antihistamines can also have a drying effect, as they may reduce vaginal secretions.

Anything that stops ovulation, either temporarily or permanently, therefore reducing oestrogen levels, can cause dryness. This is true of breast-feeding but also anorexia or extreme weight loss as a result of illness. Contraceptive injections, such as Depo-Provera, can also be a factor, as they prevent ovulation.

Treatment for endometriosis, a condition where tissue lining the womb grows outside the womb, or even for severe premenstrual

Sex, drugs and personal chemistry

Not everyone suffers from vaginal atrophy post-menopause, and an active love life will help the vagina maintain elasticity and suppleness, as friction during intercourse stimulates cells lining the vagina to regenerate. No partner? Solo sexual stimulation helps, too, as it increases blood flow to the tissues and provides lubrication.

While hormone replacement therapy (HRT) can help with temporary menopause symptoms like hot flushes, it is not recommended for the long term, and

[CONTINUED FROM PREVIOUS PAGE] vaginal atrophy is a permanent condition that will return once you stop. Using topical oestrogen in and around the vagina, however, is a long-term treatment option.

While it is sometimes referred to as topical HRT, Dr Heather Currie says, 'HRT is oestrogen plus or minus progesterone, which circulates through the whole body. Vaginal oestrogen is quite different as there is no progesterone and the absorption into the body is minimal and not associated with the same issues as HRT.'

Vaginal oestrogen can be prescribed as a cream (Ovestin and Gynest are brand names), as vaginal tablets inserted with an applicator (brand name: Vagifem) usually used every night for two weeks then twice a week, or as a ring positioned in the vagina that releases oestrogen and lasts three months (brand name: Estring).

As well as restoring tissues, treatment also rebalances the pH level of the vagina, which becomes less acidic when oestrogen levels drop. This means a 'good' type of bacteria, lactobacilli, can't thrive and other bacteria multiply, making infections like bacterial vaginosis more likely.

Using topical oestrogen cream, vaginal tablets or a ring can also help diminish urinary problems, such as urge or stress incontinence, and can help to reduce the number of urinary infections, although these will need antibiotic treatment.

What you can do: moisturisers v lubes

If the advent of Viagra was the answer to erectile dysfunction, then the creation of moisturisers and lubricants specifically for vaginal use is the corresponding answer for women, says Sarah Brooks, co-founder of Yes range of organic products (yesyesyes.org). Discovering that most



'Few women seek help because of embarrassment'

lubricants contained potentially harmful ingredients inspired her and business partner Susi Lennox to sell their houses to fund research to develop an organic, ethical product.

Some products are available on prescription but, if you're buying yourself, the first step is to understand the difference between a moisturiser and a lubricant. 'Moisturisers are designed for regular use to hydrate the vaginal tissues,' says Dr David Edwards, who studied the composition of different brands used to treat vaginal atrophy. 'They can be used every day to once a week as required. Lubricants are short acting for use during sex to provide wetness when the normal arousal process doesn't work so well.'

A key factor in both is their pH value, which should match that of the vagina. If it's too high or too low, it can cause irritation. In a healthy person, the normal vaginal pH value is between 3.8 and 4.5, and the World Health Organization

recommends lubricants and moisturisers within this range. Avoid silicone or mineral oil-based moisturisers, which don't have a pH, and instead go for a water or plant-oil based one. You should find the pH on the packaging. Moisturisers with a pH below 4.5 include Vagisan, Sylk, Yes, Regelle, and ReplensMD. You may need to experiment to find one that suits you best.

Help after cancer treatment

Women who are undergoing treatment for breast cancer can be unprepared to find vaginal dryness is another problem, especially as they try to rekindle sexual desire. 'This is probably the least-spoken-about and least-reported symptom,' says Carolyn Rogers, senior clinical nurse specialist at Breast Cancer Care. 'Partly because women have left hospital by the time it's a problem, and also they may feel embarrassed to bring it up or that it is trivial in comparison to having a breast cancer diagnosis.'

She recommends using vaginal moisturisers regularly to keep tissues hydrated, and lubricants during intimacy, which are best used by both partners.

Using vaginal oestrogen needs to be discussed with an oncologist on a case-by-case basis, but Carolyn says women taking tamoxifen may be safely prescribed it, as the tamoxifen is thought to counteract any oestrogen that may enter the bloodstream.

For those taking an aromatase inhibitor, vaginal oestrogen is not usually recommended, but it may be possible for some women to switch to tamoxifen after a discussion with their oncologist.

For more information and to find out about face-to-face support, visit breastcancercare.org.uk, or call its expert nurses free on 0808 800 6000.

'We shouldn't be embarrassed to talk about this'



Jackie Carter, 60, lives in Dorset and is married with two daughters and one granddaughter.

'I went through the menopause at 47. A couple of years ago, I found I needed to use the loo

constantly, or had the feeling that I needed to, which meant I was waking at night and always looking for a toilet when we were out. My GP said it was due to vaginal dryness and prescribed an oestrogen cream, but said to only use it for three months. I wasn't really happy using a hormone-based cream

so, after using it initially, I looked online for alternatives and found Yes products, which I liked because they were all natural. I first used their moisturiser once a week and found it brilliant. Now I use it every two to three weeks. I can honestly say it's made such a difference to my life. People should talk about

this more. I had no idea dryness could cause the symptoms I experienced. I just assumed only sex would be affected! I wish people would talk more openly about the menopause in general. It's a very under-discussed subject. We talk about teenagers and hormones but not menopausal women.'