# Dr Daisy's Blog at Menopause Matters. This month ...

# HRT and Your Vagina – the Rationale for Vaginal Estrogen



As a menopause doctor, I am frequently seeing women with vaginal symptoms.

They may say they have vaginal dryness. However women are actually more likely to burst into tears and tell me they can't have sex because vaginal penetration is just too painful. Or that sex is painful. Or that it's just not like it used to be.

Many women have already tried lubricants - some of these have helped, some not. They may also have other symptoms such as frequent urinary tract infections, urinary frequency/ urgency and getting up at night to pass urine. They may have no libido – and often just feel generally worried their youth and sex lives are over. Their sexual partners are feeling the brunt of it.

### Here's the Good News!

These symptoms are perfectly understandable. Around the time of menopause and after, women's estrogen levels are very low. By replacing a little estrogen, just locally in the vaginal area, these symptoms generally improve enormously.

Read on – This is very different to taking full blown HRT.

### What does Estrogen do for the Vagina?

The female body is designed to need estrogen. This is the hormone that makes us female. Is it surprising that at menopause, when our ovaries fail and our estrogen levels fall, our bodies protest? Vaginal symptoms are a good example.

Estrogen has been responsible for our secondary sex characteristics – breast development,

and all the physiological changes that occur at puberty. One of the functions of estrogen is to keep the cells which line the vagina – the vaginal epithelium – healthy.

To function optimally, the vaginal epithelium needs to be several layers thick, with plump juicy cells, naturally able to produce vaginal secretions. When estrogen levels fall, the vaginal epithelium becomes thin, and the cells are shrivelled, tired and producing much less in the way of natural secretions.

In addition, because estrogen levels are low, there is shrinkage of the genital area, such that the introital opening narrows, and the vagina becomes narrower and shorter. Estrogen is also important for transmitting nerve impulses in the genital area. Low levels of estrogen may affect sexual response.

This whole clinical picture is called vaginal atrophy.

No wonder women find sex painful and experience all these symptoms.

### **How to Treat Vaginal Atrophy?**

Treating vaginal atrophy requires replacing some of the estrogen your body is no longer producing, The tissues in the vaginal/genital area are particularly responsive to estrogen. Remember HRT estrogens are natural estrogens, chemical identical to the estrogen your ovary was producing before the menopause.

HRT is not the same as the Contraceptive Pill – these are totally different products.

Local estrogen treatments are a specific type of HRT. They are natural, "weak" estrogens.

### What's the Difference between Local Estrogen Treatments and Tablet/Patch HRT?

If you take tablet/patch HRT, estrogen is absorbed in the gut or through your skin. This then circulates in your blood stream at a low level. This estrogen level never reaches anything like the levels of estrogen which you had when you had a normal menstrual cycle. Low levels of estrogen can control hot flushes and night sweats. However these circulating levels of estrogen are the reason for the very small risks associated with tablet/patch HRT. Some women

therefore decide not to take it.

Local estrogen treatments are totally different – these are creams, small tablets or a vaginal ring inserted directly into the vagina. Estrogen is not being absorbed through the gut or the skin – but is being absorbed directly by the vaginal tissues. There is (virtually) no additional estrogen passing into your blood circulation. This local estrogen is effective only in the genital area. It will not help reduce hot flushes for example. But women do not need to fear any negative medical consequences from using vaginal estrogens. In fact, even women who are unable to take HRT for medical reasons can usually use topical estrogen.

### What about Women who are Taking Tablet/Patch HRT?

Even women who choose to take tablet/patch HRT, may still need to use local estrogen.

If you take an HRT tablet or use a patch, there will be a small amount of estrogen in your blood circulation, but, there may well not be enough estrogen concentrated in your genital tissues.

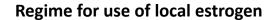
### Can't I Just Use a Lubricant or Moisturiser?

You can just use a lubricant or vaginal moisturiser. However this is a bit like putting some oil in your engine. It will lubricate the penis for sexual intercourse, but they do not affect the quality of the vaginal epithelium, or the shrinkage that is a natural part of the post menopausal process. Lubricants and moisturisers may well help, but you are likely to get better long term results with use of local estrogen treatments. Some women benefit from using both.

### What are local/topical estrogens?

The three available types of local estrogen are:

- Creams contain estriol 0.5g/application. They are provided with a plastic applicator.
   This is simple, easy to use, and will transfer the cream into the vagina.
- Vaginal tablets contain estradiol hemihydrate 10 mcg. Each is a small 6mm pessary, inserted into the vagina using a plastic applicator.
- There is also an Estring vaginal ring



The suggested regime is:

- One application of cream/one vaginal tablet per day, for 2 weeks.
- Then one application of cream/one vaginal tablet twice a week thereafter as a maintenance dose.
- Or vaginal ring changed 3 monthly.

It is important to do this when starting to use the treatment. You are using the treatment regularly at the start, then slowly reducing the amount. The initial "blast" of therapy is important. It may take a few weeks, or even a few months, to feel a benefit. Once started, contiue treatment as long as is necessary. When you stop, any benefits will be quickly lost.

If symptoms return, you can go back to the beginning and start again.

## Daisy Mae x



Dr Daisy Mae is a doctor and writer. She has worked extensively as a Specialist in Sexual & Reproductive Health, in the South of England. She has also worked in the field of Menopause for around 25 years, and latterly has run her own specialist Menopause Clinic.

Daisy has just published her first novel - Dating Daisy. She also has a Sexual Health Blog on The Huffington Post UK and writes for Dr Ed, the online doctor service. Daisy will be blogging for us once a month.

You can contact Dr Daisy with ideas and suggestions for the blog or on any specific topics you are interested in. Email: daisymae\_224@mail.com.

### References

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Menopause: January 2018 - Volume 25 - Issue 1 - p 11–20 https://journals.lww.com/menopausejournal/Citation/2018/01000/Breast\_cancer,\_endometrial\_cancer,\_and.5.aspx

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