

## Symptoms & Terminology

**Atrophic vaginitis** - inflammation of vagina/vulva leading to discharge

**Cervix** - the neck of the uterus, at the top of the vagina

**DVT/VTE (deep vein thrombosis/venous thromboembolism)** - blood clots in the veins (most commonly in the legs)

**Dyspareunia** - painful sex

**Dysuria** - pain when urinating (passing water)

**Frequency** - needing to pass urine often

**HRT** - Hormone Replacement Therapy

**Incontinence** - involuntary leakage of urine

**Local HRT** - Hormone Replacement Therapy applied in the vagina

**Menopause** - the last menstrual period

**Nocturia** - needing to pass urine at night leading to wakening

**Oestrogen** - the main female hormone, produced mainly by the ovaries

**Pelvic floor** - muscles and ligaments supporting the uterus, bladder etc

**Postmenopause** - the time in a woman's life after the menopause

**Prolapse** - the descent of the uterus into the vagina cavity

**STI** - sexually transmitted infection

**Systemic** - circulating throughout the whole body

**Thrush (candida albicans)** - a fungal overgrowth especially in the vagina

**Urethra** - tube from bladder to outside through which urine is passed

**Urgency** - needing to pass urine urgently

**Uterus** - womb

**UTI** - urinary tract infection

**Vagina** - genital canal leading to the uterus

**Vaginal atrophy** - drying and thinning of the vaginal and vulval skin

**Vaginal flora** - the micro-organisms ("bugs") in the vagina

**Vulva** - the external female genitals

## Novo Nordisk Customer Care line

0845 600 5055

(Calls may be monitored for training purposes)

Date of Prep: May 2012 UK/HRT/0412/0001



## After the Menopause

### A personal guide for women



Written by Dr. Annie Evans MA FFSRH  
Women's Health Specialist  
Bristol Nuffield Hospital & Cornwall  
[www.drannieevans.com](http://www.drannieevans.com)

Produced by Novo Nordisk Ltd





## What is the postmenopause?

This is the stage of every woman's life that follows the menopause, or her last menstrual period. A woman is definitely postmenopausal when she has not had a period for at least a year. Most women in the UK go through the menopausal transition between the ages of 45 and 55, with the average age of the last menstrual period being about 52.

After the menopause the ovaries cease to produce the main female hormone, oestrogen, and its absence can produce a wide range of symptoms.

In the short-term many women experience hot flushes and night sweats and many emotional changes. In the long-term lack of oestrogen may predispose many women to osteoporosis. Most women are aware of these problems, and are able to openly discuss them with their healthcare providers and feel comfortable enough to debate with their friends and family as to what approach they will choose when coping with these symptoms.



## “Urogenital” problems

Many women experience urogenital problems such as vaginal discomfort and urinary incontinence in the years after the menopause, but most find it hard to admit to these symptoms even with their closest friends, let alone to ask their doctor or nurse for help.

Most women decide to **“pad-up and put up”** and suffer in silence, rather than face the embarrassment of discussing this and finding out if anything can be done to help. Women are often unaware of **how common and normal these problems are and what help is available to them.**

**Medical terminology** for the array of problems faced by so many women is confusing and the aim of this booklet is to try to explain some of the “urogenital” problems of the postmenopause. (See the glossary of Symptoms & Terminology at the back of this booklet).

## Vaginal atrophy

### ● Vaginal dryness, soreness and painful sex

Without the production of oestrogen by the ovaries, the skin and support tissues of the vulva (“lips”) and vagina become thin and less elastic.



This is an inevitable consequence of the menopause and the majority of women **will** experience some form of symptoms.

**Vaginal dryness** is commonly the first reported symptom. This is due to a reduction in the production of mucus by the glands of the vagina.

**Thinning of the vaginal and vulval skin** can follow, which in turn makes them more easily damaged. This damage can occur during sex, especially if lubrication is also poor and even quite gentle friction can cause pain and discomfort. If the vulval lips are thin and dry, they can often rub on underwear causing soreness. Many women also dislike the outward changes in the appearance of the vulva (“lips”) as they lose their plumpness. It is not unusual that for many women, sex becomes difficult, painful, embarrassing, and often unwelcome.

**Alteration in the normal vaginal discharge** is something noticed by most women after the menopause and also rarely discussed. Without oestrogen the pH (acidity) of the vaginal secretions changes and the normal discharge becomes more alkaline (like caustic soda). This pH affects the balance of the micro-organisms in the natural secretions which in turn suppresses the normal levels of “good” bacteria (lactobacillus).

The **discharge** changes in nature, becoming watery, discoloured and slightly smelly. This often leads to **vaginal burning** and **vulval irritation**.

Some women become so concerned by these unexpected changes that they worry that they have contracted a sexually transmitted infection (STI) or even fear cancer.

Some seek advice from specialist clinics but most just worry and don’t ask for help. Because of this, relationships can sadly suffer unnecessarily.

Often women buy “over-the counter” anti-thrush treatments, which may not be effective as this is not a fungal infection. Sometimes these creams can themselves sensitise the vulval skin and make the problems worse. Other women can become prone to recurrent attacks of candida (“thrush”) and so it is important to be able to distinguish between the two conditions.

### **Pelvic floor changes and prolapse**

Many postmenopausal women become aware of “ballooning” or bulging of the walls inside the vagina, or even of a feeling of descent of the neck of the womb. Others simply experience a generalised pelvic dragging sensation. About half of postmenopausal women are found to have weakening of the front wall of the vagina (anterior vaginal wall prolapse); about a quarter have similar problems with the back (posterior) wall, and one-fifth with the highest part of the vagina.



## Pelvic floor changes and prolapse

The muscles and ligaments of the pelvic floor (which should normally support the womb, bladder and other organs like a trampoline) are also oestrogen-sensitive, and changes in collagen, due to oestrogen deficiency, have a profound effect on the support mechanisms of the pelvic floor.



The protective covering of the clitoris is often affected by the changes in the collagen of the vulval skin, and the clitoris itself can become sore and traumatised. These skin changes are often so profound that genuine skin conditions emerge ("dermatoses"), and may need separate treatment.

Many women find these changes make them uncomfortable on a daily basis. These changes can also be a precursor to the process leading to problems with the bladder and the urinary tract.



## Lower urinary tract symptoms

As they get older many women may find they have problems with their urinary tract.

Some suffer from genuine **stress incontinence**, which is leaking of urine on coughing, sneezing or jumping, for instance. There is still a lot of debate about whether this is a direct result of the loss of oestrogen after the menopause.

Loss of oestrogen is thought to be only part of the cause of stress incontinence. About 70% of women with incontinence say it started around the time of their last menstrual period.

**Urge incontinence** is not as commonly reported by women as stress incontinence. Some postmenopausal women have difficulty "holding on" once they sense that they need to empty their bladder. They may also leak and start to pass urine before they can get to the toilet.

Other urinary tract symptoms that may occur postmenopause include **frequency** (recurrent need to pass urine) and **nocturia** (need to pass urine at night leading to recurrent waking). Some women also feel they need to pass urine, having only just done so. All of these problems may be connected to overactivity of the muscle surrounding the bladder.

## Recurrent urinary tract infections (UTIs)

Commonly called cystitis, this is a urinary problem that affects women of all ages, but increases with age with many elderly women being particularly troubled.



## What can be done?



Recognising that these problems are more widespread than most women imagine, and feeling able to talk to friends, family or even to a nurse or doctor about them is one thing, but is there any point?



The answer is yes. There are many ways that women can be helped so that they do not have to suffer in silence. Many women

in their 40s and 50s simply tell no-one that they have to wear sanitary protection to be able to exercise or go to the gym. Often women resort to using tampons again, although they are not having periods. They find this helps support their pelvic floor and prevent them from leaking urine whilst they exercise.

Some women with urinary problems will actually avoid going on long journeys or visiting unfamiliar destinations for fear of being unable to find a toilet.

## Management of vaginal atrophy

### Some options that may help include:

- **Avoidance of soaps** to wash with (perhaps replacing with aqueous cream, available from most pharmacies).
- **Local vaginal lubricants** and re-moisturisers, especially for intercourse (available from doctor or pharmacist).
- **Treatment of underlying skin problems** with topical creams, often after guidance by a specialist and perhaps skin-biopsy.

- **Treatment of altered vaginal flora with appropriate antibiotics** (often after an examination). This is short-term and may be administered by mouth or sometimes directly into the vagina. This treatment may need to be repeated.
- **Local oestrogen therapy.** It is now well recognised that low doses of oestrogen therapy, delivered locally in the vagina, can be effective.

Vaginal dryness, soreness, burning, vulval irritation and chafing can all respond well to local oestrogen treatments. This can also help greatly with discomfort, pain during sex, correcting the vaginal pH and stopping the overgrowth of abnormal vaginal flora. Local low dose treatment with oestrogen has been found to have significant effect on postmenopausal vaginal atrophy.

### Oestrogen delivered locally can be in the form of:

- *Vaginal tablets*: inserted using a pre-loaded applicator. These are used every night for 2 weeks and then twice weekly, as advised.
- *Creams*: inserted, using an applicator, daily initially, then as advised.
- *Vaginal silica ring*: inserted for a 3-month period.
- *Pessaries*: inserted daily, (preferably in the evening) initially, then as advised.

These treatments are effective and acceptable and unlike conventional forms of HRT, the effects are local therefore the risks of side effects affecting the whole body are reduced.





## Management of urinary problems

Oestrogen replacement therapy has been shown to improve problems such as urgency, urge incontinence, frequency, nocturia and dysuria.



**Genuine stress incontinence** is not likely to be resolved with the use of oestrogen alone, but it does seem to add to the action of other treatments that can be used.



One useful treatment is to do regular **pelvic floor exercises**. Many women have learnt these exercises for childbirth, but it is well worth revisiting them.

**Pelvic floor physiotherapists** are the specialists in this field. They are able to fully assess a woman's pelvic floor function and teach appropriate techniques to strengthen it and train the bladder. They will then reassess and monitor improvement. They often use recording of pelvic floor muscle function, and various devices to help women perform appropriate exercises, such as weighted vaginal cones, or vaginal trainers. Often the practice nurse or GP can suggest referral to these practitioners.

Sometimes assessment is needed using **"urodynamics" in a specialist clinic**, but only rarely is surgery needed. Modern surgical methods, however, are as non-invasive as possible, and a hysterectomy is very rarely needed.

## The final message

Many women may have postmenopausal problems which could affect their vulva, vagina and urinary tract, but they should not feel ashamed to talk about the subject or even to ask for help. Healthcare Professionals dealing with women at this stage of their lives are very aware of these conditions and their seriousness, as well as the effect they can have on the quality of women's lives and relationships.

**YOU ARE NOT THE ONLY ONE WITH THESE SYMPTOMS, THEY ARE PERFECTLY NORMAL - SO DON'T BE AFRAID TO ASK FOR HELP!**

More information about the menopause is available from the following organisations and websites:-

**[www.drannieevans.com](http://www.drannieevans.com)**

helping women through all life stages

**Menopause Matters**

[www.menopausematters.co.uk](http://www.menopausematters.co.uk)

**Women's Health Concern Ltd**

4-6 Eton Place

Marlow

Buckinghamshire

SL7 2QA

[www.womens-health-concern.org](http://www.womens-health-concern.org)