
Abstract: Most men and women remain sexually active into mid-life and beyond. However, sexual functioning in peri- and postmenopausal women, and their partners, is widely variable. Somatic symptoms, psychological issues, partner's physical, psychological, and relationship status are all important to one's perceived quality of life, and may greatly affect sexuality. These wide-ranging influences complicate assessment, diagnosis, and subsequent management of sexual problems. A number of factors influence sexual functioning in menopausal women. There are age-related changes that are unrelated to menopause, which include changes in drive, body image, and general health status. Beliefs about menopause and sexuality impact sexual functioning in women. Changes in relationship status and the physical health of a partner may also influence sexuality. Physiologic changes, directly related to menopausal hormone changes, often impact sexual functioning, both directly and indirectly. Health care providers can play an important role in treating sexual problems and enhancing sexuality in aging patients. Effective evaluation will result in accurately determining the source(s) of an individual's or a couple's sexual dysfunction. Treatment may include the following: basic education about sexuality and sexual functioning, normalizing sexual activity in aging adults, medical management of symptoms or problems that are interfering with sexual desire or activity (such as HRT for vaginal atrophy or in reduction of hot flashes), referral for treatment of the partner's physical or psychological problem, and/or sex therapy to treat a sexual dysfunction or to manage a chronic physical problem that requires a change in a person's or couple's typical sexual repertoire. This paper includes a detailed case history of a couple to illustrate the concepts mentioned above.


Abstract: PURPOSE: Female sexual dysfunction is highly prevalent but not well defined or understood. We evaluated and revised existing definitions and classifications of female sexual dysfunction. MATERIALS AND METHODS: An interdisciplinary consensus conference panel consisting of 19 experts in female sexual dysfunction selected from 5 countries was convened by the Sexual Function Health Council of the American Foundation for Urologic Disease. A modified Delphi method was used to develop consensus definitions and classifications, and build on the existing framework of the International Classification of Diseases-10 and DSM-IV: Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, which were limited to consideration of psychiatric disorders. RESULTS: Classifications were expanded to include psychogenic and organic causes of desire, arousal, orgasm and sexual pain disorders. An essential element of the new diagnostic system is the "personal distress" criterion. In particular, new definitions of sexual arousal and hypoactive sexual desire disorders were developed, and a new category of noncoital sexual pain disorder was added. In addition, a new subtyping system for clinical diagnosis was devised. Guidelines for clinical end points and outcomes were proposed, and important research goals and priorities were identified. CONCLUSIONS: We recommend use of the new female sexual dysfunction diagnostic and classification system based on physiological as well as psychological pathophysiologies, and a personal distress criterion for most diagnostic categories.


Abstract: This article presents the development of a brief, self-report measure of female sexual function. Initial face validity testing of questionnaire items, identified by an expert panel, was followed by a study aimed at further refining the questionnaire. It was administered to 131 normal controls and 128 age-matched subjects with female sexual arousal disorder (FSAD) at five research centers. Based on clinical interpretations of a principal components analysis, a 6-domain structure was identified, which included desire, subjective arousal, lubrication, orgasm, satisfaction, and pain. Overall test-retest reliability coefficients were high for each of the individual domains (r = 0.79 to 0.86) and a high degree of internal consistency was observed (Cronbach's alpha values of 0.82 and higher) Good construct validity was demonstrated by highly significant mean difference scores between the FSAD and control groups for each of the domains (p < or = 0.001). Additionally, divergent validity with a scale of marital satisfaction was observed. These results support the reliability and psychometric (as well as clinical) validity of the Female Sexual Function Index (FSFI) in the assessment of key dimensions of female sexual function in clinical and nonclinical samples. Our findings also suggest important gender differences in the patterning of female sexual function in comparison with similar questionnaire studies in males.

Abstract: Forty early menopausal women seeking relief from sexual symptoms within a long-term marital relationship and 40 matched women seeking relief of climacteric complaints completed questionnaires concerning three subject: vasomotor and psychosocial symptoms, sexual dysfunctions, and female identity. Results showed that women with sexual dysfunctions were more likely to suffer from vasomotor and psychosocial complaints and their feminine identity was based mainly on ideals of motherhood and beauty. In addition, sexual desire disorders were present significantly in those women with higher psychosocial symptoms, while sexual arousal disorders were particularly evident in women suffering more vasomotor symptoms.


Abstract: BACKGROUND: Previous reports suggest that problems in sexual functioning may be common among long-term (> 5 years) breast cancer survivors. To investigate this issue further, we examined the characteristics and correlates of sexual functioning in women diagnosed with breast cancer at least 5 years previously and treated with adjuvant chemotherapy and in an age-matched comparison group of women with no history of cancer. PATIENTS AND METHODS: Participants were 58 women initially diagnosed with breast cancer at an average of 7.65 years previously and 61 women with no history of cancer. All participants completed standardized self-report measures of sexual functioning, marital functioning, depression, fatigue, and menopausal symptoms. RESULTS: Compared with women with no history of cancer, long-term breast cancer survivors reported worse sexual functioning (P < or = 0.01), characterized by greater lack of sexual interest, inability to relax and enjoy sex, difficulty becoming aroused, and difficulty achieving an orgasm. Additional analyses indicated that severity of vaginal dryness was significantly (P < or = 0.05) related to poorer sexual functioning among long-term breast cancer survivors and mediated the relationship between group membership (breast cancer survivor v.s. noncancer comparison subject) and sexual functioning. CONCLUSIONS: These findings confirm and extend previous reports of impaired sexual functioning among long-term breast cancer survivors. Results further suggest that relief of vaginal dryness should be an essential component of efforts to improve sexual functioning among long-term breast cancer survivors.


Abstract: Aging has a powerful impact on the quality of relationship and sexual functioning. The psychological impact of aging after midlife is a particularly timely topic, given improved medical and psychological understanding of sexuality in both women and men as well as significant improvement in the conceptualization of female sexuality and evolving treatment advances for female sexual dysfunctions. It is time to dispel the stereotype of the midlife woman in order to more effectively address emotional and sexual issues arising in her relationships. Regardless of the length or nature of the relationship, its quality is enhanced by emotional intimacy, autonomy without too much distance, an ability to manage stress, and to maintain a positive perception of self and the relationship. To understand and treat effects of aging on sexuality, it is important to address the three components of sexual desire: drive, beliefs/values, and motivation, as well as the social context of a woman's life. It is also essential to understand how the physiological changes in female as well as male sexual functioning impact desire. Further, other health-related changes that occur with aging must be recognized and addressed.


Abstract: The aim of the present cross-sectional study was to investigate the frequency of self-reported sexual symptoms in women (n = 355; age range 46-60 years) attending menopausal clinics in Italy and to relate them to other vasomotor, psychological, physical, and genital complaints. Each subject completed a visual scale for sexual symptoms and for other complaints frequently occurring at menopause. Pain during sexual intercourse (29.8%) and low libido/lack of arousal (22%) were significantly more frequent with age (chi(2) = 8.0, p < 0.02; chi(2) = 6.2, p < 0.04, respectively) and years since menopause (chi(2) = 13.0, p < 0.005; chi(2) = 11.3, p < 0.01, respectively). Reduction of sexual pleasure/satisfaction (45.9%) was common with age, but was more frequent with longer time since the menopause (chi(2) = 19.9, p < 0.001). By examining the intensity of sexual symptoms according to the presence of other complaints, we found that physical, psychological, and genital well-being significantly affects components of sexual response after the menopause. For example, loss of fitness, urogenital symptoms, a negative self-image (increase of facial hair), and depressive symptoms were more common in women with sexual complaints. Given the concomitant role of hormonal and aging determinants, a comprehensive approach to female health is needed when facing climacteric sexual dysfunction.


Abstract: Objective: To study the relationship between current menopause status, occurrence of menopause transition during cancer treatment, and prevalence and severity of possible menopause related symptoms. Design: Data from the Cancer and Menopause Study (CAMS), a tumor-registry-based cohort of breast cancer survivors (BCS) diagnosed before age 50, were used. Using a standardized symptom checklist, women reported whether they were not at all, slightly, moderately, quite, or extremely bothered in the past 4 weeks by hot flashes, night sweats, vaginal dryness, pain with intercourse, breast sensitivity, joint pains, frequent mood changes, restless sleep, weight gain, forgetfulness, and difficulty concentrating. Current menopause status (by standard categories based on menstruation) and whether a persistent menopause transition occurred during cancer
treatment were the main exposures. Linear (symptom severity as continuous outcome) and logistic (symptom present vs absent) regression models were adjusted for age, ethnicity, current smoking, alcohol use, chemotherapy, tamoxifen, body mass index, and depression scores. Results: Mean age of the participants was 50 years. The prevalence of symptoms was high. Hot flashes occurred in 17%, 51%, and 71% of pre-, peri-, and postmenopausal BCS, respectively. Hot flashes, vaginal dryness, and pain with intercourse were more severe in postmenopausal compared with perimenopausal BCS. Having had a transition during breast cancer treatment was associated with worse hot flash severity, independent of current menopause status. Conclusions: Menopause-related symptoms are common in BCS. Effective treatment options are needed. Having a treatment-related transition confers a persistent effect on hot flash severity. Clinicians should include this information when counseling women on potential outcomes of their cancer therapy. Key Words: Breast cancer – Menopause – Hot flashes – Vaginal dryness.


Abstract: PURPOSE: To examine sexual problems in younger women diagnosed with breast cancer during the first year after surgery and to identify sociodemographic, medical, and psychosocial predictors of sexual problems. PATIENTS AND METHODS: Women diagnosed with breast cancer age < or = 50 years completed surveys at three time points: within 24 weeks after initial surgery (baseline), 6 weeks after baseline, and 6 months later. Survey items included the Medical Outcomes Study Sexual Functioning Scale, satisfaction with sex life, feeling sexually attractive, body image, marital satisfaction, quality of life, medical history, symptoms, and sociodemographics. Prediagnosis sexual problems were retrospectively ascertained at the initial survey. RESULTS: Analyses included 209 women sexually active at baseline (78.6% of total sample). Sexual problems were significantly greater immediately postsurgery compared with retrospective reports before diagnosis (P < .0001). Although problems gradually decreased over time, they were still greater at 1 year postsurgery than before diagnosis. In multivariate analyses controlling for sexual problems at prediagnosis, vaginal dryness, and lower perceived sexual attractiveness were consistently related to greater overall sexual problems. Chemotherapy was related to sexual problems only at baseline except for women who became menopausal as a result of chemotherapy, who continued to have problems. CONCLUSION: Findings substantiate the need to address potential sexual problems related to chemotherapy treatment and menopause among younger breast cancer survivors and to counsel women about possible remedies, particularly for vaginal dryness. Increasing feelings of sexual attractiveness may also help sexual problems, especially among women for whom these feelings were altered by surgery or treatment.


Abstract: BACKGROUND: There has been little information available about menopausal-type symptoms in very young breast cancer survivors. METHODS: In collaboration with the Young Survival Coalition, we conducted an Internet-based survey of women with a history of breast cancer diagnosed at age 40 years or younger using items derived from the Breast Cancer Prevention Trial symptom checklist. RESULTS: A total of 371 respondents were eligible for analysis. Mean age at diagnosis was 32.8 years and mean age at follow-up 36.2 years; 89% of women received chemotherapy, 49% tamoxifen, 15% ovarian suppression, 4% aromatase inhibitors. At the time of survey, 37% were taking tamoxifen and 9% ovarian suppression. Excluding women on ovarian suppression, 77% of women were premenopausal at follow-up. Many women reported bothersome menopausal-type symptoms. In particular, 46% of women reported hot flashes and 39% reported dyspareunia. In a linear regression model of symptom scores, current ovarian suppression, postmenopausal status, baseline anxiety before the diagnosis, pregnancy after the diagnosis, prior chemotherapy, and lower perceived financial status were associated with more bothersome symptoms. CONCLUSION: A substantial number of young breast cancer survivors experience bothersome menopausal symptoms. While the women who responded to our survey may represent a select group of survivors, these findings may have important implications for treatment decision making and long-term quality of life of young women with breast cancer.


Abstract: Decreases in sex hormone levels with menopause may bring about a number of consequences in women's general health and sexual well-being, especially when levels decline suddenly and prematurely, as in surgical menopause. In addition to the well-established role of estrogens in preserving the biological basis of sexual response, there is emerging evidence that androgens are significant independent determinants affecting sexual desire, activity and satisfaction, as well as mood, energy and other components of women's health. Hypoactive sexual desire disorder (HSDD), a persistent absence of sexual fantasies or thoughts and/or desire for and receptivity to sexual activity that causes personal distress, is experienced by some postmenopausal women. Even though conventional hormone therapy with estrogens or estrogens and progestogens may be effective for vaginal atrophy, increasing vaginal lubrication and reducing dyspareunia, it has not been shown to consistently increase sexual desire or activity and many women with sexual dysfunction remain unresponsive. Several recent, large, phase III studies have shown that the addition of transdermal testosterone to conventional hormone therapy can be helpful in surgically menopausal women presenting with HSDD. After 24 weeks of treatment in these studies, testosterone-treated women experienced significantly greater increases in satisfying sexual activity and sexual desire, and greater decreases in distress, than placebo-treated women. Accurate clinical assessment and individualized management of sexual symptoms are fundamentally important for all menopausal women with HSDD or other sexual problems.

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Abstract: OBJECTIVE: To survey women’s views on hormone replacement therapy (HRT), alternative therapies and sexual health using the Internet. Study design and main outcome measures. Three questionnaires were offered on a UK, patient-tailored, independent, clinician-led dedicated menopause website. They covered HRT, alternative therapies and sexual health. The anonymous responses of the users of the website were analysed. RESULTS: There were 1026, 1072 and 1002 responses for the HRT, alternative therapies and sexual health questionnaires, respectively. On the first, 75% of respondents were in favour of HRT; 36% felt media reports of the risks of HRT had been exaggerated and 73% of women did not know enough about HRT to make informed choices. In relation to alternative therapies, 85% of respondents felt they did not know enough to make informed choices, 71% received no advice before starting an alternative therapy and 69% were unaware of possible interactions. Ninety-five per cent would try alternative therapies before HRT in the belief that they were more natural and 68% were prepared to pay more than pound10 a month for such therapies. On the questionnaire on sexual health, 88% of respondents indicated that they believed an active sex life was important. Fifty-three per cent recorded that they experienced dyspareunia, but 51% of women hid their symptoms and 31% made excuses to avoid intercourse; 54% felt their confidence had been adversely affected. Only 20% had discussed their symptoms with health professionals and only 12% were using prescribed treatment. CONCLUSIONS: Online questionnaires are a useful means to obtain data. Our surveys raised several issues, including the observations that the majority of women said they did not know enough about HRT and alternative therapies to make informed choices. There appeared to be many women with vaginal symptoms who had not spoken with a health professional and therefore were untreated.


Abstract: A large number of biological, psycho-relational and socio-cultural factors are related to women’s sexual health and they may negatively affect the entire sexual response cycle inducing significant changes in sexual desire, arousal, orgasm and satisfaction during the entire reproductive life span. In spite of the high prevalence of sexual problems with increasing age, sexual retirement is not an inevitable consequence of the passage of time and a high proportion of men and women remains sexually active well into later life, a result of changing attitudes toward sexuality and the availability of effective treatments for sexual dysfunction. Population-based studies reported an age-related decline of sexual functioning and an additional adverse effect of menopausal status. Ageing per se interferes with the level of sexual performance, but sexual behaviour of midlife and older women is highly dependent on several factors such as general physical and mental well-being, quality of relationship and life situation. Sex hormones, mainly low levels of estradiol, are relevant for the lack of sexual awareness and vaginal receptivity in naturally menopausal women. Even diminished levels of androgens, as it more frequently occurs in surgically menopausal women, has a negative impact on desire and sexual responsiveness. Several hormonal treatments have been used locally or systemically to alleviate sexual symptoms, especially by using estrogen plus androgen preparations and tibolone, with noticeable results on drive, enjoyment, lubrication, ability to reach orgasm and libidinal of sex. However, sexual counseling and individualized management is mandatory to obtain meaningful and long-lasting results in clinical practice.


Abstract: OBJECTIVE: The relationship between vulvovaginal atrophy and female sexual dysfunction is unclear. We investigated this association among sexually active postmenopausal women. DESIGN: The Menopause Epidemiology Study is a cross-sectional, population-based study of women 40 to 65 years old in the United States chosen from a source population selected by random digit dialing and probability sampling. We focused on sexually active postmenopausal women (N = 1,480) for our analyses. Vulvovaginal atrophy was defined as one or more of the following: vaginal dryness, itching, irritation; pain on urination; or pain or bleeding on intercourse. The Arizona Sexual Experience Survey was used to define female sexual dysfunction. Sexual dysfunction subtypes for desire, arousal, and orgasm difficulties were individually scored. We evaluated demographic, behavioral, reproductive history, and medication covariates for effect modification and confounding. Multivariate logistic regression was used to assess the relationship between vulvovaginal atrophy and female sexual dysfunction. RESULTS: The prevalence of vulvovaginal atrophy (57%) and female sexual dysfunction (55%) was high. Women with female sexual dysfunction were 3.84 times more likely to have vulvovaginal atrophy than women without sexual dysfunction (95% CI: 2.99-4.94). Hot flashes modified the association between vulvovaginal atrophy and desire difficulty. Educational level modified the association between vulvovaginal atrophy and arousal difficulty. Parity modified the association between vulvovaginal atrophy and orgasm difficulty. CONCLUSIONS: This large population-based study provides evidence of an association between vulvovaginal atrophy and overall female sexual dysfunction and its subtypes. Therapies aiming to reduce symptoms of one condition may also relieve symptoms of the other.


Abstract: OBJECTIVE: Women’s attitudes and experience towards sexuality around the menopause were investigated in Europe by a telephone survey. In addition, it was qualified to what extent reduced sex drive and vaginal dryness affect personal life, taking into account cultural differences. STUDY DESIGN: A survey on 1,805 post-menopausal women (age range: 50-60 years), experiencing at least one menopausal symptom (hot flushes or sleeplessness) or not menstruating for at least 1 year, was conducted in six European countries (United Kingdom, France, Germany, Italy, The Netherlands, Switzerland) by computer-assisted telephone interviewing. A structured interview analysed menopausal profile, sexuality-related menopausal symptoms, mental well-being and attitudes towards sexuality. RESULTS: Apart from hot flushes or sleeplessness, women particularly experienced sexual symptoms, such as reduced sexual desire and vaginal pain/dryness during the menopausal transition: one third (34%) of the women mentioned experiencing a reduced sex drive whereas one half (53%) of the women noticed that they became less
interested in sex in spite of the majority of the sample reporting finding it important to maintain an active sex life (71%). Sex is experienced as an important part of the relationship with a partner, especially for Italian and Swiss women and ageing seems to play a critical role in sexual functioning, particularly for Italian and Dutch women. A general positive attitude toward sex was supported by the evidence that almost half of the study sample reported having sexual contact at least four times a month. Mental and sexual well-being interfered with self-worth and enjoyment of life, as did vaginal discomfort. CONCLUSIONS: These data suggest that European middle-aged women experience the menopause as a process that brings about mood and sexual changes able to impair their personal life. However, cultural values and health beliefs influence perception of sexuality at the time of the menopause and will also influence the need for treatment.


Abstract: INTRODUCTION: Vulvovaginal atrophy (VVA) is reported by one-quarter to one-half of postmenopausal women. AIM: We evaluated the prevalence, inconvenience of, and issues surrounding hormone use for VVA symptoms in women who were current, past, and never users of menopausal hormone therapy (MHT), along with the relationship of sexual activity to VVA symptoms. METHODS: An online survey was sent to 3,471 women >or=45 years old participating in a panel of approximately 43,000 U.S. adults maintained by Knowledge Networks. Respondents were stratified by MHT use (current, past, and never) and sexual activity (sexually active and not sexually active). Final respondent data underwent a poststratification process and Chi-square analysis of hormone use and VVA by sexual activity. Main Outcome Measures. Percent, calculated as the ratio of response over total responding for each survey question for all and stratified respondents. RESULTS: Forty-five percent (1,036/2,290) of respondents (age range 45-89 years; mean 60.7 years) were postmenopausal and currently or previously experienced VVA. Approximately 60% of past or never users of MHT reported vaginal symptoms; >90% found them bothersome. In comparison, 82% of current users reported VVA symptoms prior to use. 85% of all respondents were aware of safety issues associated with MHT. The prevalence and perceived severity of VVA symptoms were substantial but less frequent in nonsexually active women. Analysis of MHT use by past or current hormone use indicated a trend away from oral dosing and towards patch or vaginal hormones. CONCLUSIONS: Postmenopausal women have a high rate of VVA symptoms. Those who use MHT do so for multiple reasons-hot flashes, VVA, bone protection, dyspareunia-and most have concerns about long-term safety, despite the fact that the majority of MHT use was for >5 years. Safety concerns and lack of physician recommendation were major reasons for not using or discontinuing MHT.


Abstract: INTRODUCTION: Vulvovaginal atrophy results from estrogen deficiency and affects a large number of postmenopausal women. Symptoms include vaginal dryness, itching, irritation, and dyspareunia. AIM: The purpose of this review is to evaluate the efficacy, safety and acceptability of current treatment methods for vulvovaginal atrophy, as well as highlight evolving new treatment methods. Method. We conducted a review of the literature concerning treatment of vulvovaginal atrophy. RESULTS: All currently available low-dose local estrogen formulations are effective and yield few side effects. Fears sparked by the Women's Health Initiative, as well as recommendations by the FDA, have generated interest in the development of new treatment methods. Lower doses of existing formulations have proven to be efficacious. The use of estrogen agonists/antagonists and intravaginal dehydroepiandrosterone (DHEA) have both been shown to positively affect vaginal atrophy symptoms without inducing endometrial proliferation. CONCLUSION: Potential new treatment methods show promise to provide efficacy in treatment while avoiding unwanted side effects. Further research is needed to establish optimal treatment formulations.


Abstract: Vulvovaginal atrophy (VVA) is a common and underreported condition associated with decreased estrogenization of the vaginal tissue. Symptoms include dryness, itching, soreness, and dyspareunia with urinary frequency, urgency, and urge incontinence. It can occur at any time in a woman’s life cycle, although more commonly in the postmenopausal phase, during which the prevalence is close to 50%. Clinical findings include the presence of pale and dry vulvovaginal mucosa with petechiae. Vaginal rugae disappear, and the cervix may become flush with the vaginal wall. A vaginal pH of 4.6 or more supports the diagnosis of VVA. Even while taking systemic estrogen, 10% to 20% of women may still have residual VVA symptoms. Breast cancer treatment increases the prevalence of VVA because the surgical, endocrine, and chemotherapeutic agents used in its treatment can cause or exacerbate VVA. Local estrogen treatment for this group of women remains controversial.


Abstract: OBJECTIVES: To consider issues relating to vaginal atrophy via an international survey. METHODS: Using a structured questionnaire, interviews were performed on 4246 women aged 55-65 years living in Sweden, Finland, the United Kingdom, the United States and Canada. RESULTS: Overall, 98% of survey respondents were postmenopausal. Thirty-nine percent of the postmenopausal women had experienced vaginal atrophy, with the prevalence varying between countries, from 34% in Canada to 43% in Finland and the United States. Attitudes towards symptoms also varied between countries. Symptoms were described as moderate or severe by less than half of women from Finland and Sweden, compared with nearly two-thirds of women from the United States. However, vaginal atrophy was deemed to impact on quality of life by a higher proportion of women in Finland and Sweden (>60%) than in the United Kingdom, the United States and Canada (<50%). Overall, 77% of respondents believed women were uncomfortable discussing vaginal atrophy and 42% did not know that local treatment was available. The proportions of...
women unaware of the availability of local treatment were higher in the United States, the United Kingdom and Canada (51%, 50% and 48%, respectively), and very low in Finland (10%). Whilst 63% of women who had experienced vaginal atrophy had never been prescribed treatment for the condition, 67% of those who had been treated reported positive effects. CONCLUSION: The survey results illustrate differing needs of menopausal women in different countries. Country-specific approaches may be required to improve the uptake of treatment for vaginal atrophy.


Abstract: INTRODUCTION: Chemotherapy and endocrine treatment in young breast cancer patients are frequently associated with abrupt menopause. Little is known about the long-term prevalence of hypoactive sexual desire disorder (HSDD) in these patients. AIMS: To examine the effects of adjuvant endocrine therapy on sexual desire in premenopausal patients with breast cancer and past chemotherapy. METHODS: A controlled, cross-sectional study enrolled 47 women with breast cancer or benign breast disease at a tertiary care center. A standardized questionnaire (Sexual Interest and Desire Inventory-Female; SIDI-F) on HSDD was utilized. Serum concentrations for estradiol were measured by a specific assay. MAIN OUTCOME MEASURES: The SIDI-F interview was applied in 35 women with breast cancer (mean age: 42.3 years) with eventual adjuvant endocrine therapy, 2-8 years after chemotherapy, and 13 women with benign breast tumors (mean age: 39.8 years), 2-5 years after diagnosis. RESULTS: Mean SIDI-F scores were similar in the breast cancer group (32.9) and the benign breast disease group (34.0). Subgroup analysis revealed no statistical differences in the mean SIDI-F scores with respect to the actual endocrine therapy. However, in breast cancer patients with menopause induced by chemotherapy or gonadotropin-releasing hormone (GnRH) agonists, the SIDI-F scores were significantly lower (30.7) compared to breast cancer patients with menorrhagia (40.4). In breast cancer patients, amenorrhea was associated with significantly lower estradiol levels compared to menorrhagia (24 pg/mL vs. 91 pg/mL; P = 0.02). CONCLUSIONS: Cancer treatment that leads to long-term ovarian failure in breast cancer patients has a negative impact on sexual desire. Patients with menopause induced by chemotherapy or GnRH agonists show significantly reduced sexual desire as compared to menstruating patients with past chemotherapy.


Abstract: INTRODUCTION: The Female Sexual Function Index (FSFI) has consistently been shown to have discriminant validity, test-retest reliability, and internal consistency as a measure of female sexual function. However, the content validity (relevance, clarity, comprehensiveness) of the instrument in women with hypoactive sexual desire disorder (HSDD) must also be established. AIM: The aim of this study were to assess the content validity of the FSFI, specifically the FSFI desire domain, in pre- and postmenopausal women with HSDD. METHODS: Two single-visit content validation studies were conducted in the United States. Eligible premenopausal (both studies) and postmenopausal (second study only) women with HSDD completed the FSFI followed by one-on-one, face-to-face cognitive debriefing interviews including open-ended questions to capture information on their perceptions of the instrument. Information on women's experiences of decreased sexual desire was also captured. MAIN OUTCOME MEASURES: The main outcome measures of this study were the women's ratings of the clarity, ease of understanding, comprehensiveness, and relevance of the 19 items of the FSFI. RESULTS: Interviews with 15 premenopausal women (first study), and 30 pre- and 31 postmenopausal women (second study), were analyzed. Across the whole sample, most women (80-100%) found every item of the FSFI clear and easy to understand. The majority (53-70%) felt that the FSFI captured all their feelings about decreased sexual desire and other sexual problems, and most (84-90%) indicated that additional questions were unnecessary. Most women in both studies (93-100%) reported that the two items comprising the FSFI desire domain were clear, easy to understand, and were relevant to them. The majority of women thought that a recall period of >/=7 days is most relevant for recall of their sexual desire. CONCLUSIONS: These studies establish the content validity of the FSFI in pre- and postmenopausal women with HSDD, supporting the use of this instrument as a measure of sexual function in women with this condition.


Abstract: OBJECTIVE: The frequency of sexual intercourse declines as women enter midlife. Whereas partner availability and function probably play a role, menopausal symptoms, such as vaginal dryness, are also present. We examine the associations among vaginal dryness, dyspareunia, and frequency of sexual intercourse. METHODS: In the second year of a longitudinal study, women completed questionnaires that included menopause status and symptoms, participation in sexual activities, dyspareunia, marital status, and race. We used univariable and multivariable ordered logistic regression models to examine the associations among the frequency of sexual intercourse, vaginal dryness, use of lubrication during sex, and dyspareunia. RESULTS: In multivariable analyses of the 363 sexually active women with complete data, women reporting more frequent dyspareunia, but not vaginal dryness, also reported less frequent intercourse. Advancing menopause status was associated with lower frequency of intercourse, whereas age was not. Dyspareunia and vaginal dryness were only moderately correlated (r = 0.4). CONCLUSIONS: Women continue to participate in sexual intercourse through midlife. Women who report dyspareunia, but not vaginal dryness, report less frequent intercourse. Relief of dyspareunia should be addressed to maintain sexual functioning during midlife.

Abstract: Cancer patients suffer from vaginal dryness and dyspareunia earlier and longer than the general population, with more severe and distressing symptoms. Life-style advice is the first step and vaginal lubricants can be tried, but they can't completely relieve atrophic symptoms. The most effective therapy is use of vaginal estrogens, but compliance and management are particularly difficult in estrogen sensitive cancer patients because of their systemic absorption. Compliance can be improved if they are begun at a very low dose and gradually increased until the lowest effective dose is reached. Promestriene only possesses an intramucosal effect, it can be used at very low doses in cancer patients suffering from urogenital symptoms.


Abstract: INTRODUCTION: Although dyspareunia experienced after menopause is widely attributed to declining estrogen levels and vulvovaginal atrophy, critical reviews of the literature have suggested that these factors are incomplete as explanatory mechanisms. Little is known about psychosocial factors that may also be implicated in postmenopausal dyspareunia pain. AIM: To determine the extent to which levels of estrogens and progesterone, vulvovaginal atrophy, cognitive-emotional factors, and dyadic adjustment are predictive of postmenopausal dyspareunia pain intensity. METHODS: A total of 182 postmenopausal dyspareunia sufferers underwent a structured interview concerning sociodemographic status as well as medical and pain histories, gynecological examination, cytological evaluation, a blood draw, and answered a series of self-report questionnaires. Given the large number of genital and pelvic pain variables measured, a principal components analysis was undertaken to identify a smaller number of components representing meaningful dimensions of genital and pelvic pain. MAIN OUTCOME MEASURES: Pain severity ratings during intercourse were obtained using the McGill Pain Questionnaire. Pain ratings were also obtained during gynecological assessment. Serum estrone, estradiol, and progesterone levels were measured via immunoassay. The Vaginal Atrophy Index and maturation value were used to determine vulvovaginal atrophy severity. Participants completed the Pain Catastrophizing Scale, State-Trait Anxiety Inventory, The Beck Depression Inventory-II, and Dyadic Adjustment Scale. RESULTS: Hormone levels were not found to be consistent predictors of pain severity. Maturation value and cognitive-emotional variables (e.g., catastrophization, depression, anxiety) were significant predictors of vestibular pain, which affected over 90% of our sample. Relationship adjustment variables were inversely associated with pain severity within several genital locations. CONCLUSIONS: Results suggest that the traditional hypoestrogen and vulvovaginal atrophy conceptualization of postmenopausal dyspareunia is an insufficient explanatory model, and that pain is also influenced by cognitive, affective, and dyadic factors.


Abstract: INTRODUCTION: There are few studies examining the relationship between lubricant use and sexual functioning, and no studies have examined this relationship in women with dyspareunia. Vaginal dryness is a prevalent complaint among women of all ages. There is an association between vaginal dryness and painful intercourse; therefore, women with dyspareunia represent a particularly relevant sample of women in which to investigate lubricant use. AIM: The aim of this study was to examine differences between women with and without dyspareunia in self-reported natural lubrication and attitudes toward and use of personal lubricants. METHODS: Respondents completed an online survey including questions on demographics, gynecological/medical history, sexual functioning, and lubricant use and attitudes. MAIN OUTCOME MEASURES: The main outcome measures used were the Female Sexual Function Index (FSFI) and questions regarding attitudes toward and use of lubricants. RESULTS: Controls scored higher on the lubrication subscale of the FSFI than women with dyspareunia (P < 0.001). Women with dyspareunia reported greater frequency of lubricant use during sexual activity over the last year (P < 0.01). They were also more likely to use lubricant prior to penetration (P < 0.05). The most common use for controls was to enhance sexual experiences. This was also a common answer for women with dyspareunia; however, in this group, the most common reason was to reduce/relieve pain. Lubricants were rated as less effective among women with dyspareunia vs. controls across all reported reasons for use. Nevertheless, lubricant use was still rated as being moderately effective in alleviating pain for women with dyspareunia. CONCLUSIONS: Women with dyspareunia have more difficulty with natural lubrication; it is consequently not surprising that they reported using lubricant more frequently than control women. Women with dyspareunia reported using lubricants more often than controls to try to prevent or alleviate pain and reported this as being a moderately effective strategy, suggesting that it may be a useful tool for some women with dyspareunia.


Abstract: OBJECTIVE: To assess knowledge of vaginal atrophy among women using the Vaginal Health: Insights, Views & Attitudes (VIVA) survey. METHODS: A structured online questionnaire was used to obtain information from 3520 postmenopausal women aged 55 – 65 years living in Great Britain, the United States, Canada, Sweden, Denmark, Finland, and Norway. RESULTS: In total, 45% of women reported experiencing vaginal symptoms. Only 4% of women attributed these symptoms to vaginal atrophy, and 63% failed to recognize vaginal atrophy as a chronic condition. Overall, 44% of respondents did not have a gynecologist, but this percentage varied between countries. Most women (75%) felt that vaginal atrophy had a negative impact on life, but this perception also showed country-specific differences. Most Finnish respondents (76%) were satisfied with the amount of information available about vaginal atrophy, compared with just 37 – 42% of women from other countries. Most women used over-the-counter products for vaginal atrophy symptoms, but specific means of treating the underlying cause were less well known. Almost half (46%) of all respondents lacked knowledge about local estrogen therapy, with women in Great Britain, the United States and Canada being most likely to...
lack knowledge of such treatment. Overall, 30% of women would consider taking local estrogen therapy, with vaginal tablets being the preferred option in all countries. CONCLUSION: Postmenopausal women have a low understanding of vaginal atrophy. Medical practitioners should proactively raise this topic, help patients to understand that vaginal atrophy is a chronic condition, and discuss treatment options. Country-specific approaches may be required.


Abstract: OBJECTIVE: To update and expand the previous position statement of The North American Menopause Society (NAMS) on the management of symptomatic vulvovaginal atrophy (VVA) in postmenopausal women. METHODS: NAMS searched PubMed for medical literature on VVA published since their 2007 position statement on the role of local vaginal estrogen for treatment of vaginal atrophy in postmenopausal women. A panel of acknowledged experts in the field of genitourinary health reviewed the literature to evaluate new evidence on local estrogen as well as on other management options available or in development for symptomatic VVA. The panel's conclusions and recommendations were reviewed and approved by the NAMS Board of Trustees. RESULTS: Symptomatic VVA can significantly impair the quality of life (QOL) of postmenopausal women and may be underdiagnosed. In most cases, it can be managed successfully. A number of over-the-counter and government-approved prescription therapies available in the United States and Canada demonstrate effectiveness, depending on the severity of VVA symptoms. These include vaginal lubricants and moisturizers, vaginal estrogen, hormone therapy, and the selective estrogen-receptor modulator ospemifene (indicated for dyspareunia). Long-term studies on the endometrial safety of local estrogen and ospemifene are lacking. Changes in the vaginal microbiome have various effects on symptoms. CONCLUSIONS: Clinicians can improve the sexual health and QOL of postmenopausal women by educating women about, diagnosing, and appropriately managing symptomatic VVA. Choice of therapy depends on the severity of symptoms, the effectiveness and safety of therapy for the individual patient, and patient preference. Estrogen therapy is the most effective treatment for moderate to severe symptoms, although a direct comparison of estrogen and ospemifene is not available. Nonhormonal therapies available without a prescription provide sufficient relief for most women with mild symptoms. When low-dose estrogen is administered locally, a progestogen is not indicated for women without a uterus and generally is not indicated for women with an intact uterus. However, endometrial safety has not been studied in clinical trials beyond 1 year. There are insufficient data to confirm the safety of local estrogen in women with breast cancer; management of VVA should take the woman's needs and the recommendation of her oncologist into consideration. Research on the vaginal microbiome may lead to other therapies in the future.


Abstract: INTRODUCTION: There has been exponential growth in diagnoses of ductal carcinoma in situ (DCIS) in the past decade, yet little is known about sexual functioning and body image in women after diagnosis of DCIS. This is of particular importance because many of the parallel treatment modalities also used to treat invasive breast cancer, e.g., surgery and hormonal therapy, have been shown to have a detrimental effect on psychosexual function. AIM: The aim was to explore changes in sexual function and body image after diagnosis and treatment of in situ cancer. MAIN OUTCOME MEASURES: Evidence-based self-report measures assessing psychosexual functioning and body image. METHODS: Women diagnosed with DCIS within the past 3 months and who reported being sexually active completed measures assessing various aspects of psychosocial and sexual functioning and body image. Outcomes were evaluated at baseline, 9-, and 18-month time points. All statistical tests were two sided. RESULTS: Three hundred four women completed this prospective survey. Overall, sexual function in women with DCIS appears to be very similar to women in the general population and does not seem to be significantly disrupted by a diagnosis of DCIS. Sexual function and body image were notably stable across the 18-month length of follow-up. Of those patients who underwent mastectomy, there were no differences in sexual satisfaction for patients who had reconstruction compared with patients who did not. CONCLUSION: Although it has been shown that women with DCIS have a number of psychosocial challenges, results from this large-scale prospective study of women suggest that sexual function and body image may not be significantly negatively affected by this diagnosis. Of note, these results were also the case for women who underwent mastectomy and hormonal therapy. These findings are reassuring for both patients and physicians in the context of decision making about treatment options.


Abstract: INTRODUCTION: Exogenous lubricant use in the United States is common among women; however, there is little empirical research describing women's perceptions of lubricants, lubricant use, and vaginal wetness or dryness during penile-vaginal intercourse or other sexual behaviors. AIM: To assess women's perceptions about lubricant use, women's perceptions about vaginal wetness during sexual activities, lubricant purchasing and application patterns, and the relationship of age to women's perceptions of lubricants and vaginal wetness. METHODS: Cross-sectional baseline data from an online daily diary study of 2,451 women enrolled in a study of lubricant use were analyzed. MAIN OUTCOME MEASURES: Demographic items, women's lubricant purchasing patterns, lubrication use, perceptions about lubrication, and perceptions about vaginal wetness. RESULTS: Overall, women felt positively about lubricant and lubricant use, preferred sex to feel more wet, felt that they were more easily orgasmic when sex was more wet, and thought their partner preferred sex to feel more wet than dry. Perceptions varied by age group with women in their forties reporting more positive perceptions of lubricants than women under the age of 30. CONCLUSIONS: Findings suggest that women generally feel positively about lubricants and lubricant use and prefer vaginal-penile intercourse to feel more wet. Such insights into women's perceptions of lubricants and lubricant use can be helpful to medical and other health professionals as well as sexual health educators, who routinely make recommendations to women about ways to incorporate products, such as lubricants, into their sexual activities.
Abstract: INTRODUCTION: Vulvar and vaginal atrophy (VVA) is a chronic medical condition experienced by many postmenopausal women. Symptoms include dyspareunia (pain with intercourse), vaginal dryness, and irritation and may affect sexual activities, relationships, and activities of daily life. AIM: The aim of this study is to characterize postmenopausal women's experience with and perception of VVA symptoms, interactions with healthcare professionals (HCPs), and available treatment options. METHODS: An online survey was conducted in the United States in women from KnowledgePanel(R), a 56,000-member probability-selected Internet panel projectable to the overall US population. Altogether, 3,046 postmenopausal women with VVA symptoms (the largest US cohort of recent surveys) responded to questions about their knowledge of VVA, impact of symptoms on their activities, communication with HCPs, and use of available treatments. MAIN OUTCOME MEASURES: Percent is calculated as the ratio of response over total responding for each question for all and stratified participants. RESULTS: The most common VVA symptoms were dryness (55% of participants), dyspareunia (44%), and irritation (37%). VVA symptoms affected enjoyment of sex in 59% of participants. Additionally, interference with sleep, general enjoyment of life, and temperament were reported by 24%, 23%, and 23% of participants, respectively. Few women attributed symptoms to menopause (24%) or hormonal changes (12%). Of all participants, 56% had ever discussed VVA symptoms with an HCP and 40% currently used VVA-specific topical treatments (vaginal over-the-counter [OTC] products [29%] and vaginal prescription therapies [11%]). Of those who had discussed symptoms with an HCP, 62% used OTC products. Insufficient symptom relief and inconvenience were cited as major limitations of OTC products and concerns about side effects and cancer risk limited use of topical vaginal prescription therapies. CONCLUSIONS: VVA symptoms are common in postmenopausal women. Significant barriers to treatment include lack of knowledge about VVA, reluctance to discuss symptoms with HCPs, safety concerns, inconvenience, and inadequate symptom relief from available treatments.


Abstract: OBJECTIVES: CLOSER investigated how postmenopausal vaginal atrophy (vaginal discomfort) affects relationships between women and their partners. STUDY DESIGN: CLOSER involved postmenopausal women (55-65 years) with vaginal discomfort, and male partners of women with the condition. MAIN OUTCOME MEASURES: Structured questionnaire collecting information on impact of vaginal discomfort and local oestrogen treatment on intimacy, and symptoms and impact of menopause. RESULTS: 1600 women and 1600 men from Northern Europe and 1000 women and 1000 men from Southern Europe were included. Worry that vaginal discomfort would never go away was expressed by 28% and 38% of women in Northern and Southern Europe, respectively (p<0.05), while 21% and 27% worried that vaginal discomfort would ruin their future sex life (p<0.05). Half of women who avoided intimacy worried about painful sex. Among men, 86% wanted their partner to talk about symptoms; two-thirds felt comfortable with this. In Northern and Southern Europe, 15% and 11% of men, respectively, feared that discussing vaginal discomfort would ruin intimacy, while 29% and 19% believed that vaginal discomfort was a big problem in their sex life. Men with partners who avoided intimacy recognised that worry about painful sex was the main reason. Vaginal discomfort impaired self-esteem and emotional wellbeing among women, while local oestrogen treatment improved relationships, particularly in Southern Europe. CONCLUSIONS: Vaginal discomfort impairs quality of life in postmenopausal women and their partners. Southern European women were generally more worried about long-term effects on their relationship, and were more likely to report benefits after treatment.


Abstract: INTRODUCTION: Postmenopausal vaginal atrophy (VA) is a chronic condition with symptoms that include vaginal dryness, soreness, itching, burning, and dyspareunia. AIM: The CClarifying Vaginal Atrophy's Impact On SEx and Relationships survey evaluated the impact of VA on the physical and emotional aspects of sexual relationships between postmenopausal women and their male partners. METHODS: Four thousand one hundred females and 4,100 males representing the United Kingdom, Finland, Norway, Sweden, Denmark, Italy, France, Canada, and the United States were surveyed. Assessments included: (i) talking about VA and its symptoms; (ii) the impact of VA on intimacy, relationships, and women's self-esteem; (iii) talking about VA and erectile dysfunction (ED); and (iv) the impact of local estrogen therapy (LET) on intimacy and relationships. MAIN OUTCOME MEASURES: Descriptive data on the impact of VA. RESULTS: Twenty-eight percent of women did not tell their partners when they first encountered vaginal discomfort, mainly because they felt "it was just a natural part of growing older" (52%) or because of "embarrassment" (21%). Eighty-two percent of men wanted their partner to share their experiences with VA; males were also more comfortable discussing VA than females (68% vs. 58%, respectively). Having sex less often (women: 58%, men: 61%), less satisfying sex (women: 49%, men: 28%), and putting off having sex (women: 35%, men: 14%) were the main effects of VA. Intimacy avoidance was attributed to painful sex (women: 55%, men: 61%) and women's reduced sexual desire (women: 46%, men: 43%). Discussions about vaginal discomfort and ED were generally limited to partners and healthcare providers (HCPs). LET use resulted in less painful sex (women: 62%, men: 59%) and more satisfying sex (women: 47%, men: 49%). CONCLUSIONS: VA has an adverse emotional and physical impact on postmenopausal women and their partners. These findings may encourage more open communication about VA between couples and their HCPs.


Abstract: Several recent, large-scale studies have provided valuable insights into patient perspectives on postmenopausal vulvovaginal health. Symptoms of vulvovaginal atrophy, which include dryness, irritation, itching, dysuria, and dyspareunia, can adversely affect interpersonal
relationships, quality of life, and sexual function. While approximately half of postmenopausal women report these symptoms, far fewer seek treatment, often because they are uninformed about hypoestrogenic postmenopausal vulvovaginal changes and the availability of safe, effective, and well-tolerated treatments, particularly local vaginal estrogen therapy. Because women hesitate to seek help for symptoms, a proactive approach to conversations about vulvovaginal discomfort would improve diagnosis and treatment.


Abstract: OBJECTIVE: The aim of this study was to assess US postmenopausal women's knowledge of and attitudes toward vaginal atrophy, using the Vaginal Health: Insights, Views & Attitudes survey. METHODS: Data were obtained from 3,520 postmenopausal women (aged 55-65 y) in the United States, Canada, and Europe using a structured Internet-based questionnaire. Results for US women (n = 500) are presented. RESULTS: Eighty percent of women had finished their menses more than 5 years previously, and 93% had experienced at least one menopausal symptom, although only 63% associated vaginal symptoms with menopause. Of those who had experienced "vaginal discomfort" (48%), vaginal dryness (85%) and pain during intercourse (52%) were most commonly reported. Eighty-two percent of women had experienced vaginal discomfort for 1 year or more. Most women (80%) considered vaginal discomfort to negatively impact their lives, particularly with regard to sexual intimacy (75%), ability to have a loving relationship (33%), and overall quality of life (25%); women also felt that it made them feel old (36%) and affected their self-esteem (26%). Of those with symptoms, 37% did not consult any healthcare professional, and 40% waited 1 year or more before doing so. Although 78% of those with vaginal discomfort used some form of treatment, this consisted mainly of lubricating gels and creams (65%); only 34% of women had used any form of hormone therapy. CONCLUSIONS: Vaginal atrophy negatively impacts women's lives, but women lack knowledge of the subject and are hesitant to consult healthcare professionals, who should proactively initiate discussions regarding appropriate treatment options.


Abstract: Vaginal atrophy is a common condition among postmenopausal women, among whom many exhibit both vulvovaginal symptoms (eg, dryness, irritation, itching, and pain with intercourse) and urinary symptoms (eg, increased frequency, urgency, incontinence, urinary tract infections, and dysuria). Unfortunately, few women with symptoms of vaginal atrophy report seeking treatment from a health care provider. The goal of this article is to examine reasons why patients and health care providers do not engage in discourse regarding this important topic. It is important to initiate conversations with postmenopausal women and counsel them on both why the changes occur and potential treatment options.


Abstract: OBJECTIVE: The vaginal microbiota helps protect the female genital tract from disease. We sought to describe the composition of the vaginal microbiota in premenopausal, perimenopausal, and postmenopausal women and to explore the association between the microbiota and vulvovaginal atrophy (VVA). METHODS: Eighty-seven women (aged 35-60 y) were classified as premenopausal (n = 30), perimenopausal (n = 29), or postmenopausal (n = 28) according to Stages of Reproductive Aging Workshop guidelines. Midvaginal bacterial community composition was characterized by 16S ribosomal RNA gene analysis. RESULTS: Bacterial communities clustered into six community state types (CSTs), of which four were dominated by Lactobacillus crispatus, Lactobacillus gasseri, Lactobacillus iners, or Lactobacillus jensenii, and two (CST IV-A and CST IV-B) had low relative abundance of Lactobacillus. CST IV-A was characterized by Streptococcus and Prevotella, whereas CST IV-B was characterized by Atopobium. There were significant associations between menopause stage and CST (P = 0.004) and between VVA and CST (P = 0.002). Perimenopausal women were more likely to be classified as CST IV-A or L. gasseri CST, whereas postmenopausal women were often classified as CST IV-A. CSTs dominated by L. crispatus and L. iners were more prevalent in premenopausal women. Nineteen participants had signs of mild or moderate VVA. Compared with women with no VVA, the vaginal microbiota of women with mild or moderate atrophy had 25-fold greater odds of being classified as CST IV-A versus L. crispatus CST (adjusted odds ratio, 25.89; 95% credible interval, 2.98-406.79). CONCLUSIONS: A distinct bacterial community state (CST IV-A) with a low relative abundance of Lactobacillus is associated with VVA. Future studies recruiting a larger number of women are needed to replicate the findings. This study provides an impetus for future longitudinal studies designed to manage, modulate, and restore vaginal microbiota homeostasis, which would provide stronger evidence for a causal relationship with VVA and ultimately improve the treatment and prevention of atrophic vaginitis in menopause.


Abstract: OBJECTIVES: Vulvar/vaginal atrophy (VVA) is one genitourinary condition associated with a decline in estrogen. This may be bothersome for women following menopause. Although the clinical features of VVA and other conditions after menopause have been documented, few studies have quantified the magnitude of association between VVA and other genitourinary conditions. METHODS: A VVA cohort was identified from two United States administrative claims databases. A matched cohort of an equal number of controls was randomly selected from a pool of women 40-79 years of age without VVA. Baseline characteristics and medical history were tabulated for the VVA cohort and matched controls. Six genitourinary conditions ('urinary tract infections', 'other/unspecified genitourinary symptoms', 'other inflammatory diseases of female pelvic organs', 'menopausal disorders', 'female genital pain and other symptoms', and 'other/unspecified female genital disorders') were hypothesized a priori to be associated with VVA. Adjusted incidence rate ratios measured the strength of association of VVA with each condition. RESULTS: A total of 9080 women aged 40-79 years with newly diagnosed VVA during 2000-2010 were identified. The mean age of VVA patients and matched controls was...
60.2 years. At baseline, a significantly ($p < 0.001$) higher proportion of women in the VVA cohort had a diagnosis of angina, osteoporosis, migraines, insomnia, or anxiety, or received estrogen supplementation or selective estrogen receptor modulators. VVA patients had a significantly ($p < 0.001$) higher incidence of each of the genitourinary conditions compared to controls. The condition most strongly associated with VVA with a relative risk of 6.2 was 'other inflammatory diseases of female pelvic organs'. CONCLUSIONS: Women with VVA have a greater risk of genitourinary conditions compared to those without. The overall prevalence of VVA and other genitourinary conditions may be underreported as claims data only captures information for patients under medical care and many women do not seek consultation for VVA symptoms.


Abstract: While research on the sexual health of women with early stage cancer has grown extensively over the past decade, markedly less information is available to support the sexual health needs of women diagnosed with advanced breast cancer. Semistructured interviews were conducted with 32 women diagnosed with metastatic breast cancer (ages 35 to 77) about questions they had concerning their sexual health and intimate relationships. All participants were recruited from a comprehensive cancer center at a large Midwestern university. Three themes were examined: the role of sexual activity and intimate touch in participants' lives, unmet information needs about sexual health, and communication with medical providers about sexual concerns. Findings indicated that sexual activities with partners were important; however, participants worried about their own physical limitations and reported frequent physical (e.g., bone pains) and vaginal pain associated with intercourse. When women raised concerns about these issues in clinical settings, medical providers often focused exclusively on vaginal lubricants, which did not address the entirety of women's problems or concerns. In addition, women diagnosed with metastatic breast cancer reported needing additional resources about specialized vaginal lubricants, nonpenetrative and nongenitally focused sex, and sexual positions that did not compromise their physical health yet still provided pleasure.


Abstract: BACKGROUND: Given their early age at diagnosis, young breast cancer survivors (YBCSs) face issues that differ widely from their older counterparts. PATIENTS AND METHODS: We mailed a survey to 2209 patients who were <= 45 years at the time of breast cancer (BC) diagnosis. Each survey was composed of the Quality of Life in Adult Cancer Survivors instrument, Menopause Symptom Scale, and questions aimed at obtaining pertinent background information. RESULTS: One thousand ninety patients completed the survey. Mean age at time of diagnosis was 39.5 years; median years from diagnosis was 6.6 years. Distress related to vaginal dryness (P = .0002) and pain from intercourse (P = .0014) was significantly higher in patients who were < 5 years from diagnosis compared with those > 10 years from diagnosis. In the area of financial problems, black women had greater distress than did white women (P = .0010). Compared with white women, Hispanic women had worse family distress scores (P = .0028) and summary cancer-specific scores (P = .0076). Patients > 10 years from diagnosis had less sexual interest (P = .003) than did women who were closer to diagnosis. Women > 40 years at diagnosis had significantly lower sexual interest (P = .0016) than did women < 40 years. Stage and neoadjuvant chemotherapy did not have a significant effect on quality of life (QOL). CONCLUSION: Even in comparison to stage and neoadjuvant chemotherapy, race, age at diagnosis, and time from diagnosis have significant long-term effects on QOL after treatment for BC.


Abstract: Vulvovaginal atrophy (VVA) or atrophic vaginitis is a medical challenge because it is under-reported by women, under-recognized by health-care providers and, therefore, under-treated. More or less 50% of postmenopausal women experience vaginal discomfort attributable to VVA. Very recent surveys suggest health-care providers should be proactive in order to help their patients to disclose the symptoms related to VVA and to seek adequate treatment when vaginal discomfort is clinically relevant. Women are poorly aware that VVA is a chronic condition with a significant impact on sexual health and quality of life and that effective and safe treatments may be available. Indeed, female sexual dysfunction and genitourinary conditions are more prevalent in women with VVA. That being so, it is very important to include VVA in the menopause agenda, by encouraging an open and sensible conversation on the topic of intimacy and performing a gynecological pelvic examination, if indicated. According to very recent guidelines for the appropriate management of VVA in clinical practice, it is essential to overcome the vaginal ‘taboo’ in order to optimize elderly women’s health care.


Abstract: Sexual health in the menopause is a medical challenge because the progressive decline of sexual hormones interacts with the aging process and many psychosocial stressors modulate vulnerability for sexual symptoms (low sexual desire, poor arousal and lubrication, dyspareunia, organic dysfunction and lack of satisfaction). In clinical practice, a coordinated approach is needed to optimally manage the risk for developing female sexual dysfunction (FSD), especially when chronic conditions are present. Biomedical and psychosocial interventions include general education, recognition of signs and symptoms, promotion of health, attention to the partner and individualization of treatment. Counselling to overcome personal and relational difficulties should be always combined with hormonal and non-hormonal strategies to maximize biological signals driving the sexual response. By enhancing women's abilities to cope with sexual changes at midlife, health care providers may significantly optimize healthy aging and partnership.


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 cosponsored 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-encompassing, 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 sex steroids involving changes to the labia majora/minora, clitoris, vestibule/introitus, vagina, urethra and bladder. 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.


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Abstract: INTRODUCTION: The terminology for the genitourinary tract symptoms related to menopause was vulvovaginal atrophy, which does not accurately describe the symptoms nor is it a term that resonates well with patients. AIM: 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 two societies cosponsored a terminology consensus conference, which was held in May 2013. MAIN OUTCOME MEASURE: The development of a new terminology that more accurately described the genitourinary tract symptoms related to menopause. RESULTS: Members of the consensus conference agreed that the term genitourinary syndrome of menopause (GSM) is a medically more accurate, all-encompassing, 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 sex steroids involving changes to the labia majora/minora, clitoris, vestibule/introitus, vagina, urethra and bladder. 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. CONCLUSION: The term GSM 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 - in 2014.


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 cosponsored a terminology consensus conference, which was held in May 2013. RESULTS AND CONCLUSION: Members of the consensus conference agreed that the term genitourinary syndrome of menopause (GSM) is a medically more accurate, all-encompassing, 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 sex steroids involving changes to the labia majora/minora, clitoris, vestibule/introitus, vagina, urethra and bladder. 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.

Abstract: BACKGROUND: Sexual dysfunction is a known complication of adjuvant therapy for breast cancer and an important determinant of quality of life. However, few studies have explored how treatment and other factors affect sexual functioning in young breast cancer survivors. METHODS: Four hundred sixty-one premenopausal women with stage 0 through III breast cancer were surveyed an average of 1 year after diagnosis as part of a prospective cohort study of women who were aged <=40 years at diagnosis. Sexual interest and dysfunction were assessed using the Cancer Rehabilitation Evaluation System (CARES). Mean CARES scores were compared and multiple regression models were fit to assess treatment and a range of menopausal and somatic symptoms in relation to sexual functioning. RESULTS: Mean CARES sexual interest and dysfunction scores were both highest (indicating poorer functioning) among women who received chemotherapy and were amenorrheic from treatment. After accounting for menopausal and somatic symptoms, treatment-associated amenorrhea remained associated with decreased interest but was no longer an independent predictor of dysfunction. In the multivariable analysis, independent predictors of dysfunction included vaginal pain symptoms, poorer body image, and fatigue. Sexual interest was associated with vaginal pain symptoms, body image, and weight problems. CONCLUSIONS: Factors associated with decreased sexual functioning in young breast cancer survivors can often be ameliorated. The current findings have implications for premenopausal women with other types of cancer who might be experiencing amenorrhea because of chemotherapy or surgery. Increased awareness and early intervention is essential to help improve sexual functioning and associated quality of life for all young cancer survivors.


Abstract: INTRODUCTION: Sexual dysfunction has only recently been recognized as a highly prevalent side effect of adjuvant aromatase inhibitor (AI) therapy for breast cancer.AIMS: A cross-sectional survey using standardized measures of female sexual function was designed to provide a detailed view of sexual problems during the first 2 years of adjuvant AI therapy and secondarily to examine whether sexual dysfunction leads to nonadherence to this therapy.METHODS: Questionnaires were mailed to all 296 women in a breast oncology registry who had been prescribed a first-time AI for localized breast cancer 18-24 months previously. MAIN OUTCOME MEASURES: Items assessed medication adherence, demographic, and medical information. Scales included the Female Sexual Function Index, the Menopausal Sexual Interest Questionnaire, the Female Sexual Distress Scale-Revised, the Breast Cancer Prevention Trial Eight Symptom Scale to assess menopausal symptoms, and the Merck Adherence Estimator(R). RESULTS: Questionnaires were returned by 129 of 296 eligible women (43.6%). Respondents were 81% non-Hispanic white while a mean age of 63 and 48% had at least a college degree. Only 15.5% were nonadherent. Ninety-three percent of women scored as dysfunctional on the Female Sexual Function Index, and 75% of dysfunctional women were distressed about sexual problems. Although only 52% of women were sexually active when starting their AI, 79% of this group developed a new sexual problem. Fifty-two percent took action to resolve it, including 24% who stopped partner sex, 13% who changed hormone therapies, and 6% who began a vaginal estrogen. Scores on the Adherence Estimator (beliefs about efficacy, value, and cost of medication) were significantly associated with adherence (P = 0.0301) but sexual function was not. CONCLUSIONS: The great majority of women taking AIs have sexual dysfunction that is distressing and difficult to resolve. Most continue their AI therapy, but a large minority cease sexual activity.


Abstract: OBJECTIVE: This study aims to determine the emotional and physical impact of vaginal atrophy on North American postmenopausal women and their male partners. METHODS: A weighted sample of 1,000 married or cohabiting North American postmenopausal women aged 55 to 65 years with vaginal discomfort and 1,000 male partners of postmenopausal women aged 55 to 65 years who experienced vaginal discomfort participated in the Clarifying Vaginal Atrophy's Impact on Sex and Relationships (CLOSER) online survey to determine the impact of vaginal discomfort and local estrogen therapy on intimacy, relationships, and women's self-esteem. RESULTS: Vaginal discomfort caused most surveyed North American women to avoid intimacy (56%), experience loss of libido (64%), and experience pain associated with sex (64%). Most surveyed North American men also believed that vaginal discomfort caused their partners to avoid intimacy (78%), experience loss of libido (52%), and find sex painful (59%). Approximately 30% of North American women and men cited vaginal discomfort as the reason they ceased having sex altogether. North American women who used local estrogen therapy to treat their vaginal discomfort reported less painful sex (56%), more satisfying sex (41%), and improved sex life (29%). Most men reported looking forward to having sex (57%) because of their partner's use of local estrogen therapy. CONCLUSIONS: Local estrogen therapy ameliorates the negative impact of vaginal atrophy on the intimate relationships of North American postmenopausal women and their male partners. Additional education and awareness efforts about the symptoms of and available treatments for vaginal atrophy may be of further benefit to North American partners.


Abstract: BACKGROUND: Ospemifene is a non-estrogen, tissue selective estrogen receptor agonist/antagonist, or selective estrogen receptor modulator, recently approved for the treatment of dyspareunia, a symptom of vulvar and vaginal atrophy (VVA), due to menopause.
Postmenopausal dyspareunia is often associated with female sexual dysfunction (FSD). In this report, we present data that demonstrate the effect of ospemifene 60 mg/day on FSD assessed by the Female Sexual Function Index (FSFI), a widely used tool with six domains (Arousal, Desire, Orgasm, Lubrication, Satisfaction, and Pain). METHODS: A phase-3, randomized, double-blind, 12-week trial (n = 919) compared the efficacy and safety of oral ospemifene 60 mg/day vs. placebo in postmenopausal women with VVA in two strata based on self-reported, most bothersome symptom of either dyspareunia or dryness. Primary data were published previously. We report herein pre-specified secondary efficacy endpoints analyses, including changes from baseline to Weeks 4 and 12 for FSFI total and domain scores as well as serum hormone levels. RESULTS: Ospemifene 60 mg/day demonstrated a significantly greater FSFI total score improvement vs. placebo at Week 4 (p < 0.001). Improvement in FSFI scores continued to Week 12 (p < 0.001). At Week 4, the FSFI domains of Sexual Pain, Arousal, and Desire were significantly improved with ospemifene vs. placebo; at Week 12, improvements in all domains were significant (p < 0.05). Changes in serum hormones were minor and uncorrelated with changes in sexual functioning. CONCLUSION: In a large, randomized, double-blind, placebo-controlled trial, ospemifene 60 mg/day significantly improved FSD in women with VVA. Consistent effects across FSFI domains were observed.


Abstract: OBJECTIVE: This study aims to develop a self-report questionnaire assessing the impact of vaginal dryness, soreness, itching, irritation, and pain on functioning and well-being in postmenopausal women. METHODS: Structured self-report items were developed to address the impact of vaginal symptoms on functioning and well-being based on findings from focus groups with racially/ethnically diverse, symptomatic postmenopausal women. Items were refined after cognitive interview pretesting and field-tested among asymptomatic postmenopausal women enrolled in a multiethnic cohort study in California. Exploratory factor analysis (SAS PROC VARCLUS) and confirmatory factor analysis evaluated factor structure and eliminated poorly fitting items. Additional evidence of construct validity was obtained via examination of correlations with other measures of related constructs. Internal consistency and test-retest reliability were assessed using Cronbach alpha and correlation coefficients, respectively. RESULTS: For the 745 postmenopausal women who completed the draft questionnaire, the mean (SD) age was 56.2 (8.5) years, and 66% of the respondents were racially/ethnic minorities. The refined questionnaire included four multi-item scales addressing symptom impact on (1) activities of daily living, (2) emotional well-being, (3) sexual functioning, and (4) self-concept and body image. The four-factor model provided good approximate fit (comparative fit index, 0.987; standardized root-mean-square residual, 0.038). Correlations with other measures of symptom bothersomeness, sexual function, depression, and anxiety conformed to hypotheses. Cronbach alpha values ranged from 0.82 to 0.93. Intra-class coefficients ranged from 0.47 to 0.72. CONCLUSIONS: The Day-to-Day Impact of Vaginal Aging questionnaire is a new multidimensional self-report measure designed to facilitate evaluation of the impact of vaginal symptoms on postmenopausal women of diverse backgrounds.


Abstract: OBJECTIVES: The primary objective of this study was to evaluate the correlation among symptoms, signs, and the number of lactobacilli in postmenopausal vaginal atrophy. The secondary objective was to develop a new parameter to improve the correlation. STUDY DESIGN: A cross-sectional descriptive study. METHODS: Naturally postmenopausal women aged 45-70 years with at least one clinical symptom of vaginal atrophy of moderate to severe intensity were included in this study. All of the objective parameters (vaginal atrophy score, vaginal pH, the number of lactobacilli, vaginal maturation index, and vaginal maturation value) were evaluated and correlated with vaginal atrophy symptoms. A new parameter of vaginal atrophy, vaginal atrophy symptoms II, was developed and consists of the two most bothersome symptoms (vaginal dryness and dyspareunia). Vaginal atrophy symptoms II was analyzed for correlation with the objective parameters. RESULTS: A total of 132 naturally postmenopausal women were recruited for analysis. Vaginal pH was the only objective parameter found to have a weak correlation with vaginal atrophy symptoms (r = 0.273, p = 0.002). The newly developed vaginal atrophy symptoms II parameter showed moderate correlation with vaginal pH (r = 0.356, p < 0.001) and a weak correlation with the vaginal atrophy score (r = 0.230, p < 0.001). History of sexual intercourse within 3 months was associated with a better correlation between vaginal atrophy symptoms and the objective parameters. CONCLUSION: Vaginal pH was significantly correlated with vaginal atrophy symptoms. The newly developed vaginal atrophy symptoms II was associated with a better correlation. The vaginal atrophy symptoms II and vaginal pH may be better tools for clinical evaluation and future study of the vaginal ecosystem.


Abstract: OBJECTIVE: Our aim was to systematically review published articles for the prevalence of persistent estrogen depletion symptoms among women aged 65+ years. METHODS: A systematic literature search of English-language publications was performed using MEDLINE, EMBASE, CINAHL, and PsyChINFO. Twenty-three studies that included information on the prevalence of vasomotor and/or urogenital atrophy symptoms among older women (65 + years) met our inclusion criteria. Risk of bias of the included studies was assessed using a risk-of-bias tool explicitly designed for the systematic review of prevalence studies. RESULTS: The available data suggest that vasomotor symptoms are experienced by a considerable proportion of older women, that symptoms of urogenital atrophy including urinary incontinence are widespread, and that women remain sexually active well into later life. A high degree of variability was observed for the prevalence of estrogen deficiency symptoms for women age 65+ years. Discrepancies in modes of recruitment, sampling procedures, time frames over which symptoms were assessed and use of different and non-validated assessment tools contributed to the inconsistencies across the published studies. CONCLUSION: Larger and
appropriately sampled studies, employing validated questionnaires, are still needed to establish the prevalence of persistent estrogen depletion symptoms in women aged 65+ years.


Abstract © 2015 International Menopause Society: Objectives To prove non-inferiority of the first non-hormonal vaginal cream in Germany, Vigansim® Moisturising Cream (CREAM), compared to a non-hormonal vaginal gel (GEL) for vulvovaginal atrophy (VVA) symptom relief. Method This was a 12-week multicenter, open-label, prospective, randomized, two-period, cross-over phase-IIII trial. The primary endpoint was the cumulative VVA subjective symptom score of the respective treatment period. Secondary endpoints were assessment of single VVA subjective and objective symptoms, VVA objective symptom score, vaginal pH, safety parameters, overall assessment of efficacy, tolerability and evaluation of product properties. In total, 117 women were randomly allocated to either one of the two treatments, each administered for 4 weeks; 92 women were included in the per-protocol analysis (primary analysis). The main outcome measure was cumulative VVA subjective symptom score. Results Regarding VVA symptom relief, results confirmed non-inferiority of CREAM compared to GEL and even indicated superiority of CREAM. Frequency and intensity of subjective symptoms and objective findings were clearly reduced, with CREAM showing better results compared to GEL. Mean VVA objective symptom score significantly decreased; improvement was significantly greater with CREAM. Vaginal pH decreased only following CREAM treatment. Tolerability was superior for CREAM: burning and itching, mostly rated as mild, occurred markedly less often with CREAM than with GEL. Overall satisfaction with treatment efficacy, tolerability and most product properties were rated significantly superior for CREAM. Conclusions Subjective and objective VVA symptoms were reliably and safely reduced by both non-hormonal topical products. However, efficacy and tolerability of CREAM were shown to be superior to GEL.


ABSTRACT: Objective: Lichen sclerosus (LS) is a chronic progressive inflammatory autoimmune-induced disease that primarily affects the epidermis and dermis of the external genital-anal region. Intense and recalcitrant pruritus is the hallmark of LS. Physical exam reveals thinning, hyperkeratosis, and parchment-like appearance. However, the classic symptom and signs of LS may not always be present and patients may be asymptomatic for pruritus. Hence, we describe 15 misdiagnosed cases with atypical clinical presentations. We believe that the absence of pruritus contributed to their initial misdiagnosis. The purpose of this paper is to increase awareness of atypical presentations of LS. Methods: Data base review of de-identified clinical case pictures was performed. All patients had histopathology-confirmed diagnoses of LS. The data base file contains 800 cases of vulvovaginal disorders. The Institutional Review Board (IRB) considered that searching a de-identified data base of pictures did not require IRB approval. Results: We identified 15 different atypical clinical cases. Patient ages were 18–75 years old. These patients were asymptomatic for pruritus and were misdiagnosed before they presented to the vulvovaginal specialized clinic. Conclusion: Fifteen patients asymptomatic for pruritus with histopathology-confirmed diagnosis of LS were identified. They illustrate atypical clinical presentations that LS may have.


Abstract: INTRODUCTION: ‘Female sexual dysfunction’ (FSD) is an umbrella term comprising a range of common disorders, including hypoactive sexual desire, reduced subjective and/or physical genital arousal (poor sensation, vasocongestion, lubrication), sexual pain and inability to achieve orgasm/satisfaction, which are multidimensional by nature and often coexisting. Psychological and contextual factors have a significant influence on organic components of sexual dysfunction and a tailored medical approach to sexual symptoms is inevitably limited. AREAS COVERED: The paper reports the most recent advances in pharmacotherapy for women taking into account the biopsychosocial model. Hormone therapy, including estrogens, testosterone, tibolone and dehydroepiandrosterone, are discussed in term of efficacy and safety in postmenopausal women both for female sexual interest/arousal disorder (FSIAD) and genito-pelvic pain/penetration disorder. Ospemifene, a selective estrogen receptor modulator, approved to treat dyspareunia at menopause, is also discussed. Data on psychoactive agents for treatment of FSIAD in premenopausal women are discussed, including the potential use of on-demand combined hormonal (testosterone) and non-hormonal (buproprione or sildenafil) treatments to address possible neurophysiological profiles of women. EXPERT OPINION: We are still waiting for an approved pharmacotherapy for FSD. This is not the result of gender inequality in sexual medicine, but it reflects the need of balancing benefits and risks in order to provide effective and safe treatments to women of any age.


Abstract: After many years of research, female sexual dysfunction (FSD) is still an unmet clinical need because no FDA-approved treatments are available for women. The bio-psychosocial model is essential to understand whether a candidate drug induces a meaningful effect over placebo on sexual symptoms with a significant impact on women’s quality of life and partnership. Vasactive agents, hormone therapy and psychoactive drugs have been investigated. Randomized placebo-controlled trials showing efficacy and safety, however, did not convince the FDA to approve either transdermal testosterone patch in postmenopausal women or the serotoninergic agent flibanserin in premenopausal women, for the treatment of hypoactive sexual desire disorder. The process of balancing efficacy and safety of a chronic treatment for a non-life threatening condition, such as FSD, is very difficult in women of any age, but there is some hope that the gender gap in sexual medicine will soon come to an end. Insightful
research centered on women’s needs and expectations and the availability of novel compounds, tested according to the new DSM-5 diagnostic criteria, will finally lead medical regulatory agencies to approve an effective and safe pharmacotherapy for FSD.

**Nappi, R.E., Palacios, S., Panay, N. et al. (2015) Vulvar and vaginal atrophy in four European countries: evidence from the European REVIVE Survey. Climacteric, 1-10.**

Abstract: Objectives The aim of the European REVIVE survey was to achieve a better understanding of vulvovaginal atrophy (VVA), a chronic and progressive condition after menopause. We investigated perceptions, experiences and needs in terms of sexual and vaginal health in a sample of European postmenopausal women. Methods An online internet based survey was conducted in Italy, Germany, Spain and the UK with a total surveyed sample of 3768 postmenopausal women (age: 45-75 years). Results The most common VVA symptom was vaginal dryness (70%), VVA has a significant impact on the ability to be intimate (62%), to enjoy sexual intercourse (72%) and to feel sexual spontaneity (66%). Postmenopausal women with VVA are sexually active (51%), but their sexual drive is reduced. Health-care professionals (HCPs) have discussed VVA with postmenopausal women (62%), but they initiated the conversation only in 10% of the cases. The most common treatments for VVA are over-the-counter, non-hormonal, local vaginal products. Thirty-two per cent of postmenopausal women were naive to any kind of treatment, whereas discussion with the HCP was relevant to be on current treatment (60%) of postmenopausal women that discussed VVA with a HCP vs. 23% who did not). The top reasons for poor compliance with vaginal treatments were: not bothersome enough symptoms (18%); vaginal changes not therapeutically reversed (18%); relief from VVA symptoms (17%). Approximately 45% were satisfied with treatment. The most frequent disliked aspects of treatment were the route of administration or the messiness. The fear of hormones was common in postmenopausal women using vaginal prescription products. Conclusions The European REVIVE survey confirmed that VVA symptoms are frequent in postmenopausal women and demonstrates a significant impact on quality of life and sexual life. However, the condition is still under-diagnosed and under-treated, with a high rate of dissatisfaction for actual available treatments in the four European countries surveyed. The discussion of symptoms with HCPs seems the most critical factor for diagnosis and treatment of VVA.


Abstract: Background: Vulvovaginal atrophy (VVA), also known as genitourinary syndrome of menopause, exerts a negative impact on the sexuality, health and quality of life of post-menopausal women. A better understanding of post-menopausal women’s profiles as defined by their attitude and behaviours in relation to their VVA symptoms may improve public health policies and will allow appropriate targeting of public health campaigns. These improvements may help women of middle and advanced age recover and maintain their quality of life. In this study, we analyses the attitudes of post-menopausal women, aged 45–74 years, with VVA symptoms from five European countries, with the aim of identifying profile markers to improve healthcare strategies. Methods: Two consecutive cross-sectional studies were conducted in five European countries (the UK, France, Spain, Germany and Italy). An initial exploratory study (n = 69) was based on interviews and then an analytical study (n = 749) was based on online surveys to validate women’s profiles by means of a multi-level approach. Results: We identified eight profiles: self-treater, pragmatic, vivacious, reserved, silent sufferer, expressive, stoic and sad. The percentage distribution varied among the countries. The ‘pragmatic’, ‘vivacious’ and ‘expressive’ women were the most proactive, talkative and open with their healthcare professional, whereas women with the ‘reserved’ and ‘stoic’ profiles showed less interest in searching for information about their VVA symptoms, either from their healthcare professional or from other sources. Conclusions: The attitudes and behaviours of post-menopausal women in relation to their VVA allow for the clear definition of a series of profiles with varying representation across countries. This study reveals the importance of identifying post-menopausal women’s profiles to develop interventions to help them overcome barriers to the diagnosis, management and treatment of VVA.


Breast cancer survivors (BCSs) often suffer from menopausal symptoms induced by systemic treatments, with a consequent negative effect on quality of life. Since the introduction of aromatase inhibitors as the standard therapy for hormone-dependent tumors, genitourinary syndrome of menopause (GSM) has become a main problem for BCSs. This new terminology refers to the wide range of vaginal and urinary symptoms related to menopause, which can be relieved by estrogen therapy. Unfortunately, systemic hormone therapy is contraindicated for BCSs and also vaginal estrogens at standard dosage might influence the risk of recurrence because they cause a significant increase of circulating estrogens. Nonhormonal vaginal moisturizers or lubricants are the first choice for BCSs but only have limited and short-term efficacy. New strategies of management of GSM are now available, including: (1) low-dose or ultra low-dose vaginal estrogens; (2) oral selective estrogen receptor modulators (osipemifene); (3) androgen therapy; (4) physical treatment with vaginal laser; and (5) psychosocial interventions. In this review we discuss and analyze these different options.


After many years of research, female sexual dysfunction (FSD) is still an unmet clinical need because no FDA-approved treatments are available for women. The bio-psychosocial model is essential to understand whether a candidate drug induces a meaningful effect over placebo on sexual symptoms with a significant impact on women’s quality of life and partnership. Vasoactive agents, hormone therapy and psychoactive drugs have been investigated. Randomized placebo-controlled trials showing efficacy and safety, however, did not convince the FDA to approve either transdermal testosterone patch in postmenopausal women or the serotoninergic agent flibanserin in premenopausal women, for the treatment of
hypomcal sexual desire disorder. The process of balancing efficacy and safety of a chronic treatment for a nonlife threatening condition, such as FSD, is very difficult in women of any age, but there is some hope that the gender gap in sexual medicine will soon come to an end. Insightful research centered on women's needs and expectations and the availability of novel compounds, tested according to the new DSM-5 diagnostic criteria, will finally lead medical regulatory agencies to approve an effective and safe pharmacotherapy for FSD.


Abstract: OBJECTIVES: Prevalence of vulvar-vaginal atrophy (VVA) has been always investigated by phone or web interview without any objective evaluation. Objective signs associated with symptoms of VVA are now termed genitourinary syndrome of menopause (GSM). This multi-centric study was performed in order to provide nation-wide data on the prevalence and management of GSM. METHODS: Nine hundred thirteen females, 59.3+/7.4 years old asking for a routine gynecological examination were recruited. Diagnosis of GSM was based on patient sensation of vaginal dryness, any objective sign of VVA and a pH>5. RESULTS: A 722/913 (79.1%) women were diagnosed with GSM with a prevalence ranging from 64.7% to 84.2%, starting from 1 to 6 years after menopause. Sedentary women were at higher risk of GSM (OR 1.8, 95% CI: 1.3-2.5; p=0.0005).

Recent vaginal infection was more likely in women with GSM (OR 2.48, 95% CI: 1.33-4.62; p=0.0041). Symptoms reported by women with GSM were vaginal dryness (100%), dyspareunia (77.6%), burning (56.9%), itching (56.6%) and dysuria (36.1%). Signs detected by gynecologists were mucosal dryness (99%), thinning of vaginal rugae (92.1%), pallor of the mucosa (90.7%), mucosal fragility (71.9%) and petechiae (46.7%). Only 274 (30%) of women had had a previous diagnosis of VVA/GSM. These were treated either with no therapy (9.8%), systemic hormone (9.2%), local hormone (44.5%) or local non-hormonal (36.5%) therapy. At the time of our investigation 266 of them (97.1%) still had the disorder.

CONCLUSIONS: GSM is a common, under-diagnosed and under-treated disorder. Measures to improve its early detection and its appropriate management are needed.


Abstract: INTRODUCTION: We know little about the use of vaginal estrogen in perimenopausal and postmenopausal women. We aimed to assess the prevalence of vaginal estrogen use in Denmark. MATERIAL AND METHODS: The study was designed as a nationwide cross-sectional study of all Danish women aged 40-79 years, living in Denmark during the period 2007-2013. The Danish Prescription Register delivered data permitting us to assess the prevalence, age and regional geographical belonging of women purchasing prescribed vaginal estradiol. The number of women using over-the-counter vaginal estriol products was estimated from sale statistics from the same register. RESULTS: In 2013, 10.2% of all Danish women between 40 and 79 years of age used vaginal estradiol. The prevalence of women using this type of vaginal estrogen increased from 8.5% in year 2007 to 10.2% in 2013. The vaginal tablet was purchased more than the vaginal ring. We found no relevant difference in use between the five regions of Denmark. Taking the sale of vaginal estradiol into account, the prevalence of vaginal estrogen use in 2013 could be estimated to a total of 12.1%. CONCLUSIONS: Comparing our result to the prevalence of urogenital atrophy-related symptoms reported in the literature, our study suggests an under-diagnosis and under-treatment of this condition. Teaching women and primary-care physicians about symptomatic urogenital atrophy and its treatment options may increase the quality of life for many women.


Palma,F., Della Vecchia,E., Cagnacci,A. as the Writing Group of the AGATA study (2016) Medical and patient attitude towards vaginal atrophy: the AGATA study. Climacteric, 19(1), 553-557.

Abstract: OBJECTIVES: To provide data on current management of vaginal atrophy (VA) in a nationwide setting. METHODS: A cross-sectional, multicenter study was made in 913 postmenopausal women consulting 22 gynecological outpatient services. VA was diagnosed with a combination of subjective symptoms and objective evaluations. Women with a previous diagnosis and those with a new diagnosis of VA filled additional questionnaires regarding modalities of VA management and reasons for missing diagnosis, respectively. RESULTS: 730/913 (80%) women had ever had a diagnosis of VA. In 274 (37.5%), the diagnosis was made prior to, and in 456 (62.5%) during the investigation. Of women with a new VA diagnosis, 81.1% had never discussed their symptoms with the health-care practitioner (HCP), and 78.7% (n=7359) had never been questioned by an HCP. Of women with a previous VA diagnosis, 90.2% had been treated with systemic (10.1%), local hormonal (49.4%) or local non-hormonal (30.5%) therapy. At the time of investigation, 61.9% of these women had stopped treatment, with only 3.3% having been successfully cured.

CONCLUSIONS: VA is highly prevalent in postmenopausal women. Its current management and treatment seem to be highly unsatisfactory and can be improved by medical sensitization and patient education. KEYWORDS: Genitourinary syndrome of menopause, vaginal health, vaginal atrophy, postmenopausal women, vaginal treatments.


Abstract: OBJECTIVE: To illustrate the marked differences between classical endocrinology that distributes hormones to all tissues of the body through the bloodstream and the science of intracrinology, whereby each cell of each peripheral tissue makes a small and appropriate amount of estrogens and androgens from the inactive precursor dehydroepiandrosterone (DHEA), DHEA being mainly of adrenal origin. Because only the inactivated sex steroids are released in the blood, influence in the other tissues is avoided. METHODS: Molecular biology has been used for the identification/characterization of the steroid-forming and steroid-inactivating enzymes, whereas steroids have been measured by mass
spectrometry-based assays validated according to the US Food and Drug Administration guidelines. RESULTS: Evolution over 500 million years has engineered the expression of about 30 steroid-forming enzymes specific for each peripheral tissue. These tissue-specific enzymes transform DHEA into the appropriate small amounts of estrogens and androgens for a strictly intracellular and local action. Humans, contrary to species below primates, also possess intracellular steroid-inactivating enzymes, especially glucuronyl transferases and sulfotransferases, which inactivate the estrogens and androgens at their local site of formation, thus preventing the release of a biologically significant amount of estradiol (E2) and testosterone in the circulation. Since DHEA becomes the unique source of sex steroids after menopause, serum E2 and testosterone are thus maintained at low biologically inactive concentrations with no activity outside the cells of origin. DHEA secretion, unfortunately, starts decreasing at about the age of 30 at various rates in different women. Moreover, there is no feedback mechanism to increase DHEA secretion when the concentration of serum DHEA decreases. Considering this mechanism is unique to the human, it seems logical to replace DHEA locally in women suffering from vulvovaginal atrophy (genitourinary syndrome of menopause). The clinical data obtained using a small dose of intravaginal DHEA (prasterone) confirm the mechanisms of intracrinology mentioned above which avoid biologically significant changes in serum E2 and testosterone.

CONCLUSIONS: The symptoms and signs of vulvovaginal atrophy (genitourinary syndrome of menopause) can be successfully treated by the intravaginal administration of DHEA without safety concerns. This strategy exclusively replaces in the vagina the missing cell-specific intracellular estrogens and androgens. This approach avoids systemic exposure and the potential risks of estrogen exposure for the tissues other than the vagina. KEYWORDS: Dehydroepiandrosterone (prasterone) – Intracellular – Intracrinology – Menopause – Safety – Vulvovaginal atrophy.