What's in a Name? The Need for New Nomenclature for Vulvovaginal Atrophy

Findings From the 2013 ISSWSH/NAMS Consensus Conference of VVA Terminology and Assessment

David J. Portman, MD
Director, Columbus Center for Women's Health Research
Adjunct Instructor, Ohio State University College of Medicine
Department of Obstetrics and Gynecology

Consensus Conference and Plenary Support

- Apricus Bioscience
- Bayer Healthcare
- The Lil Drug Store
- NovoNordisk
- Shionogi
- WISH (Women's Initiative in Sexual Health)
- Tara Allmen, MD

Disclosures

- Consultant/advisory board
- Grant/research support
- Speaker bureaus
  - Teva Pharmaceutical Industries Ltd, Warner Chilcott, NovoNordisk Inc.

Attendees

Conference Co-Chairs
David Portman, MD
Director, Columbus Center for Women's Health Research
Ohio State University
ISSWSH Treasurer
Margery Gass, MD
Executive Director, NAMS
Cleveland Clinic, Center for Specialized Women's Health
Clinical Professor, Case Western Reserve School of Medicine
Moderator
Sheryl Kingsberg, PhD
Case Western Reserve University
School of Medicine
University Hospitals Case Medical Center
NAMS Board Member

Attendees (cont)

- Helen Halas, MD
  - UNM/New Jersey Medical School
- Cheryl Virginia, MD
  - Washington Continuing Center
- Kari Kapoor, MD
  - University of California, San Francisco
- Breanna Bachman, MD
  - University of Wisconsin
- Susan KoFigure, MD, CRNP
  - Gaffney, MD
- Susan KoFigure, MD, CRNP
  - The Pelvic and Sexual Health Institute of Philadelphia
- Michael Skirven, MD
  - Southern California Center for Sexual Health
- Lily Nachoupis, MD
  - New York University
- Rosalba Nappi, MD, PhD
  - Gynecological Endocrinology and Menopause Unit
  - University of Pavia, Italy
- John Pinkerton, MD
  - University of Virginia
- Jon Scriver, MD
  - Brigham and Women's Hospital
- James Green, MD
  - George Washington University
- Cynthia Steiner, MD
  - University of California, San Diego School of Medicine

Vaginal Health: Insight, Views, & Attitudes (VIVA)

Conditions thought to cause dryness, itching, burning, or soreness in the vagina, or pain during intercourse (n = 3520)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yeast</td>
<td>11</td>
</tr>
<tr>
<td>Bladder infection</td>
<td>10</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>31</td>
</tr>
<tr>
<td>None of these</td>
<td>17</td>
</tr>
</tbody>
</table>

Prevalence of VVA (57%) and FSD (55%) was high.

Vaginal Health: Insight, Views, & Attitudes (VIVA) (cont)

What's in a Name?
- Involutional melancholia
  - Described by Emil Kraepelin in 1907
  - Removed from DSM-III in 1980
- 1992 NIH Consensus Development Panel on "Impotence"
  - Impotence removed
  - "Erectile dysfunction" was born
- Viagra approved in 1998 and more than a dozen other drugs for men's sexual health approved since then and in wide use
- Politicians and celebrities openly discuss male sexual issues in prime time
- The word "vagina" cannot be said in many major media outlets

Atrophy
- Definition in The Merriam-Webster Dictionary
  - Decrease in size or wasting away of a body part or tissue
  - A wasting away or progressive decline

"(The postmenopausal woman's)... features are stamped with the impress of age and their genital organs are sealed with the signet of sterility...It is the dictate of prudence to avoid all such circumstances as might tend to awaken any erotic thoughts in the mind and re-animate a sentiment that ought rather become extinct."
Columbat de l’Isera, 1845

Vulvovaginal Atrophy: Inadequate?
- The entire body atrophies with age; vaginal atrophy does not cause symptoms in all women
- Symptoms are the real problem
- Atrophy has a negative connotation
- The words "vagina" and "penis" are not usually used in the public/social setting
- Therefore, we search for a term that would capture the concept of symptoms, that would be appropriately descriptive, and that would be acceptable to clinicians and consumers

Women's Perceptions: Societal Constraints

<table>
<thead>
<tr>
<th>Completely Agree</th>
<th>Total, % (N = 2006)</th>
<th>60 to 65 Years Old, % (n = 350)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Society constrains the sexual expression of women my age more than men my age</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Society is more accepting of discussion around men's physical sexual problems than women's physical sexual problems</td>
<td>73</td>
<td>74</td>
</tr>
<tr>
<td>Although medicines are available for men’s physical sexual problems, the same do not exist for women’s physical sexual problems</td>
<td>71</td>
<td>67</td>
</tr>
<tr>
<td>Society would prefer to believe that women my age do not have sex</td>
<td>53</td>
<td>60</td>
</tr>
</tbody>
</table>

VVA and FSD
- The Menopause Epidemiologic Study
- 1480 sexually active postmenopausal women
- Association between VVA and overall FSD and its subtypes
  - Prevalence of VVA (57%) and FSD (55%) was high
  - Women with FSD were 3.84 times more likely to have VVA than women without FSD (95% CI, 2.99-4.94)
The term “vulvovaginal atrophy” or “atrophic vaginitis”: archaic; carries demeaning, senescent implications; vague; ignores underlying physiologic, symptomatic concerns

ISSWSH President Andrew Goldstein and NAMS Executive Director Margery Gass and respective boards recognized a need to review definitional, diagnostic strategies and current terminology regarding VVA that results from menopause

Agreed to cosponsor and secure unrestricted educational grants to fund the Consensus Conference.

How We Got Here (cont)

A selection committee convened

- Sarah Bergs, chair of Obstetrics/Gynecology at Wake Forest, president of the Society for Gynecologic Investigation
- Margery Gass, executive director of NAMS, editor of Menopause
- Andrew Goldstein, president of ISSWSH
- Irwin Goldstein, director of San Diego Sexual Medicine, editor-in-chief of The Journal of Sexual Medicine
- David Pfrontenr, ISSWSH board member and treasurer, director of the Columbus Center for Women’s Health Research

The Committee undertook the task to identify acknowledged multidisciplinary experts through a literature search of authors published in the fields of menopause, sexuality, and VVA; peer recommendations from societies dedicated to women’s menopausal, urogynecologic, and sexual health

The Committee selected 20 experts who agreed to contribute to a literature review, working groups, and presentations and participate in a 2-Day Consensus Conference May 18-19 in Chicago, Illinois.

Conference Overview

- Discuss potential alternative nomenclature
- Review the latest scientific data on the subject
- Devise a practical, concise staging tool for clinicians, based on consistent anatomic and physiologic changes
- Review recent survey data regarding patient perception of VVA and its affect
- Discuss key topics related to vaginal health before discussing nomenclature and developing the tool

Consensus Plenary Sessions: Day 1

- Plenary 1: The Fundamentals: physiology, embryology, differential diagnosis, microbiology
- Plenary 2: The Influencing Factors: age, menopause, endocrine factors, and immune factors
- Plenary 3: The Consequences I: sexual dysfunction
- Plenary 4: The Consequences II: urogynecologic, pelvic support, the neurovascular, and the urinary tract
- Plenary 5: The Treatment Options
  - Current and future
- Plenary 6: The Patient’s View
  - Patient communication and surveys

Consensus Working Groups: Day 2

- Plenary 7: Vulvar and Vaginal Changes in Menopause
  - Anatomic and morphologic, and tissue assessment
- Creating a New Staging and Nomenclature and Assessment Tool
- Workgroup Session
  - Assessment tool refinement
  - Nomenclature
- Consensus Nomenclature Discussion
- Assessment Tool, Nomenclature: discussion and consensus vote

Symptoms of VVA

- Dryness
- Burning
- Dyspareunia
- Vaginal discharge
- Genital itching
- Dysuria
- Urinary urgency
- More frequent UTIs
- Urinary incontinence
- Postcoital bleeding
- Fissures during intercourse
- Decreased lubrication during intercourse

**Signs of Genitourinary Aging**

- Diminished blood flow
- Dryness
- Loss of elasticity
- Thinning of the vaginal tissue; alteration of keratinization
- Smoothing, flattening of hymeneal carunculae, introitus, and vaginal rugae
- Mucosal defects, including petechiae, microfissures, ulceration, and inflammation
- Shortening; fibrosis; obliteration of vaginal apex
- Narrowing of vaginal entrance and canal

Archer DF. Menopause. 2010;17:194-203.

**Menopause and the Genitourinary Tract**

- Hormonal and menopausal influence on the lower urinary tract and pelvic floor structures
  - Urinary frequency, urinary urgency
    - Nocturia, dysuria
    - Incontinence: 15-35% of women >60 years old
    - Bacteriuria: 20% of postmenopausal women
    - Recurrent UTI: 17% of postmenopausal women
- Women with LUTS have a >7-fold greater risk for sexual pain disorders and a 4-fold greater risk for sexual arousal disorders than women without such symptoms

LUTS, lower urinary tract symptoms.