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**NAMS Releases the 2020 Genitourinary Syndrome of Menopause Position Statement**

*New recommendations for treating women with genitourinary syndrome of menopause reflect the latest proven safe and effective therapeutic options*

CLEVELAND, Ohio (August 31, 2020)—The North American Menopause Society (NAMS) announces publication of its 2020 Genitourinary Syndrome of Menopause (GSM) Position Statement. The new recommendations reflect the healthcare community's most recent and proven safe and effective therapies for treating women with GSM, including intravaginal dehydroepiandrosterone (DHEA), oral ospemifene, and a low-dose estradiol vaginal insert. The position statement is available online and will be published in the September issue of *Menopause*, the journal of NAMS.

Genitourinary syndrome of menopause affects approximately 27% to 84% of postmenopausal women and can significantly impair health, sexual function, and quality of life. Unfortunately, it remains underdiagnosed and undertreated, leaving many women to suffer silently. The most commonly reported symptoms include irritation of the vulva, inadequate vaginal lubrication, burning, dysuria, dyspareunia, and vaginal discharge.

In developing the new position statement, NAMS reviewed current data on a wide variety of proposed treatments to determine their efficacy and safety before making recommendations. According to the 2020 position statement, first-line therapies for less-severe symptoms include nonhormone vulvar and vaginal lubricants with sexual activity and long-acting vaginal moisturizers used regularly. Prescription therapies include low-dose vaginal estrogens, vaginal DHEA inserts, and oral ospemifene. For women with moderate to severe dyspareunia associated with GSM and with concurrent vasomotor symptoms, transdermal and oral hormone therapy are effective options.

The position statement additionally points out that long-term studies on the endometrial safety of vaginal estrogen, vaginal DHEA, and ospemifene are lacking. In addition, NAMS believes there are insufficient placebo-controlled trials of energy-based therapies, including laser, to draw conclusions on their efficacy and safety or to make treatment recommendations for those devices.

The new position statement can be found online at (<https://www.menopause.org/docs/default-source/default-document-library/2020-gsm-ps.pdf>).

“Since our last position statement on this topic published in 2013, there have been important additions in terms of safe and effective therapeutic options for women with GSM,” says Dr. Stephanie S. Faubion, NAMS Medical Director and member of the Editorial Panel of the Position Statement. “NAMS has reviewed existing data on these therapies as well as on emerging treatment modalities such as energy devices. What hasn’t changed is that GSM remains underdiagnosed and undertreated and continues to be a significant quality-of-life issue for women. NAMS endorses educating about and screening for GSM in all perimenopausal and postmenopausal women.”

For more information about menopause and healthy aging, visit [www.menopause.org](http://www.menopause.org).

Founded in 1989, The North American Menopause Society (NAMS) is North America’s leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit [www.menopause.org](http://www.menopause.org).