



Vaginal Dryness

Bothersome symptoms of the vagina and vulva (outer lips of the vagina) are common in women of all ages but increase with menopause. The decrease in estrogen with menopause is a major contributor to vaginal dryness, itching, burning, discomfort, and pain during intercourse or other sexual activity. *Vaginal atrophy* is the medical term that describes these changes, and when combined with bladder symptoms after menopause, it is called *genitourinary syndrome of menopause*. Symptoms of vaginal atrophy may significantly affect your quality of life, sexual satisfaction, and relationship with your partner.

Menopause-related vaginal symptoms may be bothersome early in the menopause transition or start after several years of decreased estrogen levels. Unlike hot flashes, which generally improve with time, vaginal symptoms typically worsen with time due to both aging and a prolonged lack of estrogen.

Menopause and aging can affect the vagina in the following ways:

- Vaginal tissues become thin, dry, and less elastic
- Vaginal secretions decrease with reduced lubrication
- Vaginal infections increase (as the healthy acidic pH of the vagina increases)
- Discomfort with urination and increased urinary tract infections can occur
- Fragile, dry, inflamed vaginal tissues may tear and bleed
- Women with menopause induced by cancer treatments may have additional injury to the vaginal tissues from chemotherapy or pelvic radiation
- Aromatase inhibitors taken by many women with breast cancer result in extremely low estrogen levels, often causing severe symptoms of vaginal dryness and decreased lubrication
- Vaginal changes often result in pain with sexual activity or pelvic exams
- Women with discomfort from vaginal atrophy often engage in less frequent intercourse or other sexual activity, which can cause the vagina to become shorter, narrower, and less elastic
- For some women, pain, narrowing of the vagina, and involuntary tightening of vaginal muscles (vaginismus) can intensify to the point where sexual intercourse or other sexual activity is no longer pleasurable or even possible

Treatment options

Although symptoms of vaginal dryness and atrophy can be very bothersome, the good news is that effective treatment options are available. These include different forms of low-dose estrogen applied directly to the vagina, as well as nonhormone treatments. You may combine nonhormone and hormone treatments for optimal symptom relief.

Nonhormone remedies

- **Vaginal lubricants** reduce discomfort with sexual activity when the vagina is dry by decreasing friction. Water-soluble products are advised, because the oil in some products may cause vaginal irritation. There are many effective brands available without a prescription, such as K-Y Jelly, Astroglide, K-Y Silk-E, Slippery Stuff, and Just Like Me.
- **Vaginal moisturizers** line the wall of the vagina and maintain vaginal moisture. Such as with your face or hands, the vagina should be moisturized on a regular basis, for example, several times weekly at bedtime. Effective products include Replens and K-Y Liquebeads.
- **Regular sexual stimulation** promotes vaginal blood flow and secretions. Sexual stimulation with a partner, alone, or with a device (such as a vibrator) can improve vaginal health.
- **Expanding your views of sexual pleasure** to include such “outercourse” options as extended caressing, mutual masturbation, and massage is an effective way to make painful vaginal penetration (intercourse) more comfortable or provide a way to remain sexually intimate in place of intercourse.
- **Pelvic floor exercises** can both strengthen weak vaginal muscles and relax tight ones.
- **Vaginal dilators** can stretch and enlarge the vagina after many years of severe vaginal atrophy, especially if sexual activity is infrequent and the vagina has become too short and narrow for intercourse. Involuntary tightening of vaginal muscles (vaginismus), a learned response to pain, often contributes to discomfort during intercourse or other sexual activity. In addition to regular use of vaginal estrogens, lubricants, and moisturizers, several months of daily “exercises” with lubricated vaginal dilators can help. Dilators can be

purchased from pharmacies and medical supply stores and used with the guidance of a gynecologist, physical therapist, or sex therapist. Remember, the vagina can diminish in size and its supporting muscles can weaken, so “use it or lose it”!

Vaginal estrogen therapy

- **An effective and safe treatment** available by prescription, low-dose local estrogen is applied directly to the vagina to increase the thickness and elasticity of vaginal tissues, restore a healthy vaginal pH, increase vaginal secretions, and relieve vaginal dryness and discomfort with sexual activity. Improvements usually occur within a few weeks, although complete relief may take several months.
- **Short-term treatment** may even be an option for women with a history of breast or uterine cancer but only after careful consideration of risks and benefits with a healthcare provider.
- **Government-approved low-dose vaginal estrogen products** are available by prescription as vaginal creams (used 2 or 3 nights weekly), a vaginal estradiol tablet (used twice weekly), and an estradiol vaginal ring (changed every 3 months). All are highly effective. You may wish to try several different forms and choose the one you prefer.
- **Standard doses** of estrogen therapy provided to treat hot flashes also treat vaginal dryness, although some women still benefit from additional low-dose vaginal estrogen treatment. If only vaginal symptoms are present, low doses of estrogen applied to the vagina are recommended.

Nonestrogen therapy

- **Ospemifene (Osphena)** is an oral tablet for the treatment of painful intercourse secondary to vaginal atrophy. Ospemifene is an estrogen agonist/antagonist, which means it works like estrogen in some tissues and opposes estrogen’s actions in others.

Note: Not all vaginal symptoms are related to menopause. For instance, yeast infections, allergic reactions, and certain skin conditions can affect the midlife vagina, so consult your healthcare provider if symptoms do not improve with treatment.

Treatment Option Summary

Vaginal lubricants (nonprescription)

Many available brands, including K-Y Jelly, Astroglide, K-Y Silk-E, Slippery Stuff, Just Like Me

Vaginal moisturizers (nonprescription)

Many available products, including Replens and K-Y Liquibeads

Vaginal “exercise”

- Sexual activity (with or without a partner)
- Stretching exercises with lubricated vaginal dilators
- Pelvic floor physical therapy

Vaginal estrogen therapy (prescription required)

- Estrace or Premarin vaginal cream (1/2-1 gram, placed in vagina 2-3 times weekly)
- Estring (small, flexible estradiol ring placed in vagina and changed every 3 months)
- Vagifem (estradiol tablet placed in vagina twice weekly)

Oral nonestrogen therapy (prescription required)

- Ospemifene (Osphena)—an oral tablet that treats painful intercourse caused by vaginal atrophy



This *MenoNote*, developed by the NAMS Education Committee of The North American Menopause Society, provides current general information but not specific medical advice. It is not intended to substitute for the judgment of a person’s healthcare provider. Additional information can be found at www.menopause.org.

Copyright © 2016 The North American Menopause Society. All rights reserved. NAMS grants permission to healthcare providers to reproduce this *MenoNote* for distribution to women in their quest for good health.

Made possible by donations to the NAMS Education and Research Fund.

