



Genitourinary Syndrome of Menopause (GSM)

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Do you experience:

- vaginal dryness?
- painful intercourse or bleeding during intercourse?
- decreased sexual arousal, desire, or orgasms?
- vulvar irritation or itchiness?
- frequent or recurrent bladder infections?
- frequent or urgent peeing?
- urinary leakage?

If so, you may be experiencing a very common and treatable condition. Since it is often associated with perimenopause or menopause, it is referred to as the **genitourinary syndrome of menopause (GSM)**.

You may have GSM if you:

- are in menopause (including surgically induced menopause)
- are in perimenopause
- are being treated for cancer
- are taking gonadotropin-releasing hormone (GnRH) agonist medications
- have hypothalamic amenorrhea

What causes GSM?

GSM is caused by low levels of the hormone **estrogen**. When the estrogen level is normal, the vagina and vulva are lined by many layers of cells. These cells produce moisture (lubrication) and protect against bacteria. Estrogen begins to decline with perimenopause. During menopause estrogen is very low, and the cell layers in the vagina and vulva are reduced. The layers produce less moisture and lose their protective benefits.

Normal bladder health and function are linked to estrogen levels and healthy vaginal conditions. When estrogen declines and vaginal changes happen, you may have urinary symptoms. These can include involuntary leakage of urine (pee); frequent, more urgent urination; and infections.

Women being treated for certain cancers (such as breast cancer) often have the above symptoms. This is because they take medications that help keep estrogen levels low.

Other conditions/situations that result in low levels of estrogen may also cause symptoms of GSM.

Why treat GSM?

- Having symptoms of GSM can negatively impact a patient's life.
- Symptoms of vaginal dryness and painful intercourse may negatively impact self-esteem and sexual intimacy with partners.
- Daily vaginal and vulvar pain and irritation can reduce a patient's sense of well-being and impact their quality of life.
- Urinary symptoms can be challenging. You may need to pee/urinate often and urgently. This can disrupt your sleep if it happens throughout the night. You may have episodes of urinary leakage, which can be distressing.
- Frequent or recurrent urinary tract infections can happen. They may cause you to visit healthcare providers often. You may need several courses of antibiotics.
- GSM is progressive. This means it worsens with time and can become more difficult to treat.

How is GSM treated?

There are several treatment choices. Talk with your healthcare provider to find the best one for you.

Non-hormonal treatments	
Lubricants	<ul style="list-style-type: none"> • Helpful for symptoms of dryness with sex • Provides short-lived but immediate relief
Moisturizers	<ul style="list-style-type: none"> • Contain agents that bind water to create a protective layer of moisture, preventing further injury to tissue and allowing for repair and healing. • Need to be applied inside the vagina several times per week to maintain their effect.
Vaginal laser	<ul style="list-style-type: none"> • Requires 3 consecutive intra-vaginal treatments, 4 to 6 weeks apart, for long-term treatment. • Conducted by trained gynecologists.
Pelvic floor exercises/ physical therapy	<ul style="list-style-type: none"> • Can be used to strengthen pelvic floor muscles to help treat urinary leakage. • May also be used to help relax pelvic floor muscles to relieve pain during sex. • Can be done with a trained therapist or using at-home devices. <p>A specific laser is now approved in Canada to treat GSM.</p>
Vulvovaginal tissue stretching using a vaginal dilator	<ul style="list-style-type: none"> • Can help stretch the vaginal tissue, which may help relieve pain during sex.

Hormonal or prescription-requiring treatments	
Vaginal estrogen	<ul style="list-style-type: none"> • Involves applying measured amounts of estrogen to the vagina. • There are different types of vaginal estrogen therapy: <ul style="list-style-type: none"> – A vaginal cream placed in the vagina 2-3 times a week – A small, flexible estradiol ring placed in the vagina and changed every 3 months – An estradiol tablet or soft gel placed in the vagina twice a week
Selective estrogen receptor modulator (SERM)	<ul style="list-style-type: none"> • Certain medications can behave like estrogen at the level of the vagina and vulva but have anti-estrogenic effects in other parts of the body such as the breasts and uterus. <p>There is currently one oral medication approved in Canada for the treatment of genitourinary symptoms associated with menopause. It is available by prescription and is taken daily.</p>
DHEA (also known as Prasterone) (vaginal suppository)	<ul style="list-style-type: none"> • Used daily • Contains the hormone DHEA • Allows for intracellular production of small amounts of estrogen and testosterone in the vaginal and vulvar walls; helps improve vaginal condition while not significantly increasing blood levels of these hormones <p>There is currently one product available by prescription in Canada.</p>

Frequently Asked Questions:

Q: How is GSM diagnosed?

A: GSM is diagnosed through a combination of your medical history, symptoms, and a physical examination by your healthcare provider. During the examination, your provider may look for changes in the vaginal walls, dryness, thinning tissues, and any other signs that might indicate GSM. Additional tests may be conducted to rule out other conditions.

Q: I am not peri-menopausal/menopausal and not getting treatment for cancer but have several symptoms of GSM. Could I still have GSM? How can I get treated?

A: Vaginal dryness and associated symptoms can be experienced by all women at certain points in their life. It can occur when estrogen levels are low, such as:

- After childbirth and breast-feeding
- During periods of stress

- When using certain medications that treat conditions such as heavy menstrual bleeding, endometriosis, or fibroids
- When using certain medications that treat depression or allergies
- Heavy smoking

However, vaginal dryness may not mean you have GSM. You should be assessed by your healthcare provider to see if there are non-GSM skin changes or other medical concerns that warrant different investigations or treatments.

Q: How can I discuss GSM with my partner?

A: Open communication with your partner is important. Discuss how GSM symptoms affect you, including any discomfort during sexual activity. Sharing information about GSM can help your partner understand your experience and lead to exploring, together, ways to maintain intimacy and comfort during sex. Your healthcare provider can also offer advice on discussing GSM with your partner.

Q: I have GSM and I am worried about having sex. Is there anything I can do?

A: The physical symptoms of GSM may lead to anxiety or fears associated with sex. Treating these with the methods above may help to alleviate some of your concerns. If your worries aren't alleviated as your physical symptoms improve, you may wish to consult a psychologist or sex therapist specialized in women's sexual problems.

Q: My vagina looks different than before.

Could this be GSM?

A: GSM can cause the skin of your vagina and vulva (the outside of your vagina) to change. You may notice your vulva to have reduced pubic hair, and the labia (lips of your vagina) may also appear pale and thin. Other vaginal skin conditions exist and can cause a change in appearance. If you are worried you should discuss this with your doctor.

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