

What You Should Know About Vaginal Atrophy

Your vagina is an impressive organ. When nothing is inside it, its soft, folded walls are compressed and touching each other. But when needed, it has the ability to stretch a little bit—to accommodate a tampon, for instance—or quite a lot, so a baby's head can pass through during childbirth. The female hormone estrogen helps the vagina remain moist and stretchy. When estrogen levels drop, women can develop vaginal atrophy, also called atrophic vaginitis.

About Vaginal Atrophy

Vaginal atrophy is most likely to occur after menopause, when your ovaries naturally decrease estrogen production and your periods stop. It can also happen after surgical removal of your ovaries. Sometimes your ovaries shut down even if only your uterus is removed. Your ovaries also produce less estrogen when you are breast-feeding, causing temporary vaginal atrophy. In this case, the vaginal walls return to their usual moist, stretchy state after your baby stops, or decreases, nursing.

Medications used to treat conditions of the reproductive system, such as endometriosis or fibroids, can decrease estrogen levels and cause temporary vaginal atrophy. It can also be caused by medications used to treat some cancers.

Vaginal atrophy usually occurs gradually, not immediately after estrogen levels decrease. It may take several years before you notice the changes.

As the vaginal walls become thinner and drier and lose some of the folds (called rugae) that allow them to stretch, some women never notice any symptoms. Others may experience a burning sensation, a feeling of dryness, some itching, or a thin, watery discharge. One of the most common symptoms is pain when inserting anything into the vagina, such as during intercourse, masturbation, or other sexual contact. After intercourse, you may experience some light bleeding or spotting. During a pelvic examination, your health care provider may see the changes in your vagina.

Treatments: Over-the-Counter and Prescription

There are two ways to treat vaginal atrophy. One is to control the symptoms by providing moisture to the vaginal walls with either vaginal lubricants or vaginal moisturizers. The second option is to use estrogen-containing medications that are either topical (placed directly in the vagina) or systemic (reaching the vagina by way of your bloodstream).

Vaginal Moisturizers.— Available without a prescription, these can be found in most drug stores. They come in many forms, the most common being liquids, gels, and suppositories. If vaginal dryness or burning is a constant, everyday problem, a vaginal moisturizer can be used daily. You can place these moisturizers inside your

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vagina with your fingers or an applicator, or spread them on the vulva (the vaginal lips and skin outside the vaginal entrance).

Vaginal Lubricants.—The products are also available without a prescription. If symptoms are a problem only during sex, you can use lubricants just before or during sex. You or your partner can use them directly around or in your vagina, or spread them on sex toys, fingers, or your partner's penis. When buying lubricants, you should look for the term "water soluble" on the packaging. This means that the lubricants can be washed off easily with water and that they are safe to use with condoms. It is important when choosing a vaginal lubricant to stay away from products that contain additives

such as colors, flavors, or fragrances because they could potentially cause irritation.

If you continue to have burning or vaginal discharge despite using lubricants or moisturizers, see your health care provider. Although vaginal atrophy can cause these symptoms, you should be examined for other problems with similar symptoms, such as a vaginal infection or skin problems on the vulva. If you are bleeding after sex, you should also see your health care provider.

Estrogen-containing Medications.—These are only available by prescription, so you will need to see your health care provider. Systemic estrogen is available in several forms, including pills, patches, and creams absorbed through the skin. If you have not had a hysterectomy, you need to use estrogen in combination with another hormone called progesterone. This

helps prevent cancer of the uterine lining, which is more likely to develop in women who use estrogen after menopause.

Topical estrogen can be used directly in the vagina. It comes in the form of a ring you can insert into your vagina and replace every 3 months, a vaginal tablet you insert with an applicator, or a cream inserted with an applicator. Estrogens used in the vagina are somewhat absorbed into your bloodstream through the vaginal walls.

While estrogen may be beneficial to some, it does propose some potential risks. A large study, the Women's Health Initiative, found that women who used estrogen after menopause were slightly more likely than nonusers to develop strokes or blood clots. Women in the study who used the estrogen in combination with progesterone had additional risks—they had a slightly higher increase of developing breast cancer or heart attacks. If you are considering using estrogen, it is important that you discuss the risks and benefits thoroughly with your health care provider and get the information you need to make an informed decision.

You may have heard about hormone creams containing estrogen or progesterone that are individually compounded (made to order by pharmacists) and are purported to be safer and "more natural" than the standard hormone products available from drug companies. Although they may sound appealing, you should be aware that there is no research to show whether these products work better than standard estrogen medications, or if they are safer.

In Conclusion

Vaginal atrophy is the result of decreasing estrogen levels, which causes the vaginal tissue to become thin and dry, losing its ability to stretch easily. If vaginal atrophy is bothersome, you can use vaginal lubricants and moisturizers, available without prescription, or discuss using estrogen-containing products with your health care provider.

This Patient Handout was prepared by Diane E. Judge, APN/CNP.

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Resources

- **Aetna IntelliHealth Women's Health: Vaginal Atrophy**
<http://www.intelihealth.com>