

ATROPHIC VAGINITIS

Vaginal atrophy, also called *atrophic vaginitis*, is thinning, drying and inflammation of the vaginal walls due to your body having less estrogen. Vaginal atrophy occurs most often after menopause, but it can also develop during breast-feeding or at any other time your body's estrogen production declines.

For many women, vaginal atrophy makes intercourse painful — and if intercourse hurts, your interest in sex will naturally decrease. In addition, healthy genital function is closely connected with healthy urinary system function.

Symptoms

Vaginal dryness
Vaginal burning
Vaginal discharge
Genital itching
Burning with urination
Urgency with urination

More urinary tract infections
Urinary incontinence
Light bleeding after intercourse
Discomfort with intercourse
Decreased vaginal lubrication during sexual activity
Shortening and tightening of the vaginal canal

When to see a doctor

By some estimates, nearly half of postmenopausal women experience vaginal atrophy, although few seek treatment. Many women resign themselves to the symptoms or are embarrassed to discuss them with their doctor.

Make an appointment to see your doctor if you experience painful intercourse that's not resolved by using a vaginal moisturizer (Replens, Vagisil Feminine Moisturizer, others) or water-based lubricant (glycerin-free versions of Astroglide, K-Y Intrigue, others) or if you have vaginal symptoms, such as unusual bleeding, discharge, burning or soreness.

Causes

Vaginal atrophy is caused by a decrease in estrogen production. Less estrogen makes your vaginal tissues thinner, drier, less elastic and more fragile. Vaginal atrophy due to menopause may begin to bother you during the years leading up to menopause, or it may not become a problem until several years into menopause. Although the condition is common, not all menopausal women develop vaginal atrophy. Regular sexual activity, with or without a partner, can help you maintain healthy vaginal tissues.

Risk factors

Smoking. Cigarette smoking affects your blood circulation, resulting in the vagina and other tissues not getting enough oxygen. Smoking also reduces the effects of naturally occurring estrogens in your body. In addition, women who smoke typically experience an earlier menopause.

No vaginal births. Researchers have observed that women who have never given birth vaginally are more likely to develop vaginal atrophy than women who have had vaginal deliveries.

No sexual activity. Sexual activity, with or without a partner, increases blood flow and makes your tissues more elastic.

Complications

Vaginal infections. Vaginal atrophy leads to a change in the acid balance of your vagina, making you more likely to get a vaginal infection (vaginitis).

Urinary problems. Atrophic vaginal changes are associated with changes in your urinary system (genitourinary atrophy), which can contribute to urinary problems. You might experience increased frequency or urgency of urination or burning with urination. Some women experience more urinary tract infections or incontinence.

Treatments and drugs

Try a vaginal moisturizer (Replens, Vagisil Feminine Moisturizer, others) to restore some moisture to your vaginal area. You may have to apply the moisturizer every two to three days. The effects of a moisturizer generally last a little longer than those of a lubricant.

Use a water-based lubricant (glycerin-free versions of Astroglide, K-Y Intrigue, others) to reduce discomfort during intercourse. Choose products that don't contain glycerin because women who are sensitive to this chemical may experience burning and irritation. Avoid petroleum jelly or other petroleum-based products for lubrication if you're also using condoms. Petroleum can break down latex condoms on contact.

Bothersome symptoms that don't improve with over-the-counter treatments may be helped by:

Topical (vaginal) estrogen. Vaginal estrogen has the advantage of being effective at lower doses and limiting your overall exposure to estrogen because less reaches your bloodstream. It may also provide better direct relief of symptoms than oral estrogen does. Vaginal estrogen therapy comes in several forms. Because they all seem to work equally well, you and your doctor can determine which one is best for you

- **Vaginal estrogen cream.** You insert this cream directly into your vagina with an applicator, usually at bedtime. Your doctor will let you know how much cream to use and how often to insert it. Typically women use it daily for one to three weeks and then one to three times a week thereafter. Although creams may offer faster relief than do other forms of vaginal estrogen, they can be messier.
- **Vaginal estrogen ring.** You or your doctor inserts a soft, flexible ring into the upper part of the vagina. The ring releases a consistent dose of estrogen while in place and needs to be replaced about every three months. Many women like the convenience this offers. A different, higher dose ring is considered a systemic rather than topical treatment.
- **Vaginal estrogen tablet.** You use a disposable applicator to place a vaginal estrogen tablet in your vagina. Your doctor will let you know how often to insert the tablet. You might, for instance, use it daily for the first two weeks and then twice a week thereafter.

Oral estrogen. Estrogen taken by mouth enters your entire system. Ask your doctor to explain the risks vs. the benefits of oral estrogen. If vaginal dryness is associated with other symptoms of menopause, such as moderate or severe hot flashes, your doctor may suggest estrogen pills, patches or gel, or a higher dose estrogen ring along with a progestin. Progestin is usually given as a pill, but combination estrogen-progestin patches also are available. Talk with your doctor to decide if hormone treatment is an option for you, taking into account any medical issues and family medical history.

Other therapies

Researchers are working to develop other treatments for vaginal atrophy because of concerns about the long-term potential for even small doses of estrogen to increase the risk of breast and endometrial cancer.