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Author: Santiago Palacios Camil Castelo-Branco Heather Currie Velja Mijatovic Rossella E. Nappi James Simon Margaret Rees



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Update on management of genitourinary syndrome of menopause: a practical guide.

Santiago Palacios, Director of Palacios Institute of Women's Health. Madrid. Spain

Camil Castelo-Branco, Institut Clínic of Gynecology, Obstetrics and Neonatology, Hospital Clínic-Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Faculty of Medicine-University of Barcelona, Barcelona, Spain

Heather Currie, Associate Specialist Gynaecologist, Dumfries and Galloway Royal Infirmary, Dumfries, UK.

Velja Mijatovic, Department of Reproductive Medicine, VU University Hospital, Amsterdam, The Netherlands

Rossella E Nappi, Research Center for Reproductive Medicine, Gynecological Endocrinology and Menopause, IRCCS Policlinico San Matteo Foundation, University of Pavia, Pavia, Italy

James Simon, Clinical Professor of Obstetrics and Gynecology, George Washington University School of Medicine, Medical Director, Women's Health & Research Consultants®, Washington, DC, USA

Margaret Rees, Women's Centre, John Radcliffe Hospital, Oxford, UK

Corresponding author: Margaret Rees, Women's Centre, John Radcliffe Hospital, Oxford OX3 9DU, UK

margaret.rees@st-hildas.ox.ac.uk Margaret.rees@hotmail.co.uk

Abstract

The term Genitourinary Syndrome of Menopause (GSM) emerged following a consensus conference held in May 2013. GSM is a more descriptive term than vulvovaginal atrophy (VVA) and does not imply pathology. However there are concerns that GSM is all encompassing and includes not only symptoms resulting from estrogen deficiency, but also those arising from the effects of ageing and other processes on the bladder and pelvic floor.

Focusing on symptoms related to estrogen deficiency, the update provides a practical guide for health and allied health professionals on the impact of GSM on women and their partners, assessment, management and areas for future research. As GSM is a chronic condition, long term therapy is required. Hormonal, nonhormonal, laser and alternative and complementary therapies are described.

Key words: Genitourinary syndrome of menopause, vulvovaginal atrophy, menopausal hormone therapy, nonhormonal vaginal therapy, sexuality

1. Introduction

The term Genitourinary Syndrome of Menopause (GSM) emerged following a consensus conference held in May 2013 in Chicago USA. The boards of the International Society for the Study of Women's Sexual Health (ISSWSH) and the North American Menopause Society (NAMS) then endorsed the term in 2014 [1]. The aims of the new terminology were to describe the condition appropriately for medical care, teaching, and research. It was also hoped that it would reduce the stigma associated

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