



# Characteristics of post-menopausal women with genitourinary syndrome of menopause: Implications for vulvovaginal atrophy diagnosis and treatment selection

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## ABSTRACT

**Background:** Vulvovaginal atrophy (VVA), also known as genitourinary syndrome of menopause, exerts a negative impact on the sexuality, health and quality of life of post-menopausal women. A better understanding of post-menopausal women's profiles as defined by their attitude and behaviours in relation to their VVA symptoms may improve public health policies and will allow appropriate targeting of public health campaigns. These improvements may help women of middle and advanced age recover and maintain their quality of life.

In this study, we analysed the attitudes of post-menopausal women, aged 45–74 years, with VVA symptoms from five European countries, with the aim of identifying profile markers to improve healthcare strategies.

**Methods:** Two consecutive cross-sectional studies were conducted in five European countries (the UK, France, Spain, Germany and Italy). An initial exploratory study ( $n = 69$ ) was based on interviews and then an analytical study ( $n = 749$ ) was based on online surveys to validate women's profiles by means of a multi-level approach.

**Results:** We identified eight profiles: self-treater, pragmatic, vivacious, reserved, silent sufferer, expressive, stoic and sad. The percentage distribution varied among the countries. The 'pragmatic', 'vivacious' and 'expressive' women were the most proactive, talkative and open with their healthcare professional, whereas women with the 'reserved' and 'stoic' profiles showed less interest in searching for information about their VVA symptoms, either from their healthcare professional or from other sources.

**Conclusions:** The attitudes and behaviours of post-menopausal women in relation to their VVA allow for the clear definition of a series of profiles with varying representation across countries. This study reveals the importance of identifying post-menopausal women's profiles to develop interventions to help them overcome barriers to the diagnosis, management and treatment of VVA.

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## 1. Introduction

Fifty per cent of women experience vulvovaginal atrophy (VVA), also referred to as genitourinary syndrome of menopause [1], during and after the menopause. VVA exerts an impact on their attitudes towards sexuality and healthcare and on their quality of life [2–4]. A better understanding of post-menopausal women's profiles based on their attitudes to their VVA symptoms could improve public health information to prevent the negative views

**Abbreviations:** VVA, vulvovaginal atrophy; HCP, healthcare professional; OTC, over-the-counter; CCEAc, convergent cluster ensemble analysis.

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and improve the quality of life of numerous women of middle and advanced age.

VVA is a collection of signs and symptoms associated with a decrease in oestrogen levels and other sex steroids. It involves changes to the labia majora/minora, clitoris, vestibule/introitus, vagina, urethra and bladder. It first appears during the first five years of menopause [1,5,6]. Most post-menopausal women recognise having experienced VVA symptoms, such as genital dryness, burning, irritation, lack of lubrication, discomfort or pain during intercourse. Some of them also experience urinary symptoms, such as urgency, dysuria and recurrent urinary tract infections [5,7]. All of these bothersome symptoms have an impact on women's sexuality, health and quality of life. In spite of a wide range of effective hormonal and non-hormonal treatments available to relieve VVA symptoms and improve quality of life, many women are unaware of their existence or are unwilling to use them [6,8–10].

Several studies have investigated the impact of VVA on post-menopausal women in different countries [4,11,12]. Between 50% and 60% of post-menopausal women with VVA declared that the vulvovaginal discomfort had a negative impact on their sex life or on their relationship with their partner or on their self-esteem or social life [2,13]. A marked association was observed between VVA symptoms and sexual dysfunction, and women declared dryness and dyspareunia to be the main factors in loss of libido and a reduction in the frequency of sexual intercourse. This is in line with previous studies that found a reduction in sexual desire and sexual dysfunction to be the main reasons for middle-age women ceasing sexual activity [14,15]. Nevertheless, many post-menopausal women continue to be sexually active in spite of pain. Most of these women declare that sexual activity is important to them and half of them would seek treatment for their discomfort [8]. These studies highlight the lack of VVA diagnosis and treatment, mainly due to the unwillingness of patients and healthcare professionals (HCPs) to discuss sexual health and because of personal and socio-cultural barriers [11,16,17]. We agree with those who think that the improvement of the recognition, diagnosis and treatment of VVA requires better communication between patients and HCPs [4,11,18].

From all these studies, we hypothesise that, in addition to socio-cultural barriers, personality traits could have an impact on post-menopausal women's attitudes and behaviour in relation to their VVA, giving rise to different profiles of women. The identification of these profiles by HCPs may contribute to an improvement in the quality of life of women of middle and advanced age by means of better management and treatment. This might include offering better communication pathways to inform women about VVA, through HCPs and/or the media, and providing greater access to a wide range of treatments to relieve the symptoms of VVA.

In this study, we investigated the responses of post-menopausal women from five European countries, aged 45–74 years, with VVA symptoms to identify profile markers of health attitudes and behaviours. To achieve this, we first explored post-menopausal profiles in a small group of women from different European countries; we subsequently validated our findings in a larger group by means of a multi-level approach.

## 2. Methods

Two consecutive cross-sectional studies were conducted to assess the profiles of post-menopausal women with VVA. A preliminary study was designed to explore attitudes and behaviours in relation to life and health, to understand their experience of symptoms and how they had managed these. Later, an analytical study was designed with a larger group to validate the observed women's profiles from the preliminary exploratory study.

For the exploratory study, a 60-min interview was conducted with 69 post-menopausal women with VVA in five European countries (the UK, France, Spain, Germany and Italy, with 12–15 interviews per country). All the women had sought over-the-counter (OTC) treatment to relieve their symptoms, but the group included some whose VVA had not been formally diagnosed. The interview contained 74 questions to assess the responders' attitudes towards their health, menopause and symptoms, their daily experience with VVA, their quality of life with VVA, their expectations for the future and their socio-demographic characteristics. Some interviews were performed in a central location face to face (usually 6 or 7 women in each country) and the remaining women were interviewed by telephone.

For the analytical study, a 30-min online survey was designed. Survey questions were clustered in categories: demographics (8 questions), attitudes towards general health (5 questions), experience of the menopause and its impact (13 questions), VVA symptoms (17 questions), products used to relieve symptoms (7 questions), talking about symptoms (15 questions), specific items for women who had seen or spoken to a doctor or nurse at any point (13 questions), current relationship status (10 questions), impact of symptoms on sexual relations for those women with a sexual partner(s) (10 questions), product profile (12 questions) and source of VVA information (1 question).

A total of 749 post-menopausal women from five European countries (150 in the UK, 150 in France, 150 in Spain, 150 in Germany and 149 in Italy) participated in this analytical study. The sample size was established based on the fact that VVA affects women to different degrees [5] (for this reason and due to the high variability of the information provided in the relevant literature, additional experts from the area were consulted). Thus, using statistics software to calculate sample size with a maximum acceptable error, 95% confidence level, potential of 80% and possible losses of 20%, we estimated that the number of women for the final sample should be a minimum of 149 in each country. The inclusion criteria were: post-menopausal women aged 45–74, who had experienced at least one VVA symptom within the last six months. Exclusion criteria were: currently taking hormonal treatment (oral or systemic); the presence of severe vasomotor symptoms that affected quality of life; history of heart attacks, stroke, severely reduced liver function, vaginal, uterine or cervical cancer or hereditary lactose intolerance (diagnosed by doctor); and having received treatment for breast cancer within the last three months.

Interviews and surveys were led by trained professional interviewers (Cello Health Insight, London, UK), in compliance with all relevant codes (national and EU) for conduct of the study, and data protection and confidentiality. All responders were informed about their rights to withdraw from the interview or survey at any time and to withhold information as they saw fit.

### 2.1. Data analysis

For the exploratory study, a descriptive data analysis was performed. The real-time analyses of the results allowed us to hypothesise about the women's profiles, which required validation in the subsequent analytical study. For this exploratory study, a descriptive analysis of the qualitative and quantitative distribution of answers was performed and a multi-level approach was undertaken using Convergent Cluster Ensemble Analysis (CCEA) [19,20] to assess the different profiles in the participant group. CCEA works by taking each individual theme of the questions and running a latent class segmentation analysis of each theme. In this study, latent class 'mini-segmentations' were created for each of four dimensions: (1) attitudes towards sex, (2) attitudes towards menopause, (3) use of products and (4) talking about problems. This CCEA approach was undertaken as it allowed each of the four

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