

## REPORT

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# Genitourinary Syndrome of Menopause: New Terminology for Vulvovaginal Atrophy from the International Society for the Study of Women's Sexual Health and The North American Menopause Society

David J. Portman, MD,\* Margery L.S. Gass, MD,† on behalf of the Vulvovaginal Atrophy Terminology Consensus Conference Panel

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### ABSTRACT

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**Introduction.** The terminology for the genitourinary tract symptoms related to menopause was vulvovaginal atrophy, which does not accurately describe the symptoms nor is a term that resonates well with patients.

**Aim.** In 2012, the Board of Directors of the International Society for the Study of Women's Sexual Health (ISSWSH) and the Board of Trustees of The North American Menopause Society (NAMS) acknowledged the need to review current terminology associated with genitourinary tract symptoms related to menopause.

**Methods.** The two societies cosponsored a terminology consensus conference, which was held in May 2013.

**Main Outcome Measure.** The development of a new terminology that more accurately described the genitourinary tract symptoms related to menopause.

**Results.** Members of the consensus conference agreed that the term genitourinary syndrome of menopause (GSM) is a medically more accurate, all-encompassing, and publicly acceptable term than vulvovaginal atrophy. GSM is defined as a collection of symptoms and signs associated with a decrease in estrogen and other sex steroids involving changes to the labia majora/minora, clitoris, vestibule/introitus, vagina, urethra, and bladder. The syndrome may include but is not limited to genital symptoms of dryness, burning, and irritation; sexual symptoms of lack of lubrication, discomfort or pain, and impaired function; and urinary symptoms of urgency, dysuria, and recurrent urinary tract infections. Women may present with some or all of the signs and symptoms, which must be bothersome and should not be better accounted for by another diagnosis.

**Conclusion.** The term GSM was presented and discussed at the annual meeting of each society. The respective Boards of NAMS and ISSWSH formally endorsed the new terminology—genitourinary syndrome of menopause—in 2014. **DJ Portman, MLS Gass, on behalf of the Vulvovaginal Atrophy Terminology Consensus Conference Panel. Genitourinary syndrome of menopause: New terminology for vulvovaginal atrophy from the International Society for the Study of Women's Sexual Health and The North American Menopause Society. J Sex Med 2014;11:2865–2872.**

**Key Words.** Atrophic Vaginitis; Genitourinary Syndrome of Menopause; Menopause; Urinary Urgency; Vulvovaginal Atrophy; Women's Sexual Health

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Vulvovaginal Atrophy Terminology Consensus Conference Panel

David J. Portman, MD (cochair); Margery L.S. Gass, MD, NCMP (cochair); Sheryl Kingsberg, PhD (conference moderator); David Archer, MD, NCMP; Gloria Bachmann, MD; Lara Burrows, MD, MSc; Murray Freedman, MS, MD; Andrew Goldstein, MD; Irwin Goldstein, MD; Debra Heller, MD; Cheryl Iglesia, MD; Risa Kagan, MD, NCMP; Susan Kellogg Spadt, PhD, CRNP; Michael Krychman, MD; Lila Nachtigall, MD, NCMP; Rossella Nappi, MD, PhD; JoAnn Pinkerton, MD, NCMP; Jan Shifren, MD, NCMP; James Simon, MD, NCMP; Cynthia Stuenkel, MD, NCMP

## Introduction

### Background

The terms *vulvovaginal atrophy* (VVA) and *atrophic vaginitis* have been considered by many to be inadequate and inexact for describing the range of menopausal symptoms associated with physical changes of the vulva, vagina, and lower urinary tract associated with estrogen deficiency. VVA describes the appearance of the postmenopausal vulva and vagina without specifying the presence of associated symptoms. Atrophic vaginitis connotes a state of inflammation or infection, neither of which is a primary component of VVA. Furthermore, the word *atrophy*, as used in both terms, has negative connotations for midlife women, and the word *vagina* is not a generally accepted term for public discourse or for the media. Neither term includes reference to the lower urinary tract. A growing need for more accurate and inclusive terminology led to planning of the consensus conference.

Successful precedents for changing medical terminology are known. For example, the term *overactive bladder syndrome*, now widely accepted and helpful to patients, health care professionals, and researchers, was introduced in 2002 by the Standardization Subcommittee of the International Continence Society to refer to various symptoms of lower urinary tract dysfunction [1]. A similar nomenclature update was made by changing the term *impotence* to *erectile dysfunction* (ED) more than 20 years ago—well before any pharmacologic treatments became available [2]. The word *impotence* was considered pejorative and may have erroneously implied that the condition was psychogenic [2,3]. When the stigma associated with the term *impotence* was removed, the definition of ED refined, and guidelines for assessment and therapy provided, communication between health care professionals and patients greatly improved, as did treatment and quality of life [2]. Erectile dysfunction and its acronym ED are now part of our discourse and are commonly used by the popular media and by members of the general public. Treatments have been widely studied, discussed, prescribed, and accepted [4]. All of this was accomplished without using the word *penis*. A similar approach can be employed to explore new terminology for women's genital and vaginal changes that occur with menopause and aging; our growing interest and commitment led to the development of this consensus conference.

### Objectives

The primary objectives of the consensus conference were threefold: (i) to review the basic and clinical science related to genitourinary physical changes and resultant symptoms associated with menopause and to identify key elements relevant to the terminology; (ii) to determine whether the term *vulvovaginal atrophy* should be revised and, if so, to develop a new term that more accurately and appropriately describes the condition for medical care, teaching, and research; and (iii) to generate a plan for disseminating recommendations and raising awareness of the new terminology among members of the broader health care community, including specialists, primary care providers, researchers, and patients, as well as the public.

### Process

The five-person selection committee identified acknowledged experts in the field of postmenopausal urogenital and sexual health by performing a literature search and seeking recommendations from peers who were members of women's health societies. These individuals were invited to participate in a 2-day interdisciplinary consensus conference, where they would be charged with evaluating current terminology for symptomatic urogenital changes associated with menopause and preparing presentations on a specific component of this subject based on the latest scientific literature (Table 1). The selected experts received no compensation for their participation beyond reimbursement for travel expenses. The consensus conference was held May 18–19, 2013, in Chicago, Illinois.

After the relevant scientific literature was reviewed, the appropriateness of the term VVA was discussed. All participants agreed that a new term was needed that more accurately described

**Table 1** Scientific sessions that served to inform and direct the terminology discussion

1. The Fundamentals of VVA: Physiology, Embryology, Differential Diagnosis, and Microbiology
2. The Influencing Factors: Age, Menopause, Endocrine Factors, and Hormone Levels
3. Consequences of VVA: I. Sexual Dysfunction
4. Consequences of VVA: II. Urogynecologic Pelvic Support, Neurovascular, and Urinary Tract Issues
5. Treatment Options: Current and Future
6. The Patient's View: Patient Communication and Surveys
7. Vulvar and Vaginal Anatomical Changes in Menopause

VVA = vulvovaginal atrophy

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