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## ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

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# Vulvar and Vaginal Atrophy in Postmenopausal Women: Findings from the REVIVE (REal Women's Views of Treatment Options for Menopausal Vaginal ChangEs) Survey

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### ABSTRACT

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**Introduction.** Vulvar and vaginal atrophy (VVA) is a chronic medical condition experienced by many postmenopausal women. Symptoms include dyspareunia (pain with intercourse), vaginal dryness, and irritation and may affect sexual activities, relationships, and activities of daily life.

**Aim.** The aim of this study is to characterize postmenopausal women's experience with and perception of VVA symptoms, interactions with healthcare professionals (HCPs), and available treatment options.

**Methods.** An online survey was conducted in the United States in women from KnowledgePanel®, a 56,000-member probability-selected Internet panel projectable to the overall US population. Altogether, 3,046 postmenopausal women with VVA symptoms (the largest US cohort of recent surveys) responded to questions about their knowledge of VVA, impact of symptoms on their activities, communication with HCPs, and use of available treatments.

**Main Outcome Measures.** Percent is calculated as the ratio of response over total responding for each question for all and stratified participants.

**Results.** The most common VVA symptoms were dryness (55% of participants), dyspareunia (44%), and irritation (37%). VVA symptoms affected enjoyment of sex in 59% of participants. Additionally, interference with sleep, general enjoyment of life, and temperament were reported by 24%, 23%, and 23% of participants, respectively. Few women attributed symptoms to menopause (24%) or hormonal changes (12%). Of all participants, 56% had ever discussed VVA symptoms with an HCP and 40% currently used VVA-specific topical treatments (vaginal over-the-counter [OTC] products [29%] and vaginal prescription therapies [11%]). Of those who had discussed symptoms with an HCP, 62% used OTC products. Insufficient symptom relief and inconvenience were cited as major limitations of OTC products and concerns about side effects and cancer risk limited use of topical vaginal prescription therapies.

**Conclusions.** VVA symptoms are common in postmenopausal women. Significant barriers to treatment include lack of knowledge about VVA, reluctance to discuss symptoms with HCPs, safety concerns, inconvenience, and inadequate symptom relief from available treatments. **Kingsberg SA, Wysocki S, Magnus L, and Krychman ML. Vulvar and vaginal atrophy in postmenopausal women: Findings from the REVIVE (REal Women's Views of Treatment Options for Menopausal Vaginal ChangEs) survey. J Sex Med 2013;10:1790–1799.**

**Key Words.** Vulvar and Vaginal Atrophy; Postmenopausal Women; Survey; Dyspareunia; Sexual Relationships; Vaginal Dryness

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## Introduction

Vulvar and vaginal atrophy (VVA) is a chronic medical condition in postmenopausal women, characterized by thinning of the epithelial lining of the vagina and lower genitourinary tract and loss of vaginal elasticity with associated diminished vaginal lubrication [1]. Physiological cellular changes in the vaginal wall epithelial lining include decreases in superficial cells and increases in parabasal and intermediate cells. There is also an increase in vaginal pH. VVA is associated with a constellation of symptoms, such as dyspareunia (pain with intercourse), vaginal dryness, and irritation [1,2]. Symptoms, including dyspareunia, may affect sexual activities, relationships, daily activities, and quality of life [2].

Up to 50% of postmenopausal women report VVA symptoms [1]. An estimated 32 million women in the United States are currently suffering from symptoms of VVA [1,3], and only 2.3 million (7%) are currently being treated with prescription therapy.<sup>1,2</sup> The burden of VVA in the United States is likely to increase due to aging of the population [4]. Furthermore, due to increasing longevity, women may now suffer from VVA or other conditions related to decreased reproductive hormone levels for over one-third of their lives [4].

Despite the prevalence and associated burden of VVA, the condition is often inadequately identified or addressed in medical practice [5,6]. In contrast to vasomotor symptoms that often diminish over time, symptoms and changes associated with VVA are chronic, unlikely to resolve spontaneously, and often progress if left untreated [2]. Currently available treatment options include topical over-the-counter (OTC) products (e.g., vaginal lubricants and moisturizers), prescription systemic hormonal therapies (indicated for use when VVA symptoms are accompanied by other menopausal symptoms), and vaginal prescription estrogen therapies (including vaginal creams, intravaginal tablets, and intravaginal rings). Many women and healthcare professionals (HCPs) express concerns regarding the safety of estrogen products for long-term use and, for topical products, convenience of application [2,7,8]. These issues may affect women's adherence to prescribed, recommended, or self-initiated therapies and increase the burden of VVA [9].

Since 2008, four surveys of postmenopausal women have provided insights on issues related to VVA [5,10–12]. The REvealing Vaginal Effects At MidLife (REVEAL) study, conducted in December 2008, was a 25-minute nationwide quantitative telephone survey of 1,006 postmenopausal women and a 10-minute quantitative online survey of 602 HCPs who cared for postmenopausal women [10]. Next, the Vaginal Health: Insights, Views, & Attitudes (VIVA) study, conducted in August 2010, was an online survey of 500 postmenopausal women each from the United States, Great Britain, Canada, Sweden, Denmark, and Finland, and 520 from Norway [5]. Third, the Healthy Women online survey was conducted in April–May 2011 in 1,043 postmenopausal women in the United States [11]. Finally, the Partners' Survey was a part of the larger CLOSER (Clarifying Vaginal Atrophy's Impact On Sex and Relationships) online survey, which evaluated postmenopausal women with VVA symptoms and their partners in nine countries between December 2011 and February 2012. Results of the Partners' Survey in the United States included 501 women and 509 male partners [12].

Despite differences in scope and survey populations, these four surveys reported a negative impact of VVA on sexual health and other activities of daily life. In addition, they all found significant barriers to treatment. One critical and frequent barrier was women's reluctance to discuss vaginal symptoms with HCPs [5]. A contributing factor to this reluctance may be women's understanding of VVA; many do not realize that vulvar and vaginal symptoms may be a direct result of the menopausal transition and that symptoms do not resolve with time. HCP respondents believed that VVA symptoms were a sensitive topic, and therefore may hesitate to initiate a conversation about painful intercourse or vaginal dryness [10].

Although these recent surveys provide information about women's knowledge of VVA and communication issues concerning VVA, they did not explore women's views regarding available treatment options. Ten years after initial publications from the Women's Health Initiative study, negative perceptions of estrogen therapy still persist [6,13–15]. Additional insights regarding women's attitudes toward available OTC and prescription treatments for VVA may uncover ways to address specific treatment concerns. These data may help increase efficacy of therapy by improving adherence and communications between HCPs and patients.

<sup>1</sup><http://www.census.gov/2010census/>. Accessed February 6, 2013.

<sup>2</sup>IMS Health Plan Claims (Apr 2008–Mar 2011).

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