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The Women's EMPOWER Survey: Identifying Women's Perceptions on Vulvar and Vaginal Atrophy and Its Treatment

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ABSTRACT

Introduction: Vulvar and vaginal atrophy (VVA) affects up to two thirds of postmenopausal women, but most symptomatic women do not receive prescription therapy.

Aim: To evaluate postmenopausal women's perceptions of VVA and treatment options for symptoms in the Women's EMPOWER survey.

Methods: The Rose Research firm conducted an internet survey of female consumers provided by Lightspeed Global Market Insite. Women at least 45 years of age who reported symptoms of VVA and residing in the United States were recruited.

Main Outcome Measures: Survey results were compiled and analyzed by all women and by treatment subgroups.

Results: Respondents (N = 1,858) had a median age of 58 years (range = 45–90). Only 7% currently used prescribed VVA therapies (local estrogen therapies or oral selective estrogen receptor modulators), whereas 18% were former users of prescribed VVA therapies, 25% used over-the-counter treatments, and 50% had never used any treatment. Many women (81%) were not aware of VVA or that it is a medical condition. Most never users (72%) had never discussed their symptoms with a health care professional (HCP). The main reason for women not to discuss their symptoms with an HCP was that they believed that VVA was just a natural part of aging and something to live with. When women spoke to an HCP about their symptoms, most (85%) initiated the discussion. Preferred sources of information were written material from the HCP's office (46%) or questionnaires to fill out before seeing the HCP (41%).The most negative attributes of hormonal products were perceived risk of systemic absorption, messiness of local creams, and the need to reuse an applicator. Overall, HCPs only recommended vaginal estrogen therapy to 23% and oral hormone therapies to 18% of women. When using vaginal estrogen therapy, less than half of women adhered to and complied with posology; only 33% to 51% of women were very to extremely satisfied with their efficacy.

Conclusion: The Women's EMPOWER survey showed that VVA continues to be an under-recognized and under-treated condition, despite recent educational initiatives. A disconnect in education, communication, and information between HCPs and their menopausal patients remains prevalent. **Kingsberg S, Krychman M, Graham S, et al. The Women's EMPOWER Survey: Identifying Women's Perceptions on Vulvar and Vaginal Atrophy and Its Treatment. J Sex Med 2017;14:413–424.**

Key Words: Vulvar and Vaginal Atrophy; Survey; Menopause; Knowledge

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INTRODUCTION

Population estimates from the 2010 census calculated that 70 million women at least 40 years old would be living in the United States in 2015,[1] many of whom would experience menopausal symptoms.[2] Although somatic symptoms such as hot flashes, night sweats, and fatigue are the most frequent symptoms of menopause, approximately 50% of postmenopausal women have vulvar, vaginal, and clitoral symptoms, including vaginal dryness, irritation, and itching; sexually related problems

such as dyspareunia; and urinary problems including dysuria and recurrent urinary tract infections.[3–9] However, women less frequently associate these genito-urinary symptoms with menopause.[5,7–9] These symptoms are caused by the menopausal loss of estrogens, which results in the thinning, drying, and loss of elasticity and pliability of the vaginal mucosal epithelium, and is also known as vulvar and vaginal atrophy (VVA), a component of the genitourinary syndrome of menopause.[6]

VVA affects up to 63% of postmenopausal women[10,11] and can have a detrimental effect on the quality of life and sexual function of women.[4,11] Although VVA can be diagnosed with physical examination findings combined with patient-reported symptom history,[12] previous US patient surveys have reported that health care professionals (HCPs) rarely initiate the conversation on VVA symptoms and that a little more than half (54%–62%) initiate conversations with their patients about their VVA symptoms.[7,9] Although some women initiate the conversation, many do not volunteer or discuss their symptoms because they feel embarrassed, believe that nothing can be done, or that it might be an inappropriate topic to discuss with their HCP.[11]

Although hormone therapy is an effective treatment for moderate-to-severe VVA signs and symptoms,[1] and the use of low-dose vaginal estrogen therapy (ET) has been recommended by the North American Menopause Society[13] and the American Congress of Obstetricians and Gynecologists,[14] few women use minimally systemically absorbed low-dose vaginal ET for their VVA symptoms.[7]

In the past decade, at least five surveys have queried US and international women on their menopausal-related vaginal symptoms and how these symptoms influence their lives and on their knowledge of available treatment options.[4,7,9,15] However, a lack of knowledge on reasons why women do not use prescription therapies remains.

AIM

The aim of the Women's EMPOWER survey was to evaluate postmenopausal women's perceptions of VVA and treatment options for symptoms, specifically their (i) knowledge of condition, causation, and treatment options for VVA; (ii) interaction with HCPs; (iii) motivation for seeking and continuing treatment; and (iv) perception of existing products.

METHODS

Survey Conduct and Design

The market research firm, Rose Research (Boca Raton, FL, USA), conducted an internet survey on the perceptions of VVA and treatment options for symptoms in postmenopausal women residing in the United States. The survey was commissioned by TherapeuticsMD (Boca Raton, FL, USA), a pharmaceutical company focused on the research and development of products exclusively for women's health. Rose Research managed the project in its entirety, which included questionnaire design, data tabulations, analysis, and marketing recommendations, and contracted with Lightspeed Global Market Insite (GMI; Boca Raton, FL, USA) to obtain a nationally representative sample of female consumers. Lightspeed GMI is an institutional review board-approved panel source, and its global panels are recruited and managed expressly for conducting marketing research.

Lightspeed GMI panels are composed of people who have chosen to participate in online surveys and were recruited by opt-in emails, co-registration, e-newsletter campaigns, or traditional banner placements in internal and external affiliate networks. Respondents were provided with an email invitation that outlined the length of the survey and honoraria. All respondents signed a formal confidentiality agreement and are protected by the Rose Research privacy policy.

During registration, respondents have to agree to the Lightspeed GMI privacy policy, which includes local privacy standards, rights, and information usage and complies with Children's Online Privacy Protection Act (COPPA), Safe Harbor, and Controlling the Assault of Non-Solicited Pornography and Marketing Act (CAN-SPAM) guidelines. Lightspeed GMI is a member of TRUSTe and complies with research industry standards of many organizations including the European Association for Opinion and Marketing Research (ESOMAR), the American Marketing Association (AMA), and the Council of American Survey Research Organizations (CASRO). Furthermore, all data are secured on private database servers with strictly controlled access. Lightspeed GMI uses several checkpoints to ensure no fraudulent entry, which include proxy detection, IP GeoFencing (determines the registrant's country location), Completely Automated Public Turing Test to Tell Computers and Humans Apart (CAPTCHA; prevents automated programs from joining), and email verification, and other steps to ensure respondents are real and are not attempting to answer the same survey multiple times.

The survey contained 63 questions (33 are reported in the present study) related to types of HCPs seen on an annual basis; current status of menopause; and awareness of VVA and treatment options, including credibility of sources of information, discussing VVA symptoms with an HCP, willingness to try a product for symptom relief, primary reason why a decision was made for treatment options for prescription users, primary deterrent for hormone therapy for non-users, and influence of sexual activity in treatment options (Table 1). Survey questions were developed by TherapeuticsMD in conjunction with Rose Research. Panel members received sweepstakes entries and/or points redeemable for approximately $10 in cash or merchandise as compensation for completing the survey. No compensation was given for partial questionnaire completion. De-identified data were provided to TherapeuticsMD for analyses and significance testing between treatment groups was conducted at the 95% confidence level.

Inclusion Criteria

The survey was conducted from January through March 2016. Women were eligible to complete the survey if they were at least