



# Attitudes and perceptions towards vulvar and vaginal atrophy in Italian post-menopausal women: Evidence from the European REVIVE survey



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## ABSTRACT

**Objectives:** To achieve a deeper understanding of the attitudes and perceptions of Italian post-menopausal women (PMW) regarding vulvo-vaginal atrophy (VVA).

**Study design:** As part of the EU REVIVE study, an online survey was conducted in four European countries; the Italian arm comprised 1000 participants from representative regions of Italy.

**Main outcome measures:** The perceptions, experiences and needs of Italian PMW in relation to sexual and vaginal health.

**Results:** The most frequent VVA symptom was vaginal dryness (78%). Usually, the severity of symptoms was similar to or worse than when they first appeared. This was particularly true for dyspareunia, the most bothersome symptom (76%). VVA symptoms had a significant impact on Italian participants' ability to achieve pleasurable relations (74%) and spontaneity (70%). Although 75% of participants were still sexually active, their sex drive had been reduced by a third because of VVA. Women expected that doctors would start a discussion of menopausal symptoms and sexual health, but this was rarely the case (11%). Most women had been treated with a vaginal over-the-counter (OTC) product. Women who had discussed their condition with a physician were more likely (68%) to be under treatment for VVA than those who had not (36%). Low compliance was associated with symptom improvement (23%), not having annoying symptoms (22%), and the impossibility of restoring the vagina to normal (14%). Common reasons for treatment dissatisfaction were related to route of administration or discomfort. Lack of efficacy and fear of a hormone effect were perceived as the main limitations for OTC and local estrogen products, respectively.

**Conclusions:** Despite the commonness of VVA and its significant impact on quality of life, the condition remains underdiagnosed in Italy. Discussion of symptoms with doctors influences the diagnosis, and patients' satisfaction with available treatments is not high.

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## 1. Introduction

Vulvar and vaginal atrophy (VVA), also known as Genital Syndrome of Menopause (GSM) [1,2] after a recent broader definition to include its global impact in uro-genital and sexual health, is a chronic and progressive post-menopausal condition associated with the reduction in estrogen levels that approximately affects 50% of all post-menopausal women worldwide [3–8].

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The VVA encompasses a complex cluster of symptoms that may vary according to age, duration of menopause, frequency of sexual intercourse, etc. The poor estrogenization in uro-genital and pelvic tissues mainly results in vaginal dryness, irritation, loss of elasticity, decreased lubrication, dyspareunia, and urinary symptoms [3–8]. Previous European research has shown that the impact of VVA symptoms in post-menopausal women is significant, since a growing percentage of the population is aging and achieving their last menopause period [9]. In addition to its impact on sexual function and relationship with the partner, VVA can have significant influence on many daily living activities as well as in women's quality of life [2,10–12].

As a consequence of the reported patient's embarrassment to ask for advice to healthcare professionals (HCP) [10,12,13], the VVA clinical diagnosis and treatment is still abridged despite the high prevalence and the considerable impact of the problem in post-menopausal women [6,14]. This under-diagnosis turns the disease into a chronic and progressive condition in many cases [15]. Recently, different cross-cultural surveys on the impact of VVA have been conducted on post-menopausal women [14,16–21], suggesting that VVA symptoms have a significant global negative effect on health, satisfaction, and sexual behavior, despite accounting for confounding factors due to population and cultural particularities like those co-existing in Europe [22].

The objective of the present analysis, based on the REal Women's Views of Treatment Options for Menopausal Vaginal Changes-Europe (REVIVE-EU) survey, was to achieve a deeper understanding of the VVA problem knowledge by Italian women after menopause, together with their experiences and needs in terms of sexual and vaginal health, as well as the current nature of their interactions with HCP. This will help to gain better clinical and therapeutic approaches, avoiding the misconceptions and specific regrets on estrogen therapy that usually jeopardize the optimization of VVA management [6,23].

## 2. Methods

Following the same methodology of the original US REVIVE survey, an online interview was conducted in several European countries (Italy, Germany, Spain and United Kingdom) as described previously [24]. In Italy, of a total of 7284 women originally screened, 1000 women with VVA symptoms were included, being demographically representative of all the Italian geographic regions (North-East: 19%, North-West: 34%, Center: 21%, South 18%, Islands: 8%).

The EU REVIVE survey was originally translated and culturally adapted from the US REVIVE version (research agency: Eikon Europe; panel used: Toluna Group), as well as pre-tested in a subsample of 50 participants before the beginning of the study period. The comprehensive online questionnaire was approved by the corresponding accredited institutional review board. The survey participants were informed of the study procedures and gave informed consent to participate. The EU REVIVE survey lasted 35 min and was designed with a margin error of 3.1% at the 95% confidence interval. The invitation to participate was sent to the target population (post-menopausal women with at least one VVA symptom after the onset of menopause) by the panel (selected by age range). Participation was compensated with points that can then be redeemed for vouchers or gadgets (but not for products or money). Participants entered the secure online questionnaire portal and completed the survey between mid-June and mid-July of 2014. Prior to the completion of the questionnaire a three-step screening process was completed (see Fig. 1 for these details in the Italian participants). The information and variables collected from the participants included: knowledge about VVA and

**Table 1**  
Baseline characteristics of the Italian surveyed population.

Women reporting VVA symptoms (n)	1000
Age (years), n (%)	
45–50	99 (9.9)
51–55	325 (32.5)
56–60	309 (30.9)
61–65	186 (18.6)
66–70	60 (6.0)
71–75	21 (2.1)
Marital status, n (%)	
Married	673 (67.3)
Divorced	85 (8.5)
Domestic partnership	71 (7.1)
Single	79 (7.9)
Widowed	52 (5.2)
Separated	40 (4.0)
Education/Employment, n (%)	
Employed	430 (43.0)
University education or higher <sup>a</sup>	271 (27.1)
Children, n (%)	
None	186 (18.6)
One	287 (28.7)
Two	386 (38.6)
Three	110 (11.0)
Four or more	31 (3.1)
Children living at home, n (%)	544 (67.0)
Prior treatment for VVA symptoms, n (%)	787 (79.0)
OTC product	651 (65.1)
Prescription medication	26 (2.6)
Prescription and OTC in combination	64 (6.4)
Current treatment for VVA symptoms, n (%)	575 (58.0)
OTC product	492 (49.2)
Prescription medication	28 (2.8)
Prescription and OTC in combination	1 (0.01)

<sup>a</sup> Includes: trade training, degrees and master's degrees; OTC: over the counter.

menopausal symptomatology, interactions with HCPs with respect to VVA symptomatology, impact of VVA symptoms on sexual life and daily living activities, current or previous use of OTC products prescription treatments for VVA, and patient's attitudes towards treatments.

Eligible patients were those who fulfilled all selection criteria and who had valid data for the considered variables. There was no imputation of missing data. The analysis consisted of a descriptive statistics report summarized by relative frequency distributions for categorical variables of the survey.

## 3. Results

### 3.1. Population distribution

The baseline demographics and clinical characteristics of the final sample of 1000 Italian participants are summarized in Table 1. The 50–60 age range was the most represented demographic group in the sample (63%). Among the cohort of participants surveyed (Fig. 1), 442 (44%) had experienced VVA symptoms in the past month. At the beginning of the survey, 575 (58%) of all those included participants with VVA symptoms were receiving VVA treatment.

### 3.2. VVA knowledge and awareness

In Italy, within the cohort of participants that were aware of its VVA condition, this knowledge and information came through active internet searching (40%), newspaper/journal paper reading (21%), talks with family or friends (20%), and direct discussions with their HCP/pharmacist (17%). In the overall sample, 21% of the Italian participants had been clinically diagnosed with VVA and formally

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