

Vaginal dryness

About vaginal dryness

Vaginal dryness can affect any woman, however after the menopause it is very common, affecting over half of post-menopausal women aged between 51 and 60. This fact sheet will help you to understand vaginal dryness, the symptoms, causes and treatment, and allow you to approach your healthcare professional with confidence. It will help you to understand that you are not alone in suffering from this common condition, and encourage you to take the first steps towards regaining your sexual confidence and quality of life.

Vaginal moisture

Natural lubrication produced by glands at the neck of the womb (the cervix) keeps the vagina supple and moist. The moisture moves slowly down through the vagina, keeping it clean and removing dead cells. The vaginal moisture is slightly acidic and this helps to keep the area healthy, preventing infections such as thrush. It is perfectly normal for the majority of women to notice a slight white vaginal discharge.

During sexual excitement the Bartholin's glands (two glands at the entrance of the vagina) produce extra moisture to aid sexual intercourse. However, a quarter of women aged 50-59 experience vaginal dryness problems during sex and 16% experience pain.

Before the menopause

Around 17% of women aged 18-50 experience problems with vaginal dryness during sex, even before the menopause takes place. Many women may experience vaginal dryness during sex because they are not sexually aroused – this is often caused by insufficient foreplay or psychological reasons such as stress. Other reasons for vaginal dryness before the menopause can be linked to hygiene products such as feminine sprays and harsh soaps, swimming pool and hot tub chemicals and some washing powders. Certain drug treatments such as allergy and cold medications and some antidepressants, can also dry out mucous membranes, including vaginal tissues.

There are a number of simple ways to lubricate a dry vagina:

- Lubricants – these are similar to natural lubrication and should be applied to the area around the lips (vulva) and vagina just before sexual intercourse takes place
- Vaginal moisturisers – these are used two to three times a week and last for up to three days, therefore they do not have to be applied directly before sexual intercourse takes place.

Vaginal dryness can be a common problem for pre-menopausal women with low levels of estrogen, such as breastfeeding mothers, those who have had a hysterectomy and those who have received chemotherapy.

Pre-menopausal women who have their ovaries removed during a hysterectomy are likely to experience menopausal symptoms, including vaginal dryness, as a result of a loss of hormones. These changes are more dramatic in women whose ovaries have been removed as this causes menopause to occur more abruptly, however, even women requiring hysterectomy whose ovaries remain intact may experience some drop in hormone levels as a result.

The hormonal changes that women experience due to chemotherapy also tend to be dramatic and abrupt, leading to more intense symptoms. Chemotherapy can damage the ovaries so that they no longer produce estrogen and this lowers the amount of vaginal lubrication produced. Decreased amounts of estrogen also leads to a thinner, less elastic and more fragile vaginal lining.

After the menopause

The average age of the menopause (the final period) is 51 and after the menopause women find that their bodies change. The ovaries stop producing the female hormone estrogen and levels are low. One of the early signs of reduced estrogen on the vagina is reduced lubrication during sexual activity.

Without the production of estrogen, the skin and support tissues of the lips (vulva) and vagina become thinner and less elastic and the vagina can become dry. Approximately half of post-menopausal women experience vaginal dryness.

Symptoms

After the menopause, problems with lubrication and painful sex increase. Thinning of the skin around vagina makes it more easily damaged. This damage can often occur during sex, especially if lubrication is poor – even gentle friction can cause pain and discomfort. Painful sexual intercourse can then have a knock on effect contributing to a loss of sexual desire. Relief of symptoms often leads to an increase in sexual desire and arousal.

Pain at other times – in many cases vaginal dryness not only causes pain during sex, it can make it uncomfortable to sit, stand, exercise, urinate or even work. Vaginal dryness can affect everyday life, whether women are sexually active or not. This can have a detrimental effect on quality of life. Many women also notice that having a cervical smear becomes more painful or difficult.

Change in the appearance of the vulva and vagina – it is common for the vulva to look different; the lips may be thinner. Changes in the vagina are less easy to see.

Changes to vaginal discharge – many women also find that their vaginal discharge changes, becoming more watery, discoloured and slightly smelly and they may experience irritation and a burning feeling. These symptoms can be worrying, but they are usually due to hormonal changes and not an indication of something more serious.

Emotional impact – vaginal dryness can make women feel different. Changes to the body can be difficult to accept and pain and discomfort caused by the condition can lead to a loss in self-confidence and sexual confidence.

For many women these symptoms can lead to confusion as they are similar to symptoms of some sexually transmitted infections or thrush. Some women who wrongly assume this to be an attack of thrush buy over-the-counter remedies, which can make the problem much worse. As this is an embarrassing problem many women keep it to themselves and this can put a large strain on their relationship with their partner, especially if women feel unable to tell their partner why they are not interested in sexual activity.

Premature menopause

Around one percent of women experience a premature menopause (also called premature ovarian insufficiency) – this is when the menopause begins before the age of 40. A premature menopause can be an extremely difficult time for a younger woman with difficult physical and emotional changes. Premature menopause is associated with subfertility which is for many women the most serious and upsetting consequence. However, for young women vaginal dryness can also impact on their relationship with their partner and their sex life.

A silent problem

Despite the high number of women experiencing problems related to vaginal dryness it is still a silent problem that many people feel embarrassed to talk to their partners, friends and even health care professionals about. Only a quarter of affected women seek treatment.

Remember, women spend approximately a third of their lives in a post menopausal state and they need to try to maintain the quality of life that they had before the menopause. Vaginal dryness does not need to be treated as an inevitable part of growing older – something can be done about it.

Things to look out for if you think you may be experiencing vaginal dryness:

- Do you experience pain, irritation, burning or dryness during sex?
- Do you experience bleeding or spotting during or after sex?
- When you go for your smear test, has it become more difficult or uncomfortable?
- Has the appearance of your genital region changed?

What to do next

Recognising that vaginal dryness is normal and common is the first step to helping yourself. The next is to talk to your doctor, who can recommend a treatment to suit you.

Treatment

- Local estrogen – this is available in the form of small tablets inserted into the vagina with an applicator, a waxy pessary, vaginal gel, creams or a vaginal ring. The ring needs to be removed and replaced every three months. Vaginal dryness can respond well to local estrogen treatments, they can also help greatly with discomfort and pain during sex, correct the vaginal pH and regulate bacteria. Unlike conventional forms of HRT, the effects are local and therefore the risks are minimal
- DHEA – a once daily pessary containing dehydroepiandrosterone which is converted in the vaginal cells to estrogen and testosterone
- Ospemifene – a tablet treatment that has an estrogen like effect in the vagina, suitable for some women who are not candidates for vaginal estrogen
- Avoid perfumed soaps
- Lubricants and moisturisers can be useful, particularly for women who are not suited to estrogen replacement
- Take more time during sexual intercourse giving the Bartholin's gland time to produce the maximum amount of lubrication before sexual intercourse.

Tips for talking to your doctor about vaginal dryness

Discussing vaginal dryness with a healthcare professional (HCP) can be daunting however it is often well worth it as they will be able to help. Here are a few tips to make the discussion as easy as possible:

- Make a list of what you want to discuss
- Discuss the most important or most difficult questions first
- Write down what the doctor tells you
- If there is anything that you don't understand, ask for clarification
- If you feel embarrassed take along some information with you. It can be difficult to discuss embarrassing problems face to face, but if you find information on the internet about your symptoms you can use this to help explain and avoid having to make eye contact with your HCP whilst discussing the problem
- If you still feel unable to discuss the subject, write it all down and hand it to the HCP
- Don't wait to be asked, give the HCP any information that you may feel is relevant including a history of the condition, symptoms, the impact they are having on you, any lifestyle factors that may have contributed and any medication you are taking
- Many women find that their smears become more difficult, if this is the case, speak to the nurse about your symptoms and ask for some further information and advice about vaginal dryness.

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This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

In summary

- Vaginal dryness is a very common problem and affects more than half of women after the menopause, however some women may experience problems with vaginal dryness before the menopause
- Vaginal dryness is a painful condition which can impact on quality of life and relationships
- There are a number of effective treatments that can treat vaginal dryness easily and effectively
- Vaginal dryness can be an embarrassing condition but it needs to be addressed and it is well worth discussing your symptoms with your HCP and also your partner.

Helpful vocabulary

Here are a few words that you may hear your HCP use:

Atrophic vaginitis/vaginal atrophy – lack of estrogen can cause vaginal dryness, itching/irritation and pain during sexual intercourse. This problem is referred to as different things including atrophic vaginitis, genitourinary syndrome of menopause and urogenital atrophy (probably the best term).

Cervix – the neck of the uterus, at the top of the vagina

Dyspareunia – painful sex

HRT – hormone replacement therapy

Local HRT – hormone replacement therapy applied to the vagina

Menopause – the last menstrual period

Peri-menopause – the phase before the menopause which can take from 5 to 15 years and is when symptoms tend to begin

Premature ovarian insufficiency/premature menopause – this is when a woman goes through the menopause before the age of 40. The average age of the menopause is 51

STI – sexually transmitted infection

Systemic – circulating throughout the whole body

Vaginal flora – the micro-organisms in the vagina

Vulva – the external lips

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