

# Urogenital Syndromes At Menopause & What YOU Can Do About It

*Menopause—the stage in your life when you trade menstrual periods for hot flashes, night sweats, and increased irritability or anxiety. But while these all gradually recede as a woman ages further, urogenital syndromes can actually worsen over time. Here's what you can do to not get trapped in such a situation.*

A woman arrives at menopause after she has depleted her finite lifetime's supply of eggs and has ceased having menstrual periods for one year. Menopause leads to significant changes in the vulva, vagina, cervix, urethra, and bladder, some of which include vaginal dryness and/or discharge, violent itching, and urinary problems—such as incontinence or infection—in a syndrome known as atrophic vaginitis.

Vaginal dryness, itching, and discharge can all be attributed to the decline in the production of oestrogen by the ovaries. The lack of this hormone results in the weakening of the skin and the support tissues of the vulva and vagina, causing both structures to become thin and less elastic. As a result, they become easily damaged, even by the gentle friction caused by the rubbing of underwear on skin. However, the largest impact is usually seen on a women's sexual life as sex becomes difficult, painful, and of course, unwelcome.

As for the vaginal discharge, the lack of oestrogen causes the pH (acidity level) of the vaginal secretions to become more alkaline, which affects the balance of the micro-organisms in the natural secretions, in turn suppressing the normal levels of “good” bacteria (lactobacillus). The discharge is usually watery, discoloured, and perhaps slightly smelly. Each discharge is often accompanied by vaginal burning and vulval irritation.

Urinary problems may be due to a variety of factors, primary of which could be urogenital atrophy, which refers to the deterioration of the urinary tract and vagina. In addition, a lack of oestrogen could also reduce the urinary tract's ability to control urination, while the advancement of age could also have debilitating effects on the pelvic area organs and tissues. Urinary problems commonly experienced include the need to urinate more frequently, the inability to control urination (incontinence), dryness and itching in the vagina, and increased urinary tract infections.

Over various studies, almost half of menopausal women reported some type of vaginal or urogenital symptom, the most common being dryness and associated pain during sexual intercourse, followed by itching and burning or pain. Bothersome urinary symptoms were encountered by 23% to 40% of the women, including pain during urination, frequency, nocturia (having to wake often at night to pass urine), urgency, and incontinence. 12% to 17% of menopausal women experienced overt recurrent urinary tract infection (RUTI).

Evidently, it is more common for a menopause-aged women to encounter some form of urogenital syndrome than not. For this reason alone, it is vital that women seek advice from a doctor or specialist. But on top of that, the symptoms displayed by urogenital syndromes can coexist with other causes, such as vaginal or urinary tract infections, irritative symptoms, or the overuse of hygiene products. Fortunately, there exist a variety of proven treatment options for women that they need not silently bear their respective syndromes in silence.

Urogenital symptoms are varied, and appropriate therapy requires taking into account each individual's symptoms, lifestyle and risk factors. Both non-hormonal and hormonal treatments are available, many of which can be used in combination.

Oestrogen therapy is a type of hormonal treatment that has shown to significantly improve vaginal atrophy symptoms, irritative symptoms, and urinary incontinence, while also encouraging cell renewal in the vagina, bladder, and urethra, improving vaginal pH, and reversing the microbiological changes in the vagina following menopause. Oestrogen therapy may be given orally, transdermally (through the skin) or vaginally. These options differ in delivery method, dosing, amount of oestrogen absorbed through the bloodstream, and patient preference. Studies have shown that oestrogen therapy consistently relieves vaginal symptoms, although local vaginal therapy has been seen to be more effective than oral therapy.

Furthermore, slight lifestyle changes such as wearing loose clothing, consuming sufficient fluid, and avoiding commercial vaginal douching or products, can go a long way in alleviating the symptoms. Non-hormonal treatments such as using vaginal lubricants and moisturisers too can often provide temporary relief of dryness and pain during intercourse, but are of course less useful and permanent than oestrogen therapy. For those looking towards phytoestrogens and herbal supplements, neither option has been proven to provide any benefit for urogenital syndromes. Sufficient exercise during the menopausal transition may also prove helpful in reducing bone loss, and could also lower cholesterol and triglyceride levels.

Although urogenital syndromes are a natural consequence of menopause, the consequent impairment of quality of life can be severely detrimental to your golden years. Various topical oestrogen products, in addition to various lifestyle adaptations, are readily available to provide you beneficial relief to such bothersome and unwanted symptoms that allow women freedom to enjoy their life just as they deserve to.