

Confusion around *vaginal estrogen*

Lack of estrogen can cause dryness and thinning of the vaginal tissues making intercourse uncomfortable or even painful. The first sign of an effect of reduced estrogen on the vagina is reduced lubrication during sexual activity.



HRT can alleviate this but even if you cannot take systemic HRT you may still be able to use estrogen topically to the vagina. For some women, vaginal estrogen may be needed in addition to HRT.

Vaginal estrogen is available in a few forms; creams administered via applicators, small tablets inserted with an applicator, vaginal gel or pessary or a vaginal ring which stays in place for 3 months at a time.

For creams or vaginal tablets, the initial dose is 1 application nightly for 2 weeks, (pessary is 1 for 3 weeks) followed by the maintenance dose of 1 application twice weekly. Low dose vaginal estrogen preparations can be used long term without causing any known systemic effect, and without needing any progestogenic protection of the lining of the womb.

Even if you cannot or do not want to use hormones there are other options.

Over the counter bio-adhesive vaginal moisturisers are very effective. A range of products are available, many of which are easier to use than KY jelly, which is water based and more slippery.

These moisturizers are also slightly acidic which helps prevent vaginal infections. One other advantage is that they do not need to be used at the time of intercourse.

Several non-hormonal vaginal products can also be prescribed.

In addition, an oral treatment is now available on prescription, Ospemifene, which is not estrogen but →



“There is no concern about the use of low dose vaginal estrogen preparations in the UK.”



which targets estrogen receptors in the vagina leading to reduced symptoms.

Vaginal estrogen can be extremely helpful for treatment of the effects of menopausal estrogen deficiency on the vagina and bladder and is now available in a range of forms.

However, there has been recent concern about risks of treatment for one preparation, high strength vaginal estradiol cream, (Linoladiol, Linoladiol N, Linoladiol Estradiol, Estradiol Wolff, and Montadiol) which has led to a restriction on duration of use.

The European Medicines Agency (EMA) has advised a limitation on use of a single treatment period of 4 weeks for estradiol creams providing 100mcg/g (0.01%).

This ruling has been challenged by the North American Menopause Society stating that the recommendation: “Is not evidence based.”

Menopause Matters’ Dr Heather Currie said: “It is concerning that some practitioners may interpret this ruling as being applicable to other types of vaginal estrogen.

“The type concerned is not used in the UK, and there is no concern about the use of low dose vaginal estrogen preparations prescribed in the UK. “

Vaginal and bladder symptoms of estrogen deficiency (Genitourinary Syndrome of Menopause, Urogenital atrophy, Vaginal atrophy) are extremely common, even in women taking HRT, and cause significant distress.

Low dose vaginal estrogen preparations should be initiated as usual practice, and it is recommended that treatment be continued long term.

How does it feel?

Low levels of estrogen due to the menopause often cause changes in the vagina and bladder, which can cause discomfort and urinary problems.

Vaginal dryness can be helped by vaginal lubricants and moisturizers, and the underlying estrogen deficiency changes can be cured with vaginal estrogen which is effective and safe.

Many women find it difficult to talk about these changes and are often embarrassed to bring up the subject with their GP, nurse or menopause specialist.

• Try this checklist and show it to your doctor or nurse to help you start a discussion.

Symptoms checklist

- Vaginal dryness before/during sex or Vaginal discomfort
- Pain during sex
- Vaginal itching and/or burning Itching or irritation on the outer lips
- Frequent or re-occurring vaginal or urinary infections
- Thrush-like symptoms
- Lack of bladder control