



A STUDY ON VULVO VAGINAL ATROPHY- THE ICEBERG PHENOMENON IN MENOPAUSE

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ABSTRACT

Genito urinary syndrome of menopause includes a spectrum of genital symptoms like dryness, burning and irritation, discomfort or pain during coitus and urinary disturbances. The affected patients with bothersome symptoms require specific treatment at the appropriate time. But it has been reported that in spite of the troubling symptoms, these patients fail to receive adequate and appropriate treatment due to the stigma of embarrassment associated with these symptoms. Hence this study was undertaken at our tertiary care centre to evaluate the menopausal women's prevalence, awareness and knowledge of treatment options about vulvo vaginal atrophy.

KEYWORDS : menopause, vulvo vaginitis, Genito urinary syndrome, estrogen cream, estrogen deficiency, itching, vaginal discharge

INTRODUCTION

Vulvo vaginal atrophy also referred to Genito urinary syndrome of menopause is a result of loss of estrogen in menopause. This encompasses a spectrum of atrophic changes in labia majora/minora, clitoris, vestibule/introitus, vagina, urethra, and bladder resulting in symptoms like vaginal dryness, burning, pruritus, dyspareunia, vaginal discharge, bleeding, or spotting. Urinary tract symptoms include dysuria, urinary frequency, urethral discomfort, or, infrequently, hematuria. Due to increased longevity, a majority of the women spend one third of their life as a postmenopausal individual [1]. In spite of the troublesome symptoms most patients do not seek medical advice due to issues like lack of awareness, social stigma or embarrassment in discussion with the health care provider. This study aims at exposing the awareness, distribution and willingness to take professional help regarding vulvo vaginal atrophy among post menopausal women visiting our tertiary care centre located in south India.

METHODOLOGY:

This is a cross sectional observational study where 404 post menopausal women who visited our gynecology out patient department were selected by simple random sampling. The post menopausal women who attained menopause by surgery, radiotherapy effects or premature ovarian failure were excluded from the study. After obtaining informed consent regarding the information to be collected, they were subjected to a list of questions related to the genito urinary symptoms if menopause.

Aim Of The Study

1. The prevalence and severity of the most commonly encountered genitourinary symptoms were analysed.
2. The awareness about the treatment options available among the study population analysed.
3. Estimate the willingness of the study participants to get treatment for their symptoms were analysed.

Table - 1 Questionnaire For Study Participants

QUESTION
1. Do you experience vaginal dryness, itching, irritation, painful intercourse, urinary disturbances, foul smelling vaginal discharge after menopause?
2. How would you rate the severity of each symptom?

3. Have you discussed about these symptoms with your health care provider?
4. Are you willing to discuss the treatment options available and to get treated for the symptoms?

ANALYSIS AND RESULTS

This study shows that majority of women with symptomatic are unaware of this medical condition and treatment options. There is a recurrent theme of embarrassment in discussing the symptoms with health care providers as in majority of published surveys. A majority of affected women were willing to know the treatment options available, thus encouraging us to develop health programs to increase the awareness about VVA.

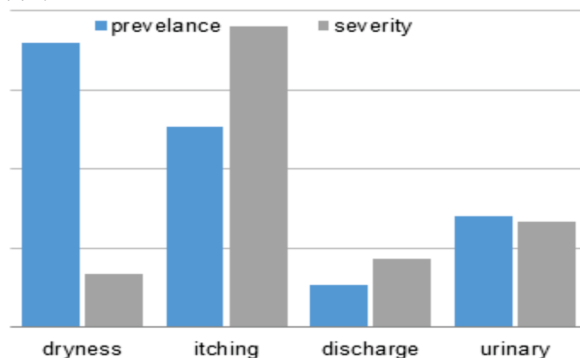


Figure 1- Bar Diagram Showing The Prevalence And Severity Of The Most Common Genito Urinary Symptoms Encountered In Our Study

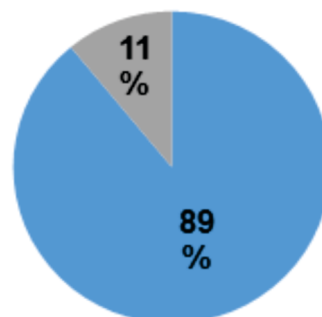


Figure 2 - Pie Chart Showing The Proportion Of Women Who Were Unaware Of The Treatment Options Available For Their Symptoms

DISCUSSION

Urogenital atrophy results due to a decline in serum estrogen concentration. The severity of symptoms increases with duration of hypoestrogenism, Approximately half of the menopausal women are found to have the symptoms of hypoestrogenism. Many patients do not seek medical help due to hesitation and embarrassment. GSM is a clinical diagnosis. The differential diagnosis to be kept in mind are vaginitis, lichen sclerosus, vulvovaginal lichen planus, irritant dermatitis, genital herpes, trauma or infection. Our study shows that vaginal dryness is the most common symptom encountered by menopausal women and the symptom reported to be very severe is perineal itching. A majority of 89% of our study participants were unaware of the treatment options available for their symptoms and all of these patients were willing to get treatment for the symptoms of GSM.

CONCLUSION

VVA significantly affects a majority of post menopausal population. In our setting, improving the knowledge of treatment options for GSM is emphasised. It is important that the health care professionals discuss about the symptoms of menopause, risks and benefits of hormone replacement therapy as a part of routine care of menopausal women.