

Sexual Dysfunction Association

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Vaginal dryness and the menopause

Vaginal dryness is a common menopausal problem and is caused by falling oestrogen levels. The female hormone oestrogen helps keep vaginal tissue healthy. Falling levels lead to less lubrication and thinner vaginal walls. It has been estimated that between 10–40% of women are troubled by vaginal dryness. Although not life threatening, vaginal dryness can be extremely uncomfortable and can stop women enjoying or even having sex at all. As well as having dryness women may also have vaginal itching or burning. Treatments include vaginal lubricants and moisturisers or oestrogen (HRT).

Lubricants and moisturisers

Lubricants and vaginal moisturisers are available without prescription. A wide selection is available and which is the best for an individual woman is a matter of personal preference. **Lubricants** can be either water- or petroleum-based. They are normally used as temporary measures to relieve vaginal dryness during sex. They therefore do not provide a long-term solution. Lubricants must be applied frequently for more continuous relief and require reapplication before intercourse. Petroleum-based lubricants and baby oil can damage condoms. This is important when condoms are used to prevent sexually transmitted infections. **Moisturisers** coat the vaginal skin cells and retain water. Moisturisers need to be applied less frequently than lubricants.

Oestrogen (HRT)

Oestrogen-based hormone replacement therapy (HRT) is effective in treating vaginal dryness. However, only a small percentage (10%) of women who would benefit from oestrogen therapy actually take it. Perhaps they are too embarrassed to seek medical help. HRT can be taken in tablets by mouth, skin patches and gels, hormone implants or locally into the vagina. Low dose vaginal preparations do not increase levels of oestrogen throughout the body. The options available are low-dose natural oestrogens, such as vaginal oestradiol by tablet or ring (which is changed every three months) or oestriol by cream or pessary.

It may take several months for symptoms to improve with vaginal oestrogens. Long-term treatment is usually needed as symptoms often return when treatment is stopped. There is no need to undertake cervical smears more frequently than recommended by national screening programmes.

Alternative and complementary therapies

Various alternative therapies have been suggested. These include soy, black cohosh and wild yam. However, there is currently no convincing evidence that any of these therapies are effective. More research is necessary.

Further reading

Rees M, Purdie DW, Hope S. The Menopause: what you need to know. 2nd edition. 2006. RSM Press, London, UK.

Prodigy guidance. Menopause. <http://www.prodigy.nhs.uk/menopause>.

An invitation

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