SAMPLE

Genitourinary Syndrome of Menopause (GSM): Underdiagnosed and Undertreated

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Menopause and perimenopause are having a moment. Even as more attention is paid to this time in women's lives, genitourinary syndrome of menopause (GSM), a group of symptoms many women experience, remains underdiagnosed and undertreated.

What is in a name?

You may have heard terms like "vaginal atrophy," "atrophic vaginitis," or simply "vaginal dryness." In 2014, the North American Menopause Society recommended using the term genitourinary syndrome of menopause because it better describes the full range of symptoms women may experience.[1]

GSM is not just vaginal dryness. It is a group of symptoms that can include:[1]

- Vaginal symptoms: dryness, burning, and irritation
- Sexual symptoms: lack of lubrication, pain or discomfort during sex, and reduced sexual function
- Urinary symptoms: needing to urinate frequently or urgently, pain with urination, and repeat urinary tract infections (UTIs)

These symptoms can affect your quality of life, your relationships, and how you feel about yourself.[2]

Even though GSM is common, many women feel embarrassed to bring it up with their healthcare provider. Up to 70% of patients don't discuss their symptoms with a healthcare provider.[3] And many clinicians don't routinely ask about symptoms in peri- and postmenopausal patients.[4] Often, women assume these symptoms are a normal part of aging that they have to accept.[5] But that is not true! GSM is a medical condition, and effective treatments are available.

Who gets GSM?

GSM is very common. Studies suggest that 40-60% of peri- and postmenopausal women report GSM symptoms.[6] Unlike hot flashes, which often improve on their own, GSM symptoms tend to get worse over time without treatment. Despite how common it

is, many women are never diagnosed because they don't mention their symptoms to a clinician, or their healthcare provider doesn't ask.[3,4]

Why does GSM happen?

GSM is caused by lower estrogen levels that come with perimenopause and menopause. Estrogen helps maintain normal blood flow to the tissues of the vulva (external genitalia including the labia, or "lips"), vagina (internal canal), urethra (opening to the bladder), and bladder, which keeps these tissues thick, moist, and elastic.[7] It also supports the "good" bacteria that normally live in the vagina and help protect against infection.[8]

When estrogen levels drop, these tissues become thinner, drier, and more fragile. Blood flow decreases, and the protective bacteria can no longer thrive. This makes the vaginal area more prone to irritation and increases the risk of urinary tract infections.[9]

What should I do if I have these symptoms?

If you are experiencing any of these symptoms, it is important to talk to your doctor or other healthcare provider — especially if they are affecting your daily life, making sex or exercise painful, or causing repeat UTIs. If your primary care provider is not comfortable discussing these symptoms or doing a pelvic exam, ask for a referral to a gynecologist.

Your clinician will want to make sure GSM is the actual cause of your symptoms. Sometimes, similar symptoms can be caused by something else such as a yeast infection or UTI, which would need different treatment. It is also important to talk about how these symptoms affect your daily life. This helps you decide together which treatment is the best fit for you.

Is there treatment for GSM?

Yes! The good news is that there are safe and effective treatments for GSM. And while genitourinary syndrome of menopause is not life-threatening, it is worth treating because it can significantly affect your comfort and quality of life. GSM does not usually improve on its own, and treating it earlier often leads to faster relief.

Non-hormonal treatments:

- Vaginal moisturizers (used regularly, not just during sex) can help with dryness and discomfort
- Vaginal lubricants can reduce pain during sex

- Avoiding irritants: soaps, sprays, powders, and scented products used on the vulva or vagina can make symptoms worse
- Limiting pad use: pads worn for urinary leakage can irritate the vulva. Treating urinary incontinence can help reduce the need for pads
- Pelvic floor physical therapy: some women benefit from working with a pelvic floor physical therapist. Your clinician can help decide if this is right for you

Hormonal treatments:

Low-dose vaginal estrogen is a highly effective and low-risk treatment for GSM, especially for women who do not get enough relief from non-hormonal options. It helps with vaginal dryness, vulvar irritation, and pain during sex. It is inserted directly into the vagina and works locally on the nearby tissues — the vagina, vulva, urethra, and bladder — to help restore their health.[10–17] It also helps bring back the protective "good" bacteria in the vagina, which lowers the risk of UTIs. Many women worry about using estrogen, but low-dose vaginal estrogen is safe and effective.[12,18,19]

A different hormone cream, dehydroepiandrosterone (DHEA), is also sometimes used to treat these symptoms.[20–23] There is also an oral (pill) medication, ospemifene, which acts like estrogen in certain tissues, including vaginal tissue.[24] Your clinician can help decide which treatment is the best option for you.

Wait, doesn't estrogen cause breast cancer?

There has been a lot of confusion about vaginal estrogen. In the past, the FDA required all estrogen-containing products — including birth control pills and oral hormone therapy — to carry a "black box" warning about increased risks of certain cancers, cardiovascular disorders, and dementia.[25] This frightened many women away from vaginal estrogen, even though doctors have long known that the risk with vaginal estrogen is very different from these other products. In 2025, the FDA removed the black box warning from vaginal estrogen products.[26]

Because vaginal estrogen works locally in the vaginal area, very little of it is absorbed into the bloodstream. This is what makes it different — and safer — than estrogen taken by mouth or through a skin patch.[12,18,19] Large studies have found that low-dose vaginal estrogen does not increase the risk of breast cancer.[27]

What if I've had breast cancer?

Having a history of breast cancer does not automatically mean vaginal estrogen or other hormonal treatments are off-limits for you. Research suggests that low-dose vaginal

estrogen does not increase the risk of breast cancer recurrence or of dying from breast cancer.[28] However, this is an important conversation to have with all of your healthcare providers, including your oncologist, before making any treatment decisions. Together, you can weigh the risks and benefits for your specific situation.[29]

Do I need a prescription?

You and your healthcare provider will talk about your symptoms and what you hope treatment will do for you. Vaginal estrogen is available by prescription and comes in several forms, including a cream, a vaginal tablet, and a vaginal ring. The vaginal estrogen cream is often the most affordable, but the vaginal tablet or ring might be a better option for some women. Certain women may be better candidates for DHEA cream or ospemifene.[29]

Are there treatments that I should avoid?

Laser and radiofrequency treatments have been marketed for GSM. These devices deliver energy to vaginal tissues and claim to improve symptoms. However, research has not consistently shown that they work as advertised. These treatments are often very expensive, are usually not covered by insurance, and should currently be considered experimental. Talk to your provider before pursuing these options.[29]

Key Takeaways

- GSM is common and treatable
  - It is a medical condition — not just “normal aging”. You don’t have to live with it!
- Many treatment options are available, both non-hormonal and hormonal
- Low-dose vaginal estrogen is safe and effective for most women
- Talk to your clinician: don’t feel embarrassed — your symptoms deserve attention and treatment
- Earlier treatment often means faster relief, so speak up as soon as symptoms are affecting your life

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