

Position Statement for Management of Genitourinary Syndrome of the Menopause (GSM)

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One of the most consistently identified predictors of impaired sexual health in women is the presence of vaginal symptoms. The vast majority of postmenopausal women have symptoms associated with Genitourinary Syndrome of the Menopause (GSM) yet only a minority receive any treatment. Unlike many other symptoms of the menopause, symptoms of GSM often worsen over time.

This guidance is designed to support healthcare professionals in diagnosing and managing this condition.

Terminology

The term Genitourinary Syndrome of Menopause (GSM) was introduced in 2014. GSM is a comprehensive term that includes vulvovaginal symptoms and lower urinary tract symptoms related to low oestrogen levels. The terms *vulvovaginal atrophy* and *atrophic vaginitis* (which were in general use) had a limitation because they did not cover the full spectrum of symptoms and did not indicate that symptoms were directly related to decreased oestrogen levels in the menopausal state. GSM more accurately describes the postmenopausal hypoestrogenic state of the genitourinary tract.¹

Talking about GSM

GSM is very common but often underdiagnosed and undertreated.

Studies have shown that around 70% of women have symptoms of GSM, yet only 7% receive treatment.²

Despite a vast majority of women experiencing symptoms related to this condition, only around 25% of women volunteer this information to their healthcare professional.

70% of healthcare professionals acknowledge they never, or rarely, ask about problems like vaginal dryness².

The prevailing attitude among both women and healthcare professionals is one that considers symptoms of GSM to be a natural and unavoidable part of the aging process.³

NICE menopause guidance gives clear recommendations regarding the optimal management of this condition in menopausal and postmenopausal women.⁴

Treatments for GSM are usually effective, safe and cost effective.⁴ Women need to receive individualised advice and treatment for this debilitating condition as a priority.