Genitourinary Syndrome of Menopause

Patient Questions & Answers · written in plain language for patient-facing use

I've had vaginal dryness for years. Is this actually a medical condition?

Yes — it's called genitourinary syndrome of menopause, or GSM, and it affects an estimated 50 to 70% of menopausal women. It's caused by declining estrogen changing the vulvovaginal and urinary tissue. It's common, it's real, and importantly, it's treatable — it just doesn't improve without treatment.

Will it get better on its own if I wait?

No. Unlike hot flashes, which often ease with time, GSM is progressive — it tends to worsen without treatment rather than improve. That's an important thing to know, because waiting doesn't help the way it might with other menopause symptoms.

Is a lubricant enough, or do I need something more?

Lubricants and moisturizers are genuinely appropriate as a first step, and can be used alone or alongside other treatment. But they address friction during sex, not the underlying tissue changes causing daily discomfort. For many women, especially with more persistent symptoms, a low-dose vaginal estrogen, vaginal DHEA, or an oral medication called ospemifene treats the condition more directly.

Are vaginal estrogen products safe? I've heard warnings about hormones.

Low-dose vaginal estrogen has minimal systemic absorption and a strong safety record. Large cohort studies show no increased risk of breast or endometrial cancer, or cardiovascular events, in average-risk women using it. In late 2025, the FDA actually removed the boxed warning from these products, reflecting how much the safety evidence has been reinforced.

I'm a breast cancer survivor. Are any of these options safe for me?

This needs an individualized conversation with your oncology team, because it depends on your specific treatment and cancer history. Women on aromatase inhibitors in particular need extra caution and a shared decision-making approach. But GSM in breast cancer survivors is taken seriously and has real management options — you shouldn't assume nothing can be done.

What happens during a GSM evaluation?

Usually a conversation about your symptoms and a pelvic exam. Some clinicians use a handheld mirror during the exam so you can see what they're describing — this has been shown to help patients understand their own anatomy and feel more in control of decisions about their care. Lab testing usually isn't needed when the symptoms and exam findings are clear.

How is ospemifene different from vaginal estrogen?

Ospemifene is a once-daily oral tablet rather than a vaginal product. It acts like estrogen on vaginal tissue while acting the opposite way in breast tissue. In a large randomized trial of over 600 women, it produced significant improvement in dryness, pain, and sexual function compared with placebo over 12 weeks.

I keep getting UTIs since menopause. Could this be related?

It's worth asking about directly. GSM affects urinary tissue as well as vaginal tissue, and recurrent UTIs are one of its recognized symptoms. This is specifically covered in current GSM management guidance, and treating the underlying condition can help with the UTI pattern too.

Why do so many women just live with this instead of getting treatment?

Partly because many women believe these changes are just an unavoidable part of aging, and partly because it's underdiagnosed — clinicians don't always ask directly, and patients don't always bring it up. Reframing GSM as a treatable medical condition, not something to simply accept, is a big part of good care.

What should I bring up with my doctor?

Be specific: how long you've had symptoms, whether it's dryness, itching, pain with sex, or urinary symptoms, and how it's affecting your daily life or relationships. That level of detail helps guide which of the treatment options makes the most sense for you.

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