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Genitourinary Syndrome of Menopause: What You Should Know

WHAT YOU NEED TO KNOW

If you've experienced vaginal dryness, irritation, pain during sex, or recurrent urinary tract infections since menopause, you may have genitourinary syndrome of menopause, or GSM. It affects an estimated 50 to 70% of menopausal women, yet it's rarely diagnosed and rarely treated. Unlike some other menopause symptoms, GSM does not improve on its own — it tends to worsen without treatment. The good news: it is one of the most treatable parts of the menopause transition, once it's identified.

KEY FINDINGS

- ✓ GSM affects 50–70% of menopausal women
- ✓ It is progressive and does not improve without treatment
- ✓ Lubricants and moisturizers help, but often aren't enough alone
- ✓ Three FDA-approved treatments exist: vaginal estrogen, vaginal DHEA, and ospemifene
- ✓ The FDA removed its boxed warning from estrogen products in late 2025

WHAT THIS MEANS FOR YOU

You don't have to simply live with these symptoms, and you're not alone in having them. Multiple effective, FDA-approved treatments exist, each with real trial data behind it. If you've tried a lubricant and still have daily discomfort, that doesn't mean nothing else can help — it likely means it's time for a more direct conversation about the treatment options built for exactly this condition.

TALK TO YOUR PROVIDER IF…

- ✓ You have ongoing vaginal dryness, itching, or irritation
- ✓ Sex has become uncomfortable or painful
- ✓ You've had recurrent urinary tract infections since menopause
- ✓ You're a breast cancer survivor with any of these symptoms

QUESTIONS TO ASK YOUR DOCTOR

- [ ] What treatment options make sense for my specific symptoms?
- [ ] Is vaginal estrogen safe for me given my health history?
- [ ] How long before I'd expect to notice improvement?
- [ ] Do I need any testing, or can we start based on my symptoms and exam?

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This handout is provided for general education and is not medical advice. It summarizes findings from published research and does not account for your individual medical history, medications or circumstances. Do not start, stop or change any treatment based on this material. Always consult your own healthcare provider about decisions regarding your care.

RESEARCH SOURCE CITATION

TITLE	Case-Based Perspectives on the Management of Genitourinary Syndrome of Menopause
AUTHORS	Cyriac J, Sood R
SOURCE	Clinics and Practice
PUBLISHED	March 2026
URL	https://doi.org/10.3390/clinpract16030060