Genitourinary Syndrome of Menopause

Key Talking Points · eight points for patient conversations

POINT 01

GSM affects 50 to 70% of menopausal women, and it does not improve on its own.

Unlike hot flashes, which often ease with time, genitourinary syndrome of menopause is progressive without treatment. Naming it and normalizing treatment is itself part of good care.

POINT 02

Lubricants and moisturizers are appropriate first-line, but they're not the whole answer.

They're recommended alone or alongside hormonal therapy for mild symptoms. For moderate-to-severe GSM, three FDA-approved treatments — low-dose vaginal estrogen, vaginal DHEA, and ospemifene — treat the underlying tissue change.

POINT 03

The FDA removed the boxed warning from estrogen products in late 2025.

This includes low-dose vaginal formulations, reflecting updated safety data. Large cohort studies show no increased risk of breast or endometrial cancer, or cardiovascular events, with low-dose vaginal estrogen in average-risk women.

POINT 04

A 605-woman randomized trial backs ospemifene's efficacy directly.

Significant improvement in vaginal cytology, pH, dyspareunia and sexual function versus placebo at 12 weeks. A separate meta-analysis of 44 studies and over 12,000 participants confirmed comparable safety to other GSM therapies.

POINT 05

Breast cancer survivors need individualized, oncology-informed care.

GSM symptoms tend to be more severe in this population due to adjuvant therapies like tamoxifen and aromatase inhibitors. Women on aromatase inhibitors specifically require maximal caution and shared decision-making.

POINT 06

A mirrored pelvic exam can meaningfully improve patient understanding.

Letting patients see the anatomic changes has been shown to enhance understanding and give women a greater sense of control and engagement in their care — a small practice change with real impact.

POINT 07

Vaginal estrogen formulations have comparable efficacy; the choice comes down to fit.

Creams, tablets, softgels, and a 90-day ring all perform similarly. Selection is guided by patient preference, provider experience, insurance coverage, and specific features like dosing precision or application convenience.

POINT 08

Most GSM diagnoses don't require lab testing.

When symptoms and exam findings are classic — dryness, pale thin vaginal mucosa, loss of rugae — pH measurement or vaginal maturation index testing typically isn't necessary. The exam alone often confirms the diagnosis.

RESEARCH SOURCE CITATION

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