



USANZ Submission to the “Inquiry into the issues related to menopause and perimenopause”.

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Provided by

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Introduction

Menopause and perimenopause are critical life stages that significantly impact the health and well-being of women. Despite being natural phases, the associated challenges, especially those related to the genitourinary syndrome of menopause (GSM), sexual dysfunction, and recurrent urinary tract infections (UTIs), warrant careful consideration. This submission by the Urological Society of Australia and New Zealand (USANZ) aims to shed light on these issues, advocating for comprehensive awareness, research, and support for affected individuals.

Executive Summary

This submission provides a succinct overview of the key issues addressed in the submission, emphasizing the need for a holistic approach to understanding and managing menopause-related genitourinary and sexual health concerns. It outlines the potential consequences of overlooking these aspects and highlights the importance of informed policymaking and healthcare practices.

The Genitourinary Syndrome of Menopause (GSM)

The Genitourinary Syndrome of Menopause (GSM) is a complex and often underdiagnosed condition affecting perimenopausal and postmenopausal women. This section explores the physiological changes leading to GSM, its symptoms, and the impact on the quality of life. Additionally, it emphasizes the necessity of early detection, accurate diagnosis, and appropriate management strategies to mitigate the adverse effects on urological and sexual health.

The Genitourinary Syndrome of Menopause (GSM) stands as one of the most crucial yet frequently overlooked aspects in the daily practice of doctors, urologists, and gynaecologists. Often underestimated, GSM is a pervasive concern that warrants heightened attention, particularly for female patients aged 52 and above. Menopause is not confined to the stereotypical hot flashes and night sweats; it encompasses a spectrum of adverse effects that escalate with decreasing estrogen levels.

From brittle bones and osteoporosis to vaginal dryness, urinary issues, joint problems, hair and skin changes, poor sleep, and heightened risk of heart disease, the ramifications of estrogen deficiency persist beyond the cessation of hot flashes. GSM, characterized by the absence of estrogen and testosterone in the vagina and vulva, manifests in symptoms such as dryness, decreased lubrication, pain during intercourse, post-coital bleeding, reduced arousal, orgasms, and desire, along with vulvar or vaginal irritation, burning, itching, dysuria, and urinary incontinence. Recognizing GSM signs, including decreased moisture and elasticity, labial changes, tissue fragility, and recurrent urinary tract infections, is pivotal. Despite its prevalence, GSM often remains undertreated, severely impacting the quality of life for affected individuals. It is imperative that healthcare professionals consider GSM in the broader context of menopausal health and implement effective interventions to enhance the well-being of perimenopausal and postmenopausal women.

The GSM and Recurrent UTIs

The interplay between GSM and recurrent UTIs is a significant concern that requires specific attention. This sub-heading elucidates the links between GSM and increased susceptibility to UTIs, outlining the potential mechanisms and consequences. The submission proposes measures to mitigate the risk and enhance the overall urological health of menopausal women.

The impact of menopause on recurrent urinary tract infections (UTIs) is a pressing concern with significant consequences for both women's health and healthcare resources. UTIs alone lead to a staggering 76,000 hospitalizations annually in Australia, incurring a substantial cost of AUD \$909 million and constituting 1.2% of annual GP consultations (Australian Commission on Safety and Quality in Healthcare report). Moreover, UTIs account for 25% of all infections in older people, straining the healthcare system's resources. The genitourinary syndrome of menopause (GSM) emerges as a critical factor contributing to the recurrent UTI risk in peri- and post-menopausal women, with a 60% lifetime incidence and a recurrence risk ranging from 20-40%. This issue is exacerbated by antibiotic resistance and an aging population.

Recognizing the significance of maintaining an acidic vaginal environment to combat infections, guidelines such as the AUA/CUA/SUFU Guideline (2019, Anger et al.) underscore the importance of vaginal estrogen therapy in peri- and post-menopausal women to mitigate the risk of future UTIs. However, a critical challenge lies in educating women about this preventive measure, as adherence is essential, and benefits may take 2-3 months to manifest. Despite the availability of safe and effective vaginal hormone treatments since the 1970s, there remains a gap in knowledge dissemination. Data indicates that implementing local, low-dose hormonal strategies can reduce UTI risk by over 50%, offering a potential life-saving intervention for peri- and post-menopausal women. While these strategies are generally safe, caution is advised for a small subset of women on active aromatase inhibitors, necessitating consultation with an oncologist before initiating vaginal estrogen therapy. It is imperative to bridge the education gap, promote adherence to preventative measures, and utilize established treatments to alleviate the burden of recurrent UTIs in perimenopausal and postmenopausal women.



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The 2023 cost savings analysis study conducted by Charlotte Goldman Houston et al. explores the cost-effectiveness of topical estrogen therapy in preventing urinary tract infections (UTIs) among postmenopausal women. Calculating the cost per UTI based on Medicare spending in the USA, they found that topical estrogen therapy can significantly reduce UTI-related costs, ranging from USD\$3670 to USD\$5499 per beneficiary per year. Despite the additional cost of the therapy itself, the overall cost savings for topical estrogen therapies were estimated to be between USD\$1226 and \$4888 annually per patient, suggesting that these treatments could be a cost-conscious approach to alleviating the UTI burden in postmenopausal women, potentially leading to substantial Medicare savings. The study concludes by recommending system-wide efforts to make these therapies available as prophylaxis for postmenopausal patients and ensuring their affordability.

Menopause and Sexual Function

Sexual dysfunction is a prevalent and distressing aspect of menopause that often goes unaddressed. This section explores the multifaceted nature of sexual health during menopause, examining physical, psychological, and relational factors. It advocates for a comprehensive approach to sexual well-being, including education, counselling, and therapeutic interventions.

The impact of menopause on sexual function is closely tied to the decline in estrogen levels, resulting in increased pain during intercourse. The vulva and vagina, being hormone-sensitive organs, undergo changes as hormonal support diminishes, leading to tissue atrophy and the resorption of the labia minora. These transformations contribute to heightened discomfort and pain in sexual experiences for women undergoing menopause. Notably, sexual dysfunction is prevalent in the early stages of menopause, with 42% of women reporting such issues in the first year of the transition. This prevalence significantly escalates over time, reaching 88% by late menopause (year 8). The progressive nature of sexual dysfunction underscores the need for comprehensive awareness and support for women navigating this aspect of menopausal health.

GSM Treatment, Including Safety Data of Low Dose Vaginal Estrogen Replacement

A crucial aspect of managing GSM involves exploring treatment options, with a focus on the safety and efficacy of low-dose vaginal estrogen replacement. This section reviews existing research, clinical experiences, and safety data, advocating for informed decision-making in healthcare practices and policy formulation.

The treatment of the genitourinary syndrome of menopause (GSM) is often hindered by unwarranted fear surrounding the use of estrogen and hormone replacement. It is crucial to dispel misconceptions and emphasize the lifelong necessity and importance of GSM treatment. Contrary to popular belief, addressing GSM goes beyond enhancing sexual function; it is imperative for overall well-being, even for women without a partner. Vaginal estrogen treatment emerges as a cornerstone, demonstrating



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efficacy in improving sexual function, reducing the risk of recurrent urinary tract infections (rUTIs), and alleviating GSM symptoms.

However, challenges exist in ensuring effective treatment. Affordability, ease of use, prescription refill adherence, and patient concerns based on inaccurate warnings pose significant barriers. The boxed warnings on medication labels, citing potential risks of endometrial cancer, heart disease, stroke, and dementia, are rooted in a Women's Health Initiative Study of women taking synthetic hormones orally. Importantly, these warnings are not applicable to local vaginal hormone therapy, leading to unnecessary fear and misinformation.

The safety of vaginal estrogen therapy is supported by studies demonstrating that 10mcg of estradiol does not significantly increase systemic absorption for extended periods. Vaginal estrogen is strictly a local treatment, devoid of systemic effects on hot flashes or bone health. Recent research challenges common perceptions, revealing that women with a prior hysterectomy on synthesized estrogen alone have significantly lower breast cancer incidence and mortality, suggesting a protective effect (Association of menopausal hormone therapy with breast cancer incidence and mortality during long-term follow-up of the women's health initiative RCT, 2020). Moreover, studies exploring the use of vaginal estrogen in postmenopausal women have found no elevated risks of cardiovascular disease or cancer (Breast cancer, endometrial cancer, and cardiovascular events in participants who used vaginal oestrogen I the women's health initiative observational study, 2017).

To enhance access and options for treatment, there is a pressing need for increased availability of various estrogen formulations, such as vaginal creams (estradiol, conjugated estrogens), vaginal pessaries (estradiol, 17-beta-estradiol soft gel caps, DHEA prasterone), vaginal rings (17-beta-estradiol ring - Estring), and oral tablets (ospemifene). These alternatives offer diversified choices to cater to individual patient needs, fostering better outcomes for women managing GSM. Many of these options are not accessible on the Pharmaceutical Benefits Scheme (PBS) in Australia, and this needs to be re-assessed to provide optimal care for women with GSM.

The Need for an Education Campaign

There are gaps in patient awareness of GSM, as well as deficiencies in physician education regarding the problem (at a medical school, general practitioner and specialist level). An education campaign targeting the general population as well as relevant medical practitioners would increase awareness of GSM and improve patient access to simple, safe and effective vaginal estrogen treatment options.

Conclusion

In conclusion, this submission seeks to underscore the importance of recognizing and addressing the nuanced challenges women face during menopause and perimenopause, particularly in the realms



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of genitourinary health, sexual function, and recurrent UTIs. USANZ advocates for comprehensive support systems, research initiatives, and policy measures that prioritize the well-being of individuals navigating these life stages.



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