There is ongoing research to improve the efficacy and safety of estrogen therapy. Some emerging therapies for vaginal atrophy include low-dose systemic (oral) estrogen formulations, an ultra-low-dose vaginal estradiol tablet, synthetic conjugated estrogen creams, intravaginal dehydroepiandrosterone, microdose transdermal estrogen therapy, systemic therapy with selective estrogen receptor modulators (SERMs), vaginal SERMs, and “formed in place” estrogens, which are molecules that are converted locally to estrogen in the vaginal epithelial cells, which potentially greatly minimizes systemic risk.

Conclusions
Postmenopausal vaginal atrophy is a common problem that negatively impacts a woman’s quality of life. Although safe and effective therapies are available, many women are hesitant to volunteer information about symptoms, and clinicians often overlook signs on physical examination and neglect to offer therapy. Thus, postmenopausal vaginal atrophy often goes undiagnosed or untreated. An open and candid discussion about common symptoms and patient education about the availability of safe and effective therapy may encourage many women to volunteer information about symptoms and seek treatment. Women on local estrogen therapy should be counseled about the need for periodic follow-up and to report breast tenderness or vaginal bleeding promptly. Follow-up of women on long-term local estrogen therapy should be tailored to meet requirements of the individual patient.

References

Table 3
Possible Causes Of Vulvovaginal Complaints

- Vaginal infection, including candidiasis (yeast) & trichomoniasis
- Bacterial vaginosis (overgrowth of certain vaginal bacteria)
- Sexually transmitted diseases
- Allergic reactions to chemicals in soaps, bubble baths, spermicides, condoms, feminine hygiene sprays, deodorant tampons/pads
- Douching
- Trauma
- Foreign body
- Skin conditions such as eczema or lichen sclerosis
- Certain diseases (e.g., inflammatory bowel disease, diabetes mellitus, lupus erythematosus)
- Benign & malignant tumors
- Psychological causes
- Injury to pelvic nerve fibers, leading to persistent vulvar pain
- Vulvodynia
- Certain endocrine therapies (e.g., aromatase inhibitors)
- Certain medications (e.g., antibiotics) that contribute to candidiasis
- Hypoestrogenic states (e.g., perimenopause & postmenopause, premature ovarian failure)
- Medically induced menopause (e.g., cancer treatment)