

# Women's Attitudes and Behaviors towards Vulvar and Vaginal Atrophy (VVA)

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# Disclosures

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J. Amadio and S. Graham – Employees of TherapeuticsMD

# Introduction

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- VVA, a component of genitourinary syndrome of menopause (GSM)<sup>1</sup>, is prevalent and bothersome in postmenopausal women.
- Recent estimates suggest that up to 32 million women may be experiencing symptomatic VVA.<sup>2</sup>
  - Dyspareunia and vaginal dryness most common symptoms
- Chronic condition with symptoms worsening over time.
- May negatively affect sexual function, interpersonal relationships, self-esteem, and overall quality of life.<sup>3-5</sup>

1. Portman DJ, Gass ML. *Menopause*. 2014;21:1063-1068.
2. Kingsberg SA et al. *J Sex Med*. 2013;10:1790-1799.
3. Simon et al. *Menopause*. 2013;20:1043-1048.
4. Santoro N, Komi J. *J Sex Med*. 2009;6:2133-2142.
5. Nappi RE et al. *Maturitas*. 2013;75:373-379.

# Introduction, cont.

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- Despite the ubiquity of symptoms and their detrimental effects, most women fail to get treatment (~ 93%)<sup>1</sup> due to:
  - Embarrassment<sup>2</sup>
  - Lack of knowledge about VVA<sup>1</sup>
  - Lack of knowledge of approved treatment options<sup>1</sup>
  - Negative attitudes regarding hormone therapy<sup>3</sup>
- Women who do seek treatment are often dissatisfied with the safety, convenience, and efficacy of current approved products.<sup>1</sup>

1. Kingsberg SA et al. *J Sex Med.* 2013;10:1790-1799.
2. Nappi et al. *Maturitas.* 2010;67:233-238.
3. Simon et al. *Menopause.* 2013;20:1043-1048.

# Objectives

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- To identify women's perceptions of VVA.
- To improve understanding of the reasons why women do or do not take prescription (Rx) therapies for VVA

# Methods

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- Six in-person focus groups of 38 postmenopausal women diagnosed with VVA and experiencing moderate to severe dyspareunia
- Held in Tampa, Philadelphia, and Chicago from February to March, 2015
- Included both current Rx users and non-users
  - 1 current Rx user group (n=6)
  - 2 mixed groups (n=12)
  - 3 Rx non-user groups (n=20)

# Methods, continued

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- Facilitated discussion topics included:
  - General health and medical history
  - Menopause experience
  - VVA awareness and knowledge
  - VVA symptoms and HCP diagnosis (yes/no)
  - Impact of dyspareunia (physical, emotional, quality of life)
  - Treatment experience (Rx and/or OTC)
  - Barriers to treatment
  - Risk/benefit of current Rx therapies

# Results

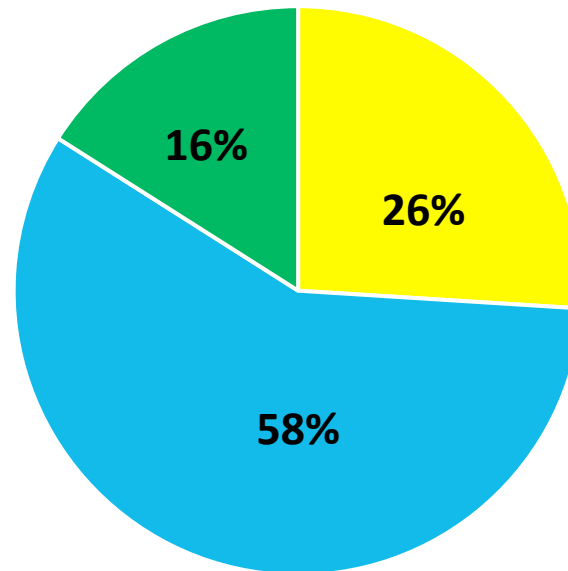
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# Age of Participants

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- Mean age = 63 (range 49-74)



■ 50-59 ■ 60-69 ■ 70+

# Demographics

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- Ethnicity

- Caucasian 84%
- African American 8%
- Hispanic 4%
- Other 4%

- Education

- High school / technical school 12%
- Some college 36%
- College graduate 44%
- Graduate degree 8%

# Women's Comments on Dyspareunia

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- Pain is excruciating
  - “Felt like someone was stabbing me with a knife. I could not breathe.”
  - “Way more than bothersome ... this is severe pain, this is defeating, this is life changing, this has no end in sight.”
  - “It’s sharp ... on a 10-point scale, a 10.”
  - “Tried to explain it to my husband ... imagine someone with a baseball bat ramming it into you.”
- Sensitivity and Pain can be Enduring and Impact Lifestyle
  - “Soreness lasts days afterward.”
  - “I used to think menopause was just for a couple of years ... now I know it’s forever.”
  - “Unable to exercise, uncomfortable jogging or riding a bicycle.”
  - “Can’t get down on floor and play with grandkids.”

# Pain Leads to Loss of Sexual Function

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- Spontaneity and Pleasure are Gone
- The Experience of Sex Itself is Frustrating
- Intercourse is Much Less Frequent
- Sex and Intimacy are Shut Out of Relationships

# Emotional Pain, Low Self-Esteem, and Damaged Relationships are the Consequences

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- Participants consistently reported both physical and emotional pain as a result of VVA
  - “The pain is a 7 on the physical side ... a 10 on the emotional side.”
- Generalized sadness and guilt are common
- Self-esteem and relationships

# Suffering in Silence

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- Women felt that the pain and loss of sex was not a topic for “polite conversation”
- Too personal, embarrassing, sensitive, and threatening
- “Contradictory” positions of young, strong, independent women directly against age and the fears of being old, dependent, and sick
- Women turn to complacency and an uncomfortable silence
- Rationalization helps with coping

# Discussion with HCP

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- Most HCPs did not initiate the discussion
- Many women use “dryness” as a polite way of admitting to sexual problems with their partner but use “pain” as the symptom to be treated
- Often met with less than sensitive response
- Term “atrophy” is used – not something patient wants to hear or even think about
  - “I had to look it up in the dictionary ... it means “withering or wasting away.”
  - “Doctor said it was a common problem ... just getting old.”
- Women were unaware of “dyspareunia” and had little knowledge of how pain related to vaginal changes

# Treatment Issues

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- Women felt that Few Treatment Options were Discussed with Them
- Over the Counter (OTC) Products
  - Helped with milder symptoms
  - Different with moderate to severe pain
  - Many women still try new OTC products regardless of previous failures
- Barriers to Rx Treatment
  - Lack of knowledge of current products (ie, local vs systemic)
  - Fear of estrogen
  - Treatment characteristics (cost, lack of spontaneity, messy/inconvenient, involves pain or injury with an applicator)



# Attitudes to Treatment are Very Different Between Users and Non-Users

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## Rx Users

- Recognize physical and emotional benefits of estrogen
- Strong anti-aging beliefs (fight to stay young; reverse aging)
- Search out medical advice (switch doctors; demand Rx)
- Empowered personality
- Optimistic and sexually active

## Rx Non-Users

- Accept aging and symptoms as inevitable
- Less likely to talk with doctor, embarrassed
- Lack of knowledge, fears and confusion dominate thinking
- Depressed about the future
- Not in an active sexual relationship

# Conclusions

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- Women tend to think of VVA (Dyspareunia) as a sexual issue and not a general health condition to be discussed with their Gyn, NP or PCP
  - When asked about medical history, women did not mention dyspareunia – even those taking Rx treatments
- There is a large, highly motivated patient population demanding solutions to the problem of postmenopausal dyspareunia
- Most women do not currently treat with a prescription product
  - They use ineffective OTC's or no treatment at all
- Consequences of not treating are impactful. Women suffer from:
  - Significant pain
  - Loss of sexual function
  - Emotional trauma
  - Lower self-esteem
  - Damage to marital and partner relationships

# Conclusions, cont.

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- Women's reactions to estrogen are both a barrier and an opportunity
  - Lack of understanding and generalized fear of estrogen
  - Also seen as a solution to the problem if safety fears can be overcome
- Many of the barriers to treatment can be overcome with education, patient support, and more open discussion of benefit/risk of current treatment options