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

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Disclosures

S. Kingsberg – consultant for TherapeuticsMD, NovoNordisk, Pfizer, Shionogi, Materna, Strategic Science and Technology, Palatin, Sprout, Emotional Brain, Teva

J. Amadio and S. Graham – Employees of TherapeuticsMD
Introduction

- VVA, a component of genitourinary syndrome of menopause (GSM)\(^1\), is prevalent and bothersome in postmenopausal women.
- Recent estimates suggest that up to 32 million women may be experiencing symptomatic VVA.\(^2\)
  - 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.\(^3-5\)

Introduction, cont.

- Despite the ubiquity of symptoms and their detrimental effects, most women fail to get treatment (~ 93%)\(^1\) due to:
  - Embarrassment\(^2\)
  - Lack of knowledge about VVA\(^1\)
  - Lack of knowledge of approved treatment options\(^1\)
  - Negative attitudes regarding hormone therapy\(^3\)

- Women who do seek treatment are often dissatisfied with the safety, convenience, and efficacy of current approved products.\(^1\)

Objectives

• 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

• 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

- 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
Age of Participants

- Mean age = 63 (range 49-74)
Demographics

• 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

• 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

• 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

• 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

• 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

• 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

- 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

<table>
<thead>
<tr>
<th>Rx Users</th>
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<tbody>
<tr>
<td>• Recognize physical and emotional benefits of estrogen</td>
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<tr>
<td>• Strong anti-aging beliefs (fight to stay young; reverse aging)</td>
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<tr>
<td>• Search out medical advice (switch doctors; demand Rx)</td>
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<tr>
<td>• Empowered personality</td>
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<tr>
<td>• Optimistic and sexually active</td>
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</table>

<table>
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<tr>
<th>Rx Non-Users</th>
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<tbody>
<tr>
<td>• Accept aging and symptoms as inevitable</td>
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<tr>
<td>• Less likely to talk with doctor, embarrassed</td>
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<tr>
<td>• Lack of knowledge, fears and confusion dominate thinking</td>
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<tr>
<td>• Depressed about the future</td>
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<tr>
<td>• Not in an active sexual relationship</td>
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Conclusions

• 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.

• 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