Nurse Practitioner Practices for Discussing and Treating Genitourinary Syndrome of Menopause

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Introduction

- Symptomatic genitourinary syndrome of menopause (GSM) is prevalent in the postmenopausal population and can cause dyspareunia, significant vaginal dryness, vaginal burning and itching, vulvar irritation, dysuria, and recurrent urinary tract infections (UTIs)
- In the REal Women's VIews of Treatment Options for Menopausal Vaginal ChangEs (REVIVE) and Vaginal Health: Insights Views and Attitudes (VIVA) surveys only 19% to 50% of women's HCPs asked about or initiated a conversation regarding their vaginal health in menopause[1,2]
- While 40% of women expected HCPs to start a conversation about their menopausal symptoms, only 13% of those who discussed vulvar and vaginal atrophy (VVA) symptoms with their HCP said that their HCP initiated the conversation[1]
- Nurse practitioners (NPs) can play an important role in the management and treatment of menopausal woman, however, knowledge of how NPs examine and manage women with GSM is largely unknown

Aim

To determine how NPs identify, discuss, and treat symptoms of GSM in postmenopausal women

Methods

- An online survey sponsored by the American Association of Nurse Practitioners (AANP) was used to survey NPs on the following topics
  - Criteria for vaginal screening exams
  - Timing and practices for initiating conversations on vaginal/vulvar symptoms
  - Language used to discuss GSM symptoms
  - Treatment and referral practices for common GSM symptoms of dyspareunia/VVA, and recurrent UTIs
- The NPInfluence panel was used to invite NPs to participate in the online survey. NPs were eligible to participate if they were:
  - Certified in family, women's health, adult, adult gerontology primary care, or gerontology
  - Were in clinical practice at a site focused on similar disciplines
  - Provided ≥20 hours/week of direct patient care
- The first 2 criteria above were loosened in order to include an additional 278 NPs when the initial response to the invitation was less than adequate
- Data collection ran for 16 consecutive days in April, 2018; NPs were given 5 reward points (equivalent to $5.00) to complete the survey

Results

Subjects characteristics

- 1432 surveys sent, 511 completed (35.7% response rate)
- Majority of NPs were female (94.1%), 35-54 years old (54%), and white (82%) and certified as family NPs (78%)
- Majority of NPs (53%) were in private practice with 69% in family practice

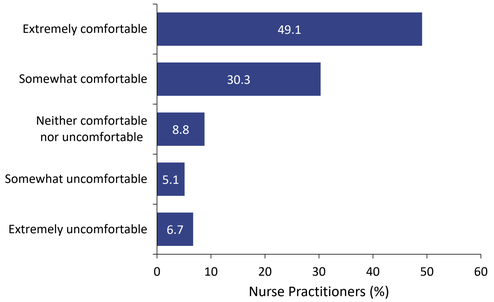
Frequency of vaginal exams in postmenopausal women

- The highest frequency (25%) of screening vaginal exams conducted by NPs on postmenopausal women was every 3 years; only 21% conducted them annually while others did so every 2 years (11%), or >3 years or never (23%)
- More NPs specializing in obstetrics and gynecology (43%) conducted screening exams annually then NPs in primary care (19%), endocrinology (23%), or health promotion (21%)

Communication and knowledge about vulvovaginal symptoms and dyspareunia

- Most NPs (79%) were extremely or somewhat comfortable initiating conversations about vulvovaginal symptoms and dyspareunia (**Figure 1**)
- Percentage of NPs being extremely comfortable initiating conversations increased with age from 33% of NPs <35 years vs 58% of NPs ≥55 years

Figure 1. Comfort levels for initiating a conversation with women about VVA symptoms and dyspareunia



- Discussions about symptoms were initiated mostly during routine well woman annual visits or other scheduled visits (**Figure 2**)
- Half of NPs were moderately knowledgeable (49%) and about one third (30%) were extremely knowledgeable or very knowledgeable about decreased estrogen/menopause-related urogenital symptoms and management options
- Most NPs certified in women's health were either very or extremely knowledgeable, and those certified in adult health were the second most knowledgeable (**Figure 3**)

Figure 2. When discussions are initiated about VVA symptoms by certification

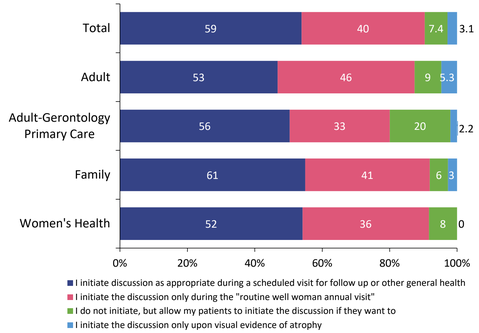
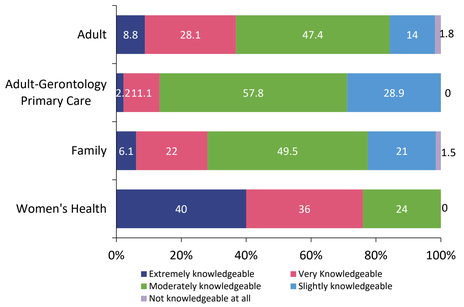


Figure 3. Knowledge level about menopausal urogenital symptoms or complaints and their management by certification

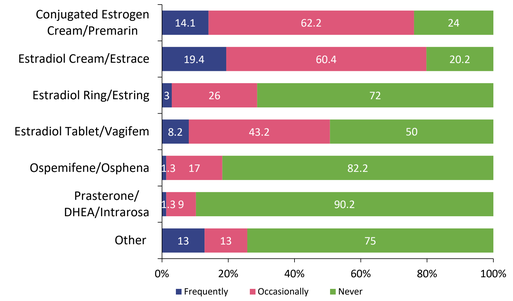


- Most NPs (82%) did not know of or never used the term "GSM" to describe genitourinary changes associated with menopause, which was reflected in responses made by NPs certified in women's health and those working in obstetrics and gynecology practices
- Alternately, NPs used terms such as dryness, VVA, menopause, and changes

Prescribing practices

- NPs were most likely to prescribe conjugated estrogen or estradiol creams for dyspareunia or VVA frequently or occasionally (**Figure 4**)
- Most NPs occasionally (53%) prescribed postmenopausal women vaginal estrogen for recurrent UTIs, while 19% frequently prescribe and 28% never prescribe
- NPs occasionally (68%) or frequently (26%) refer women with recurrent UTIs to other providers; only 6% of NPs never refer to another provider
- Referral patterns by age group or gender were similar

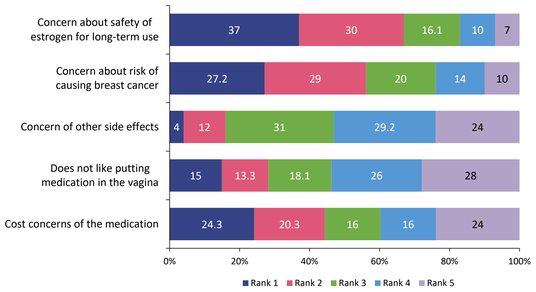
Figure 4. Frequency of prescribing specific therapies for VVA and dyspareunia



Reasons why postmenopausal women refuse vaginal estrogens

- Most NPs reported that women refuse prescriptions for vaginal estrogens for safety reasons (**Figure 5**)
  - Greater than one-third of NPs ranked "concern about safety of estrogen for long-term use" as the leading reason women do not want to use vaginal estrogens
  - The second leading reason was "concern about risk of breast cancer" followed by medication costs

Figure 5. Frequency of ranks for the reasons why women do not want to use vaginal estrogens



Conclusions

- Results of this AANP survey show that NPs are comfortable and willing to discuss vulvovaginal health with their patients but are not yet familiar with the term GSM
- NPs frequently prescribe vaginal estrogen products for dyspareunia/VVA; however, women refuse vaginal estrogens due to concerns about safety and breast cancer risk
- Opportunities exist to improve NP and patient knowledge regarding the full spectrum of GSM symptoms, as well as women's understanding of the safety and efficacy of various treatment options
- Results support further assessment to continue to learn how NPs examine and treat postmenopausal women for GSM. NPs are well poised to play an important role in maximizing women's health through improved communication, patient education, and treatment of GSM

References

1. Kingsberg SA, et al. *J Sex Med*. 2013;10:1790-1799.
2. Nappi RE, et al. *Climacteric*. 2012;15:36-44.

Disclosures

- Dr. Pace consults for AMAG, Hologic, and TherapeuticsMD; on the speakers bureau of AMAG and TherapeuticsMD; and a spokesperson for Pfizer. Dr. Chism consults for AMAG, Hologic, and TherapeuticsMD; and is on the speakers bureau of AMAG, JDS Therapeutics, and TherapeuticsMD. Dr. Graham and Ms. Amadio are employees of TherapeuticsMD with stock/stock options.
- TherapeuticsMD provided support for the medical writing assistance of Kathleen Ohleth, PhD, CMPP (Precise Publications, LLC).