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 RealWomen’s VIEWS of Treatment Options for Menopausal Vaginal Changes (RIVIVE) 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.13
• 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.14
• Nurse practitioners (NPs) can play an important role in the management and treatment of menopausal women, 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 vulvar/vaginal 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-gynecology primary care, or gerontology.
  - Were in clinical practice at a site focused on similar disciplines.
  - Provided 20 hours 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 were sent, 511 completed (35.7% response rate)
• Most NPs (79%) were extremely or somewhat comfortable initiating conversations about VVA symptoms and dyspareunia (Figure 1)
• Percentage of NPs being extremely comfortable initiating conversations increased with age from 33% of NPs <35 years vs 56% of NPs ≥55 years.

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

Communication and knowledge about vulvovaginal symptoms and dyspareunia

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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

Prevalence of symptoms

• 166 NPs (35%) were very or extremely knowledgeable about menopausal urogenital symptoms or complaints

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

Prescribing practices

• NPs were most likely to prescribe conjugated estrogen or estradiol creams for dyspareunia or VVA frequently or occasionally (Figure 4)

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

Reasons why postmenopausal women refuse vaginal estrogens

• 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

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 efficaciousness of treatment options.
• Results support further assessment to continue to learn how NPs examine and treat menopausal women, however, NPs are well poised to play an important role in improving women’s health through improved communication, patient education, and treatment of GSM

References


Disclosures

• Dr. Pace consults for AMAG, Hologic, and TherapeuticsMD; on the speakers bureau of AMAG and TherapeuticsMD and is a paid consultant for Pfizer, Dr. Chren consults for AMAG, and Dr. Ahlquist consults for AMAG, PIers, and TherapeuticsMD.
• Dr. Graham and Ms. Amadio are employees of TherapeuticsMD with stock options.
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Figure 6. Percentage of prescribers who recommend specific therapies for VVA and dyspareunia

Figure 7. Knowledge level about menopausal urogenital symptoms or complaints and their management by certification

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