

[Home](#)

[Menopause center](#)

# Vulvo-Vaginal Atrophy and Dyspareunia – What Your Mom Told You

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By **Diane Faulkner** on June 10, 2015 Last Modified: June 23, 2015

It'll go away. This, too, shall pass. It's just part of aging. How many times have you said these things to yourself when you feel a muscle or sprained something, yet again, during your [morning workout](#)?

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Probably about a hundred times.

It's just a fact that as we age, our bodies change. For the most part, it's just grey hair or two, a couple of wrinkles, a few extra pounds. We've all seen them deal with not being able to do everything they could when they were younger. We expect to go through the same things. No surprise there.

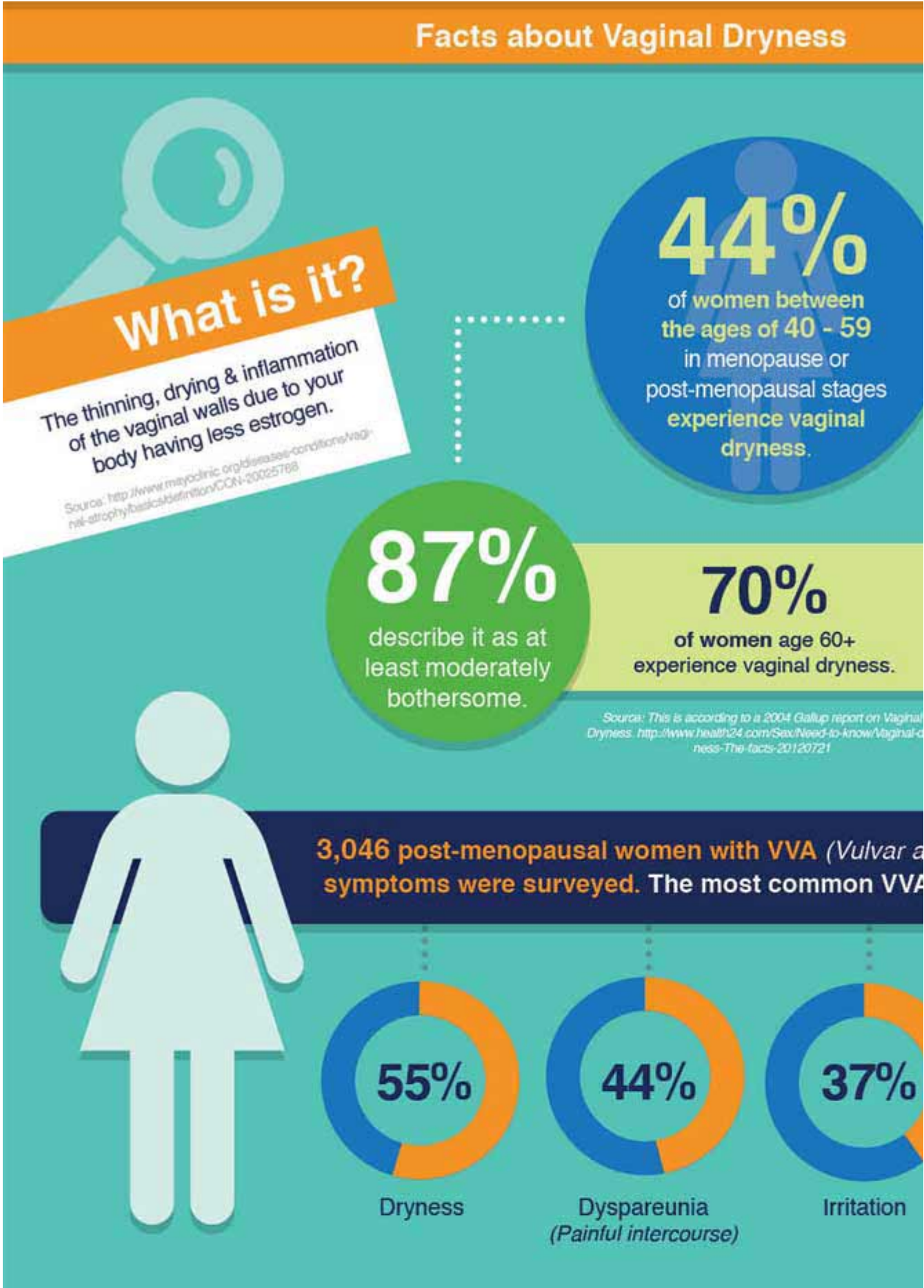
Some changes we experience as we age, however, somehow make us feel like we're not women, the most disturbing change comes with "the change," and

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ROO-nee-uh), otherwise known as [painful sex](#). (Funny, the birds-on that subject).

## What Mom Never Told You

During the first year of menopause, the urogenital area transform environment to a drier, less elastic one. The vaginal walls lose the becomes shortened and narrow. A surefire recipe for painful sex.



Taken together, the symptoms, including dyspareunia, compose a condition called Vulvo-vagina called “vaginal atrophy.” Every day, 6,000 women are at risk, so says Murray A. Freedman, MS, Obstetrics and Gynecology at the Medical College of Georgia, Georgia Regents University. That enter menopause.

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## It Won't Go Away

VVA, and especially dyspareunia, is not like other conditions of aging that will go away given enough time or treated.

The problem is, says Michael Krychman, MD, executive director of Southern California Center for Women's Health in Newport Beach, California, most women won't get treatment because either they or their doctors know about the condition and its symptoms. “Only 25 percent of symptomatic women,” he says, “will seek treatment. 77 percent of those are uncomfortable discussing ‘personal’ symptoms with their health care providers.”

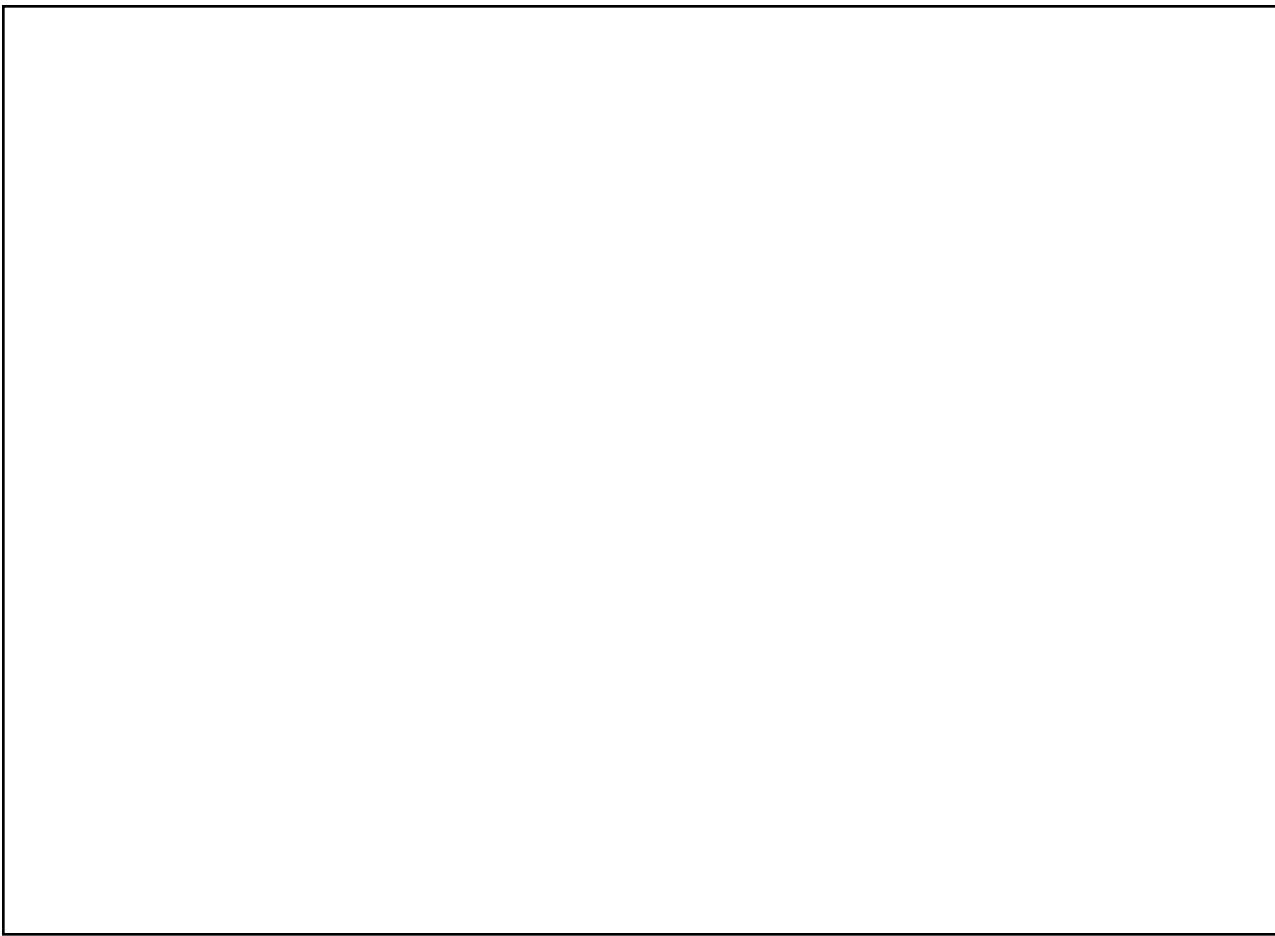
## It Can Go Away

There is help for women with VVA and dyspareunia, if they will only speak up at the doctor's office and discuss them about their symptoms. Treatments, which are tailored to each patient, include a variety of options: a water-based lubricant and vaginal moisturizer or use of a topical estrogen crème.

“[Estrogen](#) plays an essential role in the maintenance of genital health and elasticity,” says Dr. Krychman. It helps with lubrication and secretions and helps maintain the correct acidic pH.

Estrogen pills, or [hormone therapy](#), is another route many women take, but this type of therapy is not recommended for those who are at high risk for cancer.

The latest treatment approved by the FDA is laser therapy. With this, an intra-vaginal laser is used to stimulate collagen production to help prevent painful sex. The laser helps restore vaginal mucosa and promotes moisture in menopause. Treatments take only 10 minutes and are given over the course of 12 weeks. No anesthetic is used. A gynecologist or dermatologist is usually the treating doctor.



## Break the Silence

If you are one of the 6,000 women at risk today, or if you suffer from VVA or dyspareunia, call your doctor for an appointment, and get treatment. There is no need to suffer in silence.

For additional information on VVA and dyspareunia, visit VVA Voices at [VVAvoices.com](http://VVAvoices.com), The IntIMsociety.org, or The North American Menopause Society at [Menopause.org](http://Menopause.org).

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