Understanding Local Vaginal Hormones for GSM & GSL



Local vaginal hormone therapy is an effective and well-tolerated treatment for postmenopausal women with symptoms of genitourinary syndrome of menopause (GSM). This guide provides an overview of the benefits, safety, and usage of vaginal estrogen and related therapies.

■ 1. What Are Local Vaginal Hormones Used For?

Local vaginal hormones are prescribed to relieve the following symptoms:

- Recurrent urinary tract infections (UTIs)
- Urinary urgency or frequency
- · Urinary incontinence
- · Pain with urination
- · Vaginal dryness, itching, or burning
- · Decreased lubrication
- Diminished orgasm or arousal
- Pain with sex

These treatments help by restoring vaginal tissue, moisture, pH balance, and normal flora.

2. Forms and How They're Used

Vaginal estrogen is available in multiple forms. Your provider will help choose the right form based on your symptoms and preference.

Form	Generic	Brand	Instructions
Cream	Estradiol 0.01%	Estrace	1 gram vaginally nightly for 2 weeks, then 1 gram 2x/week thereafter. Use topically around urethra and vestibule. Rub into vaginal walls for less mess.
Cream	Conjugated estrogens 0.625mg	Premarin	Same as above.
Vaginal Estradiol Insert	Estradiol 10mcg	Yuvafem, Vagifem, Imvexxy	1 insert vaginally nightly for 2 weeks, then 2x/week thereafter.
Vaginal DHEA Insert	DHEA/Prasterone 6.5mg	Yuvafem, Vagifem, Imvexxy	1 insert vaginally nightly. DHEA converts to estrogen and testosterone, helps vestibular pain.
Vaginal Ring	Estradiol 2mg ring	E-String	Insert ring vaginally. Replace every 3 months.



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□ 3. Is Vaginal Estrogen Safe?

Yes. Local vaginal estrogen is:

- Low dose and minimally absorbed into the bloodstream
- Not linked to increased risk of breast cancer, endometrial cancer, heart disease, or blood clots (unlike systemic hormone therapy)

■ 4. When to Use Caution

Caution is advised for patients with:

- Estrogen-sensitive cancers (consult your oncologist first)
- Liver disease, fluid retention, or thyroid disorders (require monitoring)

There are few absolute contraindications, but shared decision-making is important.

Source

Source: rachelrubinmd.com | Based on work by Rachel Rubin, MD, Urologist & Sexual Medicine Specialist

Visit www.rachelrubinmd.com for more patient education.







Resources Men's Health Chirag Dave, MD

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