

# NAMS updates guidance for genitourinary syndrome of menopause

11 September 2020



GSM or those who do not respond, other options include low-dose vaginal estrogen [therapy](#), vaginal dehydroepiandrosterone, ospemifene, and systemic estrogen therapy. Management for women with a history of breast or [endometrial cancer](#) depends on women's preferences, symptom severity, and understanding the potential risks after oncology consultation. More safety and efficacy studies are needed before routine use of energy-based therapies, including vaginal laser and radiofrequency devices, can be recommended.

"GSM remains underdiagnosed and undertreated and continues to be a significant quality-of-life issue for women," Faubion said in a statement. "NAMS endorses educating about and screening for GSM in all perimenopausal and postmenopausal women."

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text](#) ([subscription or payment may be required](#))

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(HealthDay)—In a position statement from the North American Menopause Society (NAMS), published in the September issue of *Menopause*, updated recommendations are presented for the treatment of genitourinary syndrome of menopause (GSM).

Stephanie S. Faubion, M.D., from the Mayo Clinic in Jacksonville, Florida, and colleagues reviewed the evidence on vaginal hormone therapies and other management options for GSM. Recommendations were updated and expanded based on current evidence.

The authors note that GSM affects about 27 to 84 percent of [postmenopausal women](#) and can impair health, sexual function, and quality of life. GSM is likely underdiagnosed and undertreated; symptoms can be managed effectively in most cases. For perimenopausal and postmenopausal [women](#), education about and screening for GSM are recommended. For women with GSM, first-line therapies include nonhormone lubricants and moisturizers; for those with moderate-to-severe

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