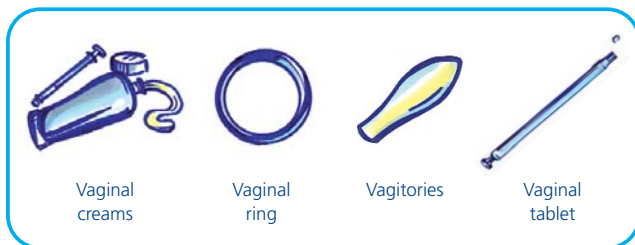


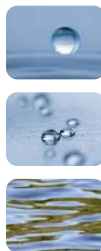
Vaginal application forms



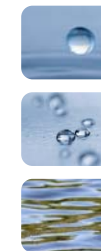
Questions to my doctor

References:

1. Bachmann GA and Nevadunsky NS. Diagnosis and treatment of atrophic vaginitis. *Am Fam Physician* 2000;61(10):3090–3096.
2. Cardozo L et al. Meta-analysis of estrogen therapy in the management of urogenital atrophy in postmenopausal women: second report of the Hormones and Urogenital Therapy Committee. *Obstet Gynecol* 1998;92:722–727.
3. Rioux JE et al. 17 β -estradiol vaginal tablet versus conjugated equine estrogen vaginal cream to relieve menopausal atrophic vaginitis. *Menopause* 2000;7(3):156–161.
4. Dugal R et al. Comparison of usefulness of estradiol vaginal tablets and estriol vagitories for treatment of vaginal atrophy. *Acta Obstet Gynecol Scand* 2000;79:293–297.



Break the silence – maintaining vaginal health



Vagina

As a part of the female reproductive system, the vagina plays a role in child-birth, menstruation and sexual activity. Throughout a woman's life, the vagina undergoes changes in response to the level of circulating estrogen. Estrogen is a hormone produced by ovaries, which among numerous functions is responsible for the structure and function of the vaginal wall, for the elasticity of tissues around the vagina and for the production of the vaginal fluid. The fluid moistens and lubricates vaginal walls, and due to its acidity protects the vagina from infections.

Atrophic vaginitis

Menopause is a leading cause of decreased level of circulating estrogen. In non-menopausal women production of estrogen can be interrupted by radiation therapy, chemotherapy, immunologic disorders or some medications. As the vagina is sensitive to estrogens, a number of physiological changes occur upon prolonged decrease in the hormone level: the vagina shortens and becomes less elastic, its wall become thinner, and lubricating secretion diminishes. Estrogen deficiency also leads to a decrease in acidity of vaginal fluid thereby predisposing the vagina to infections. All these changes commonly lead to the emergence of symptoms of atrophic vaginitis, which include vaginal dryness, burning, itching, soreness, painful intercourse, bleeding or spotting during and after intercourse. Thus atrophic vaginitis may adversely affect women's quality of life.

Treatment options

Although up to 40% of postmenopausal women experience atrophic vaginitis¹, only 25% of them seek medical assistance². Only a few women receive therapy for vaginal symptoms because of a combination of embarrassment,



underdiagnosis and greater attention given to other diseases³. While menopause is a natural part of women's life, the atrophic vaginitis associated with it could be successfully treated. Although women may feel uncomfortable to talk about their vaginal discomfort, it is very important to overcome communication barriers and discuss this issue openly with doctors. Effective treatment options for atrophic vaginitis are available, and they typically consist of local estrogen administration. There are different forms of topical estrogens to be applied in the vagina: creams, ring, vagitories and vaginal tablet. Creams are inserted in the vagina via applicators, but leakage of medication cannot be excluded and sanitary protection may be needed⁴. Estrogen-releasing vaginal ring is inserted by doctor and needs to be replaced after 3 months. Vagitories are inserted in the vagina where they dissolve; however the leakage of medication from the vagina is observed in many women⁴. The vaginal tablet is specially designed to provide a slow release of estrogen and is inserted in the vagina with a preloaded applicator. In a clinical study the use of vaginal tablets was better rated than vaginal creams in terms of ease and comfort of administration as well as overall acceptance by women suffering from atrophic vaginitis³. Thus the vaginal estrogen tablet provides a clean, hygienic treatment option⁴. A reassessment of your therapy in dialogue with your doctor is recommended.

Why not break the silence and talk with doctors?

This leaflet is intended to provide you with the information about atrophic vaginitis and to help you initiating communication with your doctor.

Here are some recommendations on how to deal with atrophic vaginitis.

- If you experience any vaginal discomfort please contact your doctor for further examination and treatment. For this purpose you may use the questionnaire on symptoms of atrophic vaginitis available at the end of this leaflet.
- It is useful to provide your doctor with daily records of vaginal symptoms.
- Bring up sexual problems in discussion with your doctor. Many sexual concerns can be successfully resolved thus improving your quality of life.
- Inform your doctor about all medications you are taking as some of them can dry the vagina and cause symptoms that may mimic atrophic vaginitis.
- Ask your doctor about different treatment options for atrophic vaginitis such as estrogen creams, ring, vagitories and vaginal tablet.
- Discuss openly with your doctor all possible concerns you may have regarding disease itself or available treatments.
- You may also involve your partner in discussion with your doctor.

Successful treatment for atrophic vaginitis is available – why not ask for it?

Do you have any of the following symptoms?

	Yes
Vaginal dryness	<input type="radio"/>
Vaginal itching	<input type="radio"/>
Vaginal burning	<input type="radio"/>
Vaginal soreness	<input type="radio"/>
Vaginal pain during sexual intercourse	<input type="radio"/>
Vaginal bleeding or spotting during or after sexual intercourse	<input type="radio"/>

If your answer on any of these questions is yes, please contact your doctor.