Vulvovaginal atrophy (VVA) Treatment Comparison Table

This advice has been produced by menopause specialists within the PCWHF and is a consensus document based on their clinical experience.

It was funded by an unrestricted educational grant from Flynn Pharma Ltd. Flynn has had no influence over the content. This resource is not intended to replace the need to apply clinical judgement on a case-by-case basis.
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What is vulvovaginal atrophy (VVA?)

Many women notice changes in their vagina, vulva and bladder (the urogenital area) during and after the menopause. Vulvovaginal atrophy (VVA, also known as urogenital atrophy or genitourinary syndrome of menopause (GSM)) is a common and under-reported menopausal condition arising from decreased oestrogenisation of the vaginal tissue. This results in thinning and loss of elasticity of the lining with decreased vaginal blood flow and secretions. A variety of symptoms including itching, burning and pain can develop (see below).

VVA is a chronic, progressive condition typically developing in the years after the last period but can affect some women before or during the perimenopausal phase. It is estimated that VVA symptomatically affects approximately 50% of all postmenopausal women.

One study found that ‘many women request effective local treatment too late, when VVA symptoms are already severe... VVA treatments should ideally be initiated when symptoms commence and cause distress, rather than later, when symptoms may have become more severe and even a cause of intolerable distress for the woman’.

It is estimated that just 25% of patients with VVA symptoms receive appropriate treatment. This may be due to a lack of both public and healthcare professional awareness of the subject.

What are the symptoms of VVA?

- Vaginal dryness
- Irritation/burning/pruritis (itching) of vulva or vagina
- Vaginal discomfort, soreness or pain on intercourse
- Frequency, urgency and discomfort on urination
- Recurrent urinary infection
- Spotting after intercourse

What is the impact on women?

Symptoms of VVA can have a severe impact on women’s quality of life, sexual confidence and enjoyment.

What are the treatment options?

Hormonal topical preparations:
- Vaginal creams, gels, tablets or rings containing oestrogen.
  - Vaginal oestrogens can be prescribed in addition to systemic (‘whole body’) HRT when needed.
- Oral tablet for local symptoms.

Non-hormonal topical preparations:
- Vaginal moisturisers and lubricants.

The goal of treatment in women with VVA is safe and effective restoration of urogenital physiology and alleviation of symptoms, to enhance quality of life.
Vulvovaginal atrophy (VVA) Treatment Comparison Table

The table below has been created by consensus by the PCWHF. It compares the different types of treatment for VVA, including useful expert notes agreed by GPs and menopause specialists working in primary care.

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>ACTIVE INGREDIENT</th>
<th>TYPE</th>
<th>STRENGTH</th>
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<tbody>
<tr>
<td>Blissel</td>
<td>Estriol Vaginal gel</td>
<td>50mcg/g</td>
<td>Weekly</td>
<td>Daily for 3 weeks then twice a week</td>
<td>Local treatment of vaginal dryness for vaginal atrophy</td>
<td><a href="https://www.medicines.org.uk/emc/product/10409">https://www.medicines.org.uk/emc/product/10409</a></td>
<td>Low dose estriol, highly hydrating, mucoadhesive, clear gel. Aqueous based formulation, which, unlike creams, is non-greasy. The environmentally friendly reusable applicator can be cleaned in water. The gel formulation provides a supplementary effect that may be an advantage in the initial phase of treatment of VVA.</td>
</tr>
<tr>
<td>Estring</td>
<td>Estradiol hemihydrate 2.0 mg</td>
<td>Vaginal ring</td>
<td>7.5 microgram/24 hours</td>
<td>1 ring for 90 days</td>
<td>Women with symptoms relating to urogenital atrophy – vaginal dryness burning or itching, bladder irritability, urgency, frequency and recurrent UTI, pain, dryness and sexual difficulty</td>
<td><a href="https://www.medicines.org.uk/emc/product/1083">https://www.medicines.org.uk/emc/product/1083</a></td>
<td>Equivalent to 5 x estradiol 10mcg vaginal tablets a week. Women can self-fit and if inserted far enough that she is not aware of it, will be effective. Useful with supportive pessaries. Very useful in women who cannot manage daily use themselves. Helpful if a pessary is fitted for prolapse to keep vaginal tissues healthy. May be useful for bladder symptoms even if no major problems with vaginal dryness.</td>
</tr>
<tr>
<td>Generic</td>
<td>Estriol Cream 0.01% w/w</td>
<td>Cream</td>
<td>1 applicator full per day then 1 applicator full twice a week</td>
<td>Women with symptoms relating to urogenital atrophy – vaginal dryness burning or itching, bladder irritability, urgency, frequency and recurrent UTI, pain, dryness and sexual difficulty</td>
<td><a href="https://www.medicines.org.uk/emc/product/5869">https://www.medicines.org.uk/emc/product/5869</a></td>
<td>Generic much more expensive than 0.1% brand and volume of dosage often perceived as messy. Cream base is oily and not condom-friendly. Contains peanut oil so is not suitable for patients with peanut allergy.</td>
<td></td>
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<tr>
<td>Imvaggis</td>
<td>Estriol</td>
<td>Pessary</td>
<td>30mcg</td>
<td>Daily for 3 weeks then twice a week</td>
<td>Local treatment of vaginal symptoms of oestrogen deficiency</td>
<td><a href="https://www.medicines.org.uk/emc/product/10435">https://www.medicines.org.uk/emc/product/10435</a></td>
<td>Very low dose but may be useful as the pessary base is lubricating and aids comfort of insertion. No bladder data yet and may not offer UTI prophylaxis at this dose. Refer to BNF for further information.</td>
</tr>
<tr>
<td>Intrarosa</td>
<td>Prasterone</td>
<td>Pessary</td>
<td>6.5mg</td>
<td>One daily</td>
<td>Vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms</td>
<td><a href="https://www.medicines.org.uk/emc/product/9986/smpc">https://www.medicines.org.uk/emc/product/9986/smpc</a></td>
<td>Not first line. This is DHEA which is converted by the vaginal epithelium first to testosterone and then potentially to oestrogen.</td>
</tr>
<tr>
<td>Ovestin</td>
<td>Estriol</td>
<td>Cream</td>
<td>1mg in 1g (0.1%)</td>
<td>1 application per day for the first weeks (max. 4 weeks) then gradual reduction based on relief of symptoms, then maintenance dosage (e.g. 1 application twice a week)</td>
<td>Women with symptoms relating to urogenital atrophy – vaginal dryness burning or itching, bladder irritability, urgency, frequency and recurrent UTI, pain, dryness and sexual difficulty</td>
<td><a href="https://www.medicines.org.uk/emc/product/5384">https://www.medicines.org.uk/emc/product/5384</a></td>
<td>Can be applied with a finger externally as well as internally for vulval symptoms, particularly for urethritis and dryness at the introitus. Consider topical use in addition to other vaginal products off license.</td>
</tr>
<tr>
<td>Senshio</td>
<td>Ospemifene</td>
<td>Oral tablet</td>
<td>60mg</td>
<td>One daily</td>
<td>Moderate to severe symptomatic VVA in postmenopausal women who are not candidates for local vaginal oestrogen therapy</td>
<td><a href="https://www.medicines.org.uk/emc/product/9417/pilgref">https://www.medicines.org.uk/emc/product/9417/pilgref</a></td>
<td>This is a selective estrogen receptor modulator (SERM) but with a different spectrum of action to the others. There is no evidence about effect on breast.</td>
</tr>
</tbody>
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VVA TREATMENT COMPARISON TABLE CONT.

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<tr>
<td>Vagifem</td>
<td>Estradiol hemihydrate</td>
<td>Vaginal tablet</td>
<td>10mcg</td>
<td>1 vaginal tablet daily for 2 weeks then 1 tablet twice a week</td>
<td>Women with symptoms relating to urogenital atrophy – vaginal dryness, burning or itching, bladder irritability, urgency, frequency and recurrent UTI, pain, dryness and sexual difficulty</td>
<td><a href="https://www.medicines.org.uk/emc/product/5719/smpc">https://www.medicines.org.uk/emc/product/5719/smpc</a></td>
<td>Familiar to many clinicians. Some women may need more frequent dosage and data exists showing that 50mcg/week does not need opposition. No data above this level. Advise pt that women may need at least 3/12 treatments to achieve significant benefit. Single-use applicator.</td>
</tr>
<tr>
<td>Vagirux</td>
<td>Estradiol hemihydrate</td>
<td>Vaginal tablet</td>
<td>10mcg</td>
<td>1 vaginal tablet daily for 2 weeks then 1 tablet twice a week</td>
<td>Women with symptoms relating to urogenital atrophy – vaginal dryness, burning or itching, bladder irritability, urgency, frequency and recurrent UTI, pain, dryness and sexual difficulty</td>
<td><a href="https://www.medicines.org.uk/emc/product/11752/smpc">https://www.medicines.org.uk/emc/product/11752/smpc</a></td>
<td>Equivalent to above other than – applicator can be reused so less plastic to dispose of and acquisition cost is less.</td>
</tr>
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