

Iranian Postmenopausal Women's Experiences of Treatment for Symptomatic Vulvovaginal Atrophy: a Qualitative Study



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Abbreviations

FMP	final menstrual period
FGD	focus group discussion
GSM	genitourinary symptom of menopause
HCP	health care provider
PM	postmenopausal
QOL	quality of life
VVA	vulvovaginal atrophy
	women

Genitourinary symptoms of menopause (GSM)

- Vaginal dryness, soreness, itching, irritation, dyspareunia
- Over 50% PM ♀ experience these symptoms^{1, 2, 3}
- 41% of PM ♀ referring to a menopause clinic in Tehran, Iran complained of vaginal dryness⁴
- GSM has negative impact on women's physical health, psychological well-being, sexual relationship and quality of life^{2,3}

¹ Portman DJ et. Al. *Maturitas* 2014;79(3):349–54.

² Parish SJ et. Al. *J Womens Health* 2013;5:437–47.

³ Nappi RE. et. al. *Maturitas* 2010;67(3):233–8.

⁴ Asadi M. et al. *Journal of Family and Reproductive Health* 2012;6:1-3.

Genitourinary symptom of menopause (GSM)-cont'd

- Previous research demonstrated racial and ethnic differences in perceptions towards menopause and aging^{1,2}
- These perceptions may influence how vaginal symptoms are experienced³

¹Beyene Y, et al. Menopause 2007;14:734-741.

²Avis NE. Menopause 2005;12:385-398.

³Hunter MM. et al. Menopause. 2016;23:40-6.

Study justification

- Much of the previous work has involved primarily white women;
- Religion and culture are two taboos in the Middle East countries inhibiting women to discuss sensitive matters with their HCPs



The results cannot be generalizable to Iranian women

Study Aim and Design

Aim:

- To understand experiences of Iranian PM ♀ who sought medical help for their symptomatic VVA
- To use this knowledge to improve condition-specific health care

Design:

Qualitative research method using FGDs



Study participants-Eligibility criteria

- PM ♀ (≥12 months since their FMP)
- Had bothersome symptoms of VVA (dryness, soreness, irritation, dyspareunia and itching) for which they came to the clinic
- Had previously sought medical help for their VVA
- Had clinically confirmed diagnosis of VVA by the clinic gynecologist

Study procedures

- **Setting:** a urogynecology clinic of a Tehran-university affiliated hospital
- **Facilitated discussion topics:**
 - General health, experience of menopause,
 - VVA knowledge and symptoms and HCP diagnosis
 - Impact of VVA symptoms on women, partner, their relationship and other aspects of their life
 - knowledge and experiences of treatment products (prescription and non-prescription)

Results

Characteristics	n=25
Age, median (range), y	55 (49-60)
Education, n (%)	
illiterate	6 (24)
up to diploma	18 (72)
university	1 (4)
Occupation, n (%)	
housewives	23 (92)
Type of menopause, n (%)	
natural	22 (88)
surgical	1 (4)
following chemotherapy	1 (4)
Time since menopause, median (range), y	3 (1-13)
Relationship duration, median (range), y	36 (13-47)
Be sexually active, n (%)	18 (78)
Had more than one VVA symptoms, n (%)	20 (80)



Themes

1) Negative impact of VVA on women's life

"Only God knows how much pain I am having. Irritation has disabled me. I cannot stand for more than half an hour. I feel something is burning in my body like a hot charcoal. I am now fighting to get rid of this bloody pain." (P3, FG2)

2) Psychological distress associated with VVA symptoms

"If something similar happens for a man, we, women, should stand. But when it happens for a woman, men have choice not to and go and remarry to satisfy their sexual needs from another woman. That is not fair at all." (P4, FG5)

3) Negative impact of VVA on marriage and relationship

"Painful sex makes you feel you cannot satisfy your husband's needs, which in turn ended our marriage" (P4, G4)



4) Inadequate symptom relief from available treatments

"My doctor very briefly explained to me about the medication that she was going to be prescribing. But I needed to know more about treatment duration and options, its benefits and risks." (P1, FG2)

Other findings

- Women emphasize the importance of receiving and continuing the appropriate treatment to maintain their vulvovaginal and sexual health despite its cost.
- Poor communication with the HCPs and lack of easy to access information sources such as TV were cited as two main reasons for their lack of information

Summary-cont'd

- Our findings sit well with quantitative studies conducted in different regions of the world^{1,2,3,4,5,6}
- Women's reported experiences demonstrated opportunities for enhancing current clinical practice around VVA in Iran

¹DiBonaventura M. et al. *Journal of Women's Health* 2015;24:713-22.

²Parish SJ et. Al. *J Women's Health* 2013;5:437-47

³Kingsberg SA. Et al. *The Journal of Sexual Medicine* 2013;10:1790-9.

⁴Nappi RE. et al. *J Sex Med* 2013;10:2232-41.

⁵Simon JA. Et al. *Menopause* 2014;21:137-42.

⁶Nappi RE. et al. *Climacteric* 2014;17:3-9.



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