

Vaginal Atrophy: Changes that Affect the Quality of Life

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Vaginal atrophy is a condition that is very common in menopausal age. It is associated with changes in oestrogen deficiency and produces dryness, itching, dyspareunia and burning.

Although the symptom is common, only 25% of patients report the problem to their doctor.

This may be related to embarrassment when dealing with the topic and the existence of "myths".

Many women in fact consider the **"vaginal atrophy"** symptom to be a normal physiological ageing process, which is also attributed to reduction in sexual activity. The doctor should address the issue, thereby clearing the misconceptions and providing the patient with knowledge about atrophy being a reversible symptom when treated with appropriate therapy.

Unfortunately, the doctor often falls short in this pivotal function and in fact the patients report that their gynaecologist rarely or never addresses their questions in this respect and when s/he does, it is done hurriedly and insensitively.

Another pivotal function is held by the partner: while the woman speaks with her partner with difficulty about the problem because she is embarrassed or fearful of being less attractive, the man would be interested in knowing about the problem and talking about it in a natural way. A recent study (Closer, 2013) by means of a questionnaire interviewed 4100 women and 4100 men in Western countries about the topic.

The analysis of the data obtained reveals that which is claimed above, namely that the woman addressed the topic with difficulty and can fully abstain from sexual activity, whereas, the man may be slightly embarrassed when addressing the issue and most men do not report a loss in libido or worsening of a pre-existing sexual disorder in relation with his companion's atrophy.

Vaginal atrophy alters the quality of **life of the couple**, of the intimacy but also life in general, right up to causing difficulty in interpersonal relationships.

Up to 21% of Italian women say they abstain from sexual intercourse because of vaginal atrophy.

Therefore, the doctor plays a key role in managing the problem related to atrophy. The issue should therefore be dealt with delicately and naturally and the doctor himself must address the issue and evaluate the possibility of having the companion of the patient present during the meeting.

It may also be important to indirectly analyse the quality of life of the woman, even to understand how the symptom in question can interfere.

The issue must be cleared and the doctor must stress on the possibility of reversing the symptom if treated with the right therapy.



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