

Genitourinary Syndrome of Menopause in Greek Breast-Cancer Survivors: A Cross-Sectional Study

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Introduction

Genitourinary syndrome of menopause (GSM) is a medical condition that can occur in women breast cancer survivors (BCS). The GSM includes symptoms of vulvovaginal dryness or irritation, which can lead to dyspareunia and decreased sexual response. Surviving women with GSM present with a high incidence of sexual dysfunction with symptoms of vaginal dryness, burning, dysuria, urinary incontinence and dyspareunia that negatively affect sexual function and quality of life [1]. Systemic and local hormone treatment, vaginal moisturizers, lubricants, CO₂ laser therapy and/or pelvic floor physical

therapy (PFPT), are among the treatment options for GSM in BCS [2]. More specifically, PFPT is considered as a first-line treatment for GSM in BCS as it is non-invasive, improves vaginal and urinary function, can be combined with other treatments, has a low risk of side effects and leads to symptom relief [1,2]. However, PFPT is not widely used as a GSM treatment option and is not widespread either among patients or their caregivers [3, 4].

Aim

To report GSM-related symptoms in Greek BCS.

Method

This cross-sectional study, part of an ongoing study (ISRCTN99894276), enrolled BCS women aged >30 years; of those undergoing endocrine therapy, the maximum duration of drug

treatment was limited to a period up to 5 years. Demographic and clinical characteristics were reported in a face-to-face interview.

Results

One-hundred and eight women were included with a mean age of 52.1(±8.5) years and mean BMI 25.7(±4.7) kg/m². The disease duration was 2.9(±1.3) years, 93.3% of the participants received endocrine therapy, while 11.1% of them developed metastasis. Detailed descriptive and clinical characteristics are presented in Table 1.

Table 1. Descriptive and clinical characteristics of the study population (N= 108)

Characteristics	Values
Age (years) *	52.10±8.54
Height (m) *	1.65±0.06
Weight (Kg) *	70.30±13.66
BMI (Kg/m ²) *	25.71±4.72
Marital status [N(%)]	
Married/Single	86(79.63) / 22(20.37)
Level of education [N(%)]	
Elementary / Middle School / High School / Graduate degree	2(1.85) / 35(32.41) / 47(43.52) / 24(22.22)
Disease duration (years)*	2.86±1.31
Metastatic disease [N(%)]	
Yes / No	12(11.11) / 96(88.89)
Birth [N(%)]	
Yes / No	81(75.00) / 27(25.00)
Type of endocrine therapy [N(%)]	
Yes [Tamoxifen / Aromatase inhibitors] / No	97 (93.27%) [45 (43.27%) / 52 (50.00%)] / 11(6.73%)

* The values are presented as mean±standard deviation

The participants reported the following GSM-related symptoms: 85.2% vaginal dryness, 37.0% vaginal stenosis, 60.2% dyspareunia and 27.8% urinary incontinence (Figure 1). Eighty-three % of our sample did not know that PFPT can help reduce the symptoms of GSM (Figure 2).

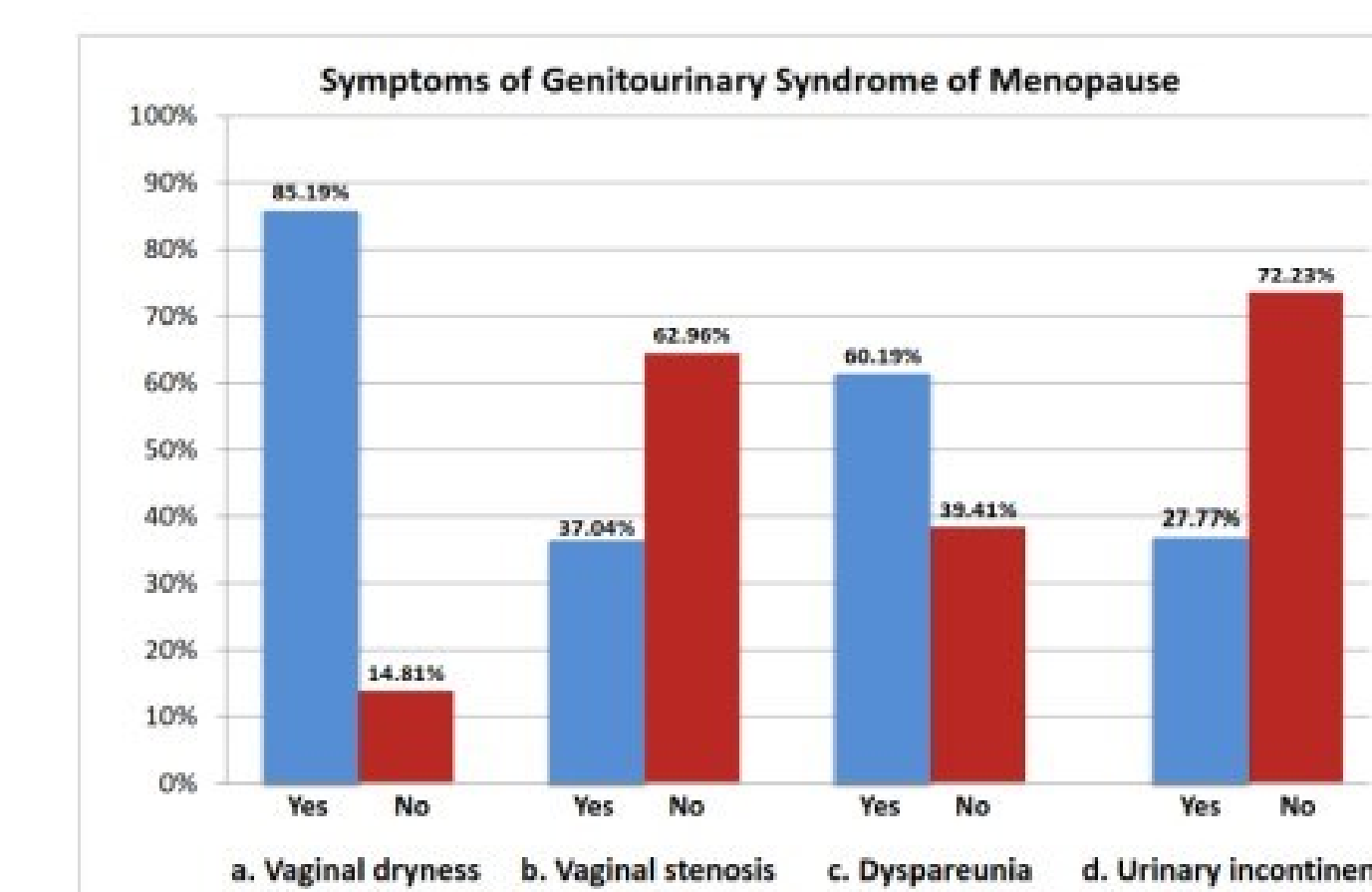
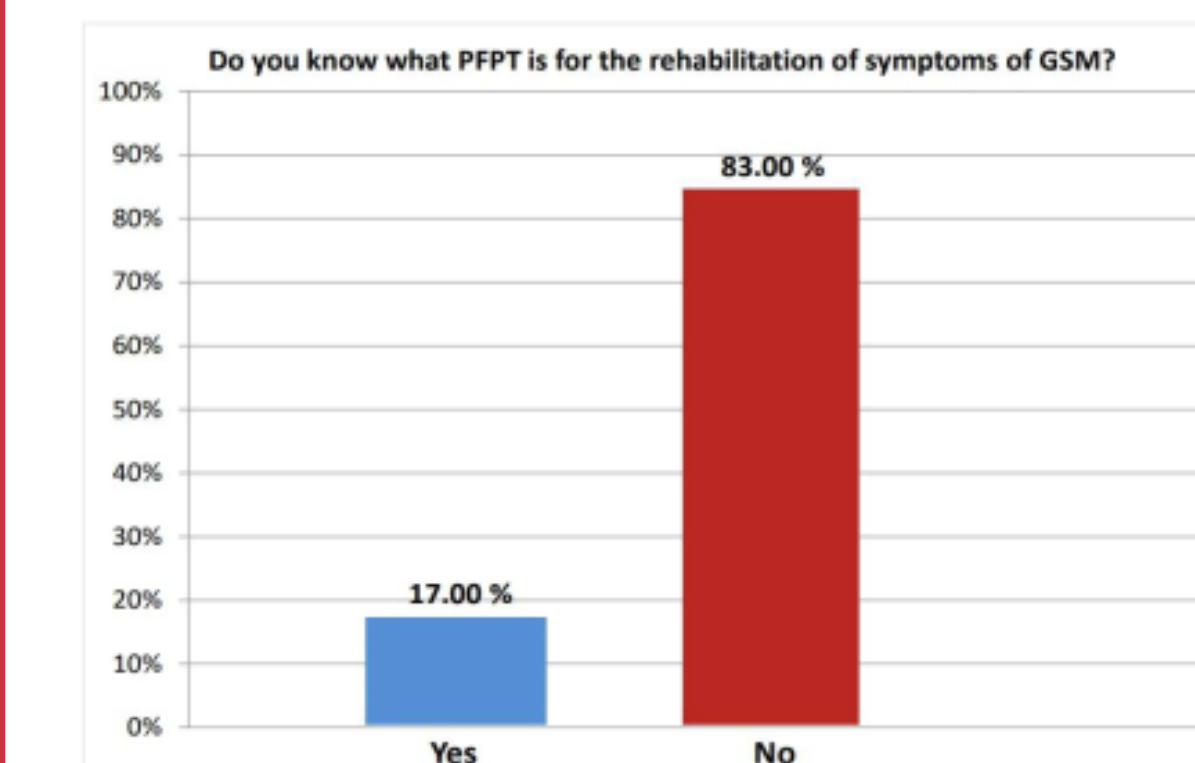


Figure 1. Graph showing the percentages (%) of the reported symptoms of Genitourinary Syndrome of Menopause: a. Vaginal dryness, b. Vaginal stenosis, c. Dyspareunia, and d. Urinary incontinence.

Figure 2. Graph showing the percentages (%) of the study population who did not know that pelvic floor physical therapy can help reduce the symptoms of Genitourinary Syndrome of Menopause.



Conclusion

The majority of the study population reported symptoms of GSM, with the highest percentage recorded being vaginal dryness. Further research in the Greek population may assess the impact of GSM symptoms on the sexuality of BCS. In addition, there is a need for further education of both Greek health professionals and patients, as GSM assessment and PFPT treatment should be integrated into the routine national standard treatment approach for BCS.

References

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