Introduction to Menopause and Urinary Symptoms

Most of the menopausal symptoms will improve with aging. We kind of age out of our hot flashes and our sleep disturbances and some of brain fog and depression and so on.

But the genitourinary symptoms tend to get worse with age. And the clinicians typically don't have much of a resistance to giving someone vaginal estrogens even if they are in their 60s or 70s and haven't been taking hormone replacement up till that time.

So it gets worse and it's okay to start treatment at any time Have you made it past menopause, or are you going through it now? I'm Dr. Pat McShane, and on the Women's HealthSpan Voices podcast, I'll guide you through the health challenges of the menoppausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome. I'm Dr. Pat McShane, and today on Women's Health Span Voices, I thought we should talk about urinary tract infections. The lifetime incidence of UTIs in women is about 50%. And this, unfortunately, continues into our postmenopausal years in many, many women.

And some people actually suffer from recurrent urinal tract infection. And I'm going to dive in a little deeper on that situation in the moment. But just to say in general, urinary tract infections are quite common, but usually benign.

UTIs in Postmenopausal Women

Although in some instances, this can progress to a major infection. of the kidneys called pylonephritis and a total body infection in the bloodstream called sepsis and actually in some cases cause mortality especially in older more frail women so very very common in women Healthy women without major medical problems typically don't have to concern themselves with this, but a lot of people with indwelling catheters and other chronic illnesses, this may be a real challenge.

But for others, just quote, unquote, routine urinary tract infections that recur, seem to be a major situation that's quite impactful on your lifestyle.

And a recent study out of Los Angeles at a specialty clinic for urinary tract infections did look at this situation and noted that Only about 15% of the people who had been diagnosed with recurrent urinary tract infections actually had that as their only issue.

The other large percentage of people had situations with their pelvic floor or with hormones, and we're going to talk about both of these in a little bit of depth in this podcast.

For me as a gynecologist, talking about the pelvic floor is of comfortable space. And pelvic-floor issues is one major topic that comes up when we start talking pelvic and urinary symptoms.

The big three in pelvic, floor issues are urinery incontinence, fecal incontinence or losing stool unplanned in an unplaned way. and prolapse or descending of the tissues of uterus further down into the vagina or even to the outside of body.

Pelvic Floor Disorders and GSM

So these are the major ones. But in about 2014, a group of clinicians and investigators coined the phrase genitourinary symptoms of menopause. or syndrome of menopause, rather.

And this has now kind of broadened our view of pelvic floor problems to not be limited to just the muscles and the

ligaments and tendons, but also the quality of the tissues that are oftentimes moderated by the hormonal situation that the woman finds herself in.

So when we go through menoppause and our estrogen and other hormones drop, many of the tissues of pelvis as well as tissues in the rest of our body suffer in some form or fashion from that loss of estrogen and the tissue becomes thinner and more easily disturbed and infections is one of those things, vaginal and urinary infections.

Other symptoms of the GSM or genitourinary syndrome of menopause include a fairly long list here, which I'm going to read. Vaginal dryness, irritation and burning, soreness and inflammation, bleeding or spotting, thinning of tissues, and unusual discharge, as well as a whole list of sexual dysfunction that we're not going get into in any depth today.

And the risk factors for both of these conditions of pelvic floor issues and genitourinary syndrome of menopause have some overlap. Age is a major one and hormone loss, having gone through the menopus, is another one.

Vaginal birth for pelvic-floor disorders is major risk factor. Smoking impacts on both of these. Obesity or overweight in the case of pelvic floor disorders, not so much with the GSM.

Chronic cough, for example, with COPD, chronic obstructive pulmonary disease, which keeps pressure on the pelvis and constipation as well, those can increase the risk of Pelvic Floor Disorders.

Heavy lifting, if you do that on a regular basis, that can cause your pelvic tissues to be strained and to loosen in some different ways. And inactivity, so muscular activity with everyday activities as well as sports and athletics keeps those muscles toned.

Overall frailty or what we call sarcopenia or reduced muscle mass also impacts on our risk of pelvic floor disorders.

Risk Factors and Common Overlap

And to some extent, alcohol and caffeine may irritate our tissues in that way, their bladder irritants. And for the GSM, the syndrome of menopause, lack of sexual activity may predispose a woman to having some of the symptoms that we just mentioned.

It's estimated that about 40% of women in their sixties and seventies have pelvic floor disorders and about fifty percent of people eighty and over so this is again quite prevalent and the.

Other conditions that may be confused or contributing to pelvic floor disorders is a long list of possible conditions. And so definitely seeing your clinician is recommended if you think you might be suffering from some of these possible disorders.

These include dermatological conditions and other generalized situations that might impact on your pelvic floors. As I've discussed in an earlier podcast, the treatment of pelvic floor disorders obviously depends on the cause, but assuming that it's merely musculoskeletal and is not one of these other dermatological conditions or chronic vaginitis, something of that nature, oftentimes a physical therapy approach can be very, very helpful in reducing the incidence, let's say, of urinary or fecal incontinence or a feeling of heaviness and pressure in the vagina.

In some cases, surgery is the correct approach if physical therapy fails or if the condition is too advanced for a less invasive approach.

Treatment Options and Vaginal Estrogen

The GSM symptoms are much more likely to be addressed with hormones, although some of the earlier symptoms such as dryness and painful intercourse or frequent vaginitis can be address with moisturizers and lubricants initially with pretty good success.

but very often a hormonal approach is required. And just to note that this may be in addition to other forms of estrogen or other hormones that a woman might be taking topically on her skin with patches or creams or sometimes with implants and the systemic approach to the hormone replacement may not be getting adequate levels into the vaginal and pelvic area.

So this may be an addition to other hormone replacements that you might be on. Most of the menopausal symptoms will improve with aging. We kind of age out of our hot flashes and our sleep disturbances and some of brain fog and depression and so on.

But the genitourinary symptoms tend to get worse with age. And the clinicians typically don't have much of a resistance to giving someone vaginal estrogens even if they are in their 60s or 70s and haven't been taking hormone replacement up till that time.

So it gets worse and it's okay to start treatment at any time These are vaginal preparations for the most part, and they are typically estrogen, although there are some other androgen ones that have come into a little bit broader use, but the ones our FDA approved currently are estrogen.

There are non-hormonal prescription medications that may be used, And some people have tried laser therapy to rejuvenate the vaginal tissues and the pelvic floor tissues with some success.

But again, this is kind of early, early stage for those kinds of approaches.

Key Takeaways and Closing

So the take-home message here is that urinary tract infections and other issues in the pelvis are very, very common and tend to, if anything, get worse as we get older.

So my message is to see your clinician, rule out other causes if this is what's going on. And if you think you have a urinary tract infection and it hasn't been actually documented with a culture of your urine, it's possible that it is really something to do with your pelvic floor or your genitourinary system and not just a UTI.

So that's something keep in the back of mind. And I hope you stay healthy and I help you got some interesting information from this podcast today and if so then please like and subscribe and share with your friends and i'll see you again soon thank you.

Thanks for listening to the Women's Health Span Voices Podcast. If today's episode spoke to you, follow the show and share it with a friend ready to take charge of her health.

And please leave a review. It helps more women find us.