



VAGINITIS, ATROPHIC (Urogenital)

DEFINITION	Atrophic vaginitis is a condition that is part of the normal life cycle. Atrophic vaginitis is a thinning and decrease in the rugation and elasticity of the vaginal and vulvar epithelium due to estrogen deficiency. Hypoestrogenic causes include - oral contraceptives, gonadotropin-releasing hormones (GnRH) agonists used for endometriosis, breastfeeding women, perimenopausal and postmenopausal (natural or surgical) women.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No symptoms.2. Vulvar pruritus, dyspareunia, or vulvar / vaginal tenderness, or burning,.3. Change in vaginal spotting/bleeding.4. Urinary burning, urgency, or frequency.5. Abnormal vaginal discharges or change in discharge, and decrease in libido.6. Use of Depo Provera.
OBJECTIVE	May include: <ol style="list-style-type: none">1. <u>External genitalia</u>: Sparse, brittle pubic hair; lax, wrinkled labia majora; thinning and shrinking of labia minora; fusing of labia minora with labia majora; atrophic clitoris; eversion of mucosa of urethral meatus.2. <u>Vagina</u>: Narrowed, stenotic or tender introitus; smooth, flat, thin rugae; dry, initially pale walls, later with diffuse erythema. Discharge may be odorous, thin, watery, thick, purulent, serosanguineous or bloody, gray, yellow, or green; ecchymosis, petechial hemorrhages may be present; advanced atrophy may result in adhesions or occlusion (kraurosis).3. <u>Cervix</u>: Small, pale, or erythematous; petechial hemorrhages may be present. Cervix may be flush with vaginal wall.4. <u>Uterus</u>: Small or nonpalpable. WNL unless coexistent pathology.5. <u>Adnexa</u>, rectovaginal examination: WNL unless coexistent pathology.6. Spotty bleeding from mucosa after speculum or digital exam may require use of vaginal speculum.
LABORATORY	May include: <ol style="list-style-type: none">1. Pap smear, report may note lack of estrogen effect. Cytologic exam (<u>maturation index</u>) reveals increased parabasal and basal cells and decreased squamous epithelial cells. (This test may be useful in women with vaginitis complaints who are using OCPs or are breastfeeding when the diagnosis is uncertain).2. Wet mount microscopy (10x and 40x power) may be performed.<ol style="list-style-type: none">a. Saline:<ol style="list-style-type: none">1) Increased WBCs.2) Intermediate/parabasal/basal cells, numerous bacteria identified.3) Absence of lactobacilli.b. KOH:<ol style="list-style-type: none">1) WNL unless concomitant infection.2) Assess for amine odor, hyphae, spores.

	<ol style="list-style-type: none"> 3. Vaginal pH 5.5-7.0. 4. Urinalysis with culture and sensitivities as indicated. 5. Vaginitis/cervicitis screening, as appropriate.
ASSESSMENT	Atrophic Vaginitis (Urogenital)
PLAN	<p>May include:</p> <ol style="list-style-type: none"> 1. Vaginal estrogen creams include one of the following if no contraindications to estrogen therapy. <ol style="list-style-type: none"> a. Premarin vaginal cream (0.625 mg/gram) ½ - 2 gm Qd X 3 weeks on and one week off. Reevaluate in one month. b. Estrace vaginal cream (0.01% mg/gram) 2-4 gm vaginal Qd X 1-2 weeks, then ½ dose X 1-2 weeks. Maintenance: 1 gm vaginally 1-3 X/week. Reevaluate in one month. c. Ogen vaginal cream (1.5 mg/gm) 2-4 gms Qd. Titrate based on symptoms. Reevaluate in one month. d. Ortho Dienestrol vaginal cream (0.01%) 1-2 applicator(s) Qd X 1-2 weeks, then ½ dose X 1-2 weeks. Maintenance: 1 applicator 1-3 X/week. Reevaluate in one month. 2. Estradiol vaginal ring 2 mg (Estring). If no contraindications to estrogen therapy. Place deeply in upper one-third of vaginal vault for 90 days and then remove. Reevaluate in one month. 3. Vagifem estradiol vaginal tablets (10 mcg). If no contraindications to estrogen therapy. Insert one tablet at HS X 2 weeks, then reduce to one vaginal tablet 2 X a week. Reevaluate in one month. 4. Prolonged use of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. The lowest dose that controls symptoms should be chosen and medication should be discontinued as promptly as possible. The need to discontinue or taper therapy should be assessed by the clinician with the client at 3 – 6 month intervals. 5. Use of vaginal supplemental lubricants/jellies (water soluble)\ Moisturizers i.e. Replens.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide client with education handout(s) and may review manufacturer's inserts. 2. Provide education regarding danger signs of estrogen use that require immediate follow up: <ol style="list-style-type: none"> a. Abnormal vaginal bleeding, (if any abnormal vaginal bleeding, stop estrogen immediately and contact the clinician). b. Symptoms of thrombophlebitis or thromboembolism. c. Severe headaches, dizziness, or changes in vision. d. Breast lumps. e. Jaundice. 3. Encourage sexual intercourse as tolerated and appropriate. Advise estrogen creams/suppositories may reduce integrity of latex condoms, diaphragms, and cervical caps. 4. Dilation of vagina may be helpful, for atrophy. 5. Review safer sex education, as appropriate. 6. Avoid vaginal irritants (eg, soaps, lotions, and scented pantyliners). <u>7.</u> Recommend client RTC in one month for evaluation or PRN for problems.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. As necessary to the individual case. 2. Any abnormal vaginal bleeding or other danger signs of estrogen therapy. 3. Any client with persistent or recurrent symptoms which are refractory to therapy. 4. Any client with vulvar leukoplakia or suspicious vulvar, vaginal, or cervical lesions.

References:

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3. Susan Kellogg-Spadt PhD CRNP, and Sharon J. Parish, MD, Treatment for the Genitourinary Symptoms for Vaginal Atrophy. Women's Health Care Spring 2012 Vol. 11, (5):33-38.
4. 2006 Lippincott's Nursing Drug Guide. Lippincott, Williams & Wilkins. Philadelphia.
5. Reimer A, Johnson L. Atrophic Vaginitis: Signs, Symptoms, and Better Outcomes. Nurse Practitioner 2011;36 (1):22-29.
6. Carlson K., Eisenstat S., & Schiff I. 2002 Primary Care of Women, Mosby Year Book, Inc. 2nd ed. Atrophic Vaginitis.