# Genitourinary syndrome of menopause (GSM)

What it is, what helps, and where pelvic floor physiotherapy fits

New dryness, changes in your bladder, or discomfort with intimacy after 40 often share one cause. There is a name for the pattern: genitourinary syndrome of menopause, or GSM. It is common, it is improvable, and most women are never told it exists. This guide sorts what the evidence supports from what tends to get marketed, so you can decide from information rather than pressure.

SECTION ONE

## What GSM is

GSM is the umbrella term for the changes that follow the drop in estrogen and androgen through menopause. It affects tissue across the vulva, vagina, bladder, and urinary tract, not only the reproductive organs. Up to 84 percent of women report symptoms consistent with GSM, and the likelihood rises in the years after menopause. It tends to be ongoing, which is exactly why naming it early matters, while there is the most room to change its course.

Symptoms group into three areas:

### Vulvovaginal

Dryness, burning, irritation

### Urinary

Urgency, frequency, discomfort passing urine, recurrent urinary tract infections

### Sexual

Discomfort or pain with intimacy, reduced lubrication

None of this means something is broken. Every one of these symptoms is improvable, and the right starting point depends on which ones are affecting you most.

SECTION TWO

## Why it is rarely named

GSM stays underdiagnosed for reasons that have nothing to do with the woman living it. Stigma keeps the sexual symptoms unspoken, sometimes even with a doctor. The timing rarely helps, since it often arrives when women are at their busiest and a new symptom gets filed under stress. And most women simply do not know there is a clinical name for what they are feeling, so they assume it is the new normal and something they cannot influence.

*Named early, most of it can change course.*

# What helps, and what to be wary of

Here is what the evidence supports, where each option fits, and what to approach with caution.

FIRST STEP · WHERE WE WORK · PHYSICIAN LED · APPROACH WITH CAUTION

## Moisturizers and lubricants first step for many

Regular vaginal moisturizers and lubricants are the recommended starting point for dryness and discomfort, and they are available without a prescription. They ease symptoms well. What they do not do is reverse the underlying tissue changes, so they work best as steady support rather than a one-time fix.

## Pelvic floor physiotherapy where we work

Pelvic floor physiotherapy has strong evidence for the urinary side of GSM, including leaking and urgency, and for comfort and function during intimacy. A 2024 review found pelvic floor muscle training effective for urinary incontinence in menopausal women, with around twelve weeks of training showing the strongest results. Where physio is not the answer is tissue dryness itself, which responds to moisturizers or medical treatment rather than muscle work. Often the two are used together.

## Medical options, with your physician

For moderate to severe symptoms, low-dose vaginal estrogen helps many women and, at standard doses, is not the same as systemic hormone therapy. Vaginal DHEA and oral ospemifene are also options. These are prescriptions and belong in a conversation with your doctor, not with us. Relief usually takes one to three months and tends to continue only while treatment continues.

## Worth being cautious about

Some treatments are marketed hard but are not supported by current evidence for GSM, including vaginal laser, testosterone, and over-the-counter supplements. If a clinic is selling one of these as the fix, that is a good moment to ask what the evidence shows.

## Where pelvic floor physiotherapy fits

If your symptoms are mostly urinary, or intimacy has become uncomfortable, pelvic floor physiotherapy is a well-supported place to start.

An assessment begins with a detailed history and, with your consent, an internal exam, the most accurate way to understand how the muscles are working. From there, treatment is matched to your symptoms and can include manual therapy to release tight tissue, retraining to settle an overactive bladder signal, breathing work that supports the pelvic floor, and graded tools to ease pain with intimacy over time. Many women at this stage are surprisingly tight rather than weak, which is why an assessment matters more than a generic set of exercises.

You do not have to accept these changes as simply getting older. A pelvic health assessment is a conversation and an exam, not a commitment to anything beyond understanding where you stand.

Book a pelvic health assessment


SOURCES

AUA / SUFU / AUGS Guideline on Genitourinary Syndrome of Menopause (2025). The North American Menopause Society, GSM Position Statement (2020). Danan et al., Hormonal Treatments and Vaginal Moisturizers for GSM, Annals of Internal Medicine (2024). Pelvic floor muscle training meta-analyses in postmenopausal women (2024).







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