Vulvovaginal atrophy affects more than half of women over the age of 50, diminishing quality of life. It is a chronic condition and symptoms will recur on cessation of therapy. Both hormonal and non-hormonal treatments can improve symptoms.

Symptoms include:
- Irritation
- Burning
- Itching
- Chafing
- Discomfort
- Uncomfortable or even painful intercourse
- Passing urine more frequently
- More frequent urinary tract infections
- Greater discomfort with cervical smear tests

Non-hormonal options include:

Vaginal lubricants
- May be water, silicone, hyaluronic acid or oil based
- Are usually used prior to intercourse
- Provide temporary relief of symptoms
- Can be used alone or with systemic or topical menopausal hormone therapy

Vaginal moisturizers
- May contain a bioadhesive polycarbophil-based polymer
- Are usually used on a regular basis, typically two or three times per week
- Can be effective for mild symptoms
- May cause local irritation
- Can be used alone or with systemic or topical menopausal hormone therapy

Topical vaginal estrogens
- These may contain estradiol, estriol, promestriene and conjugated estrogens.
- Preparations include tablets, rings, capsules, creams, gels and ovules.
- Most are low-dose and do not change systemic estrogen levels.
- There is no need to add progestogen (for endometrial protection) when low-dose topical estrogens are used.
- They can be used alone or with systemic menopausal hormone therapy.
- They may also improve urinary incontinence and prevent recurrent urinary tract infections.
- They do not increase the risk of endometrial cancer, breast cancer, venous thromboembolism or cardiovascular disease.

Women should not be denied long-term use of topical estrogens as long as they feel that this treatment is of benefit to them.

Further information