

# Dr Joanna Olphert

## The Role of Intrarosa in Managing Genitourinary Syndrome of Menopause

Genitourinary syndrome of menopause (GSM) is a common yet often underreported condition that affects a significant number of perimenopausal and postmenopausal women. Symptoms can be noticed for many years before other systemic symptoms of hormone deficiency are noticed. It is characterized by a range of symptoms such as vaginal dryness, irritation, pain during intercourse, urinary frequency and urgency and painful voiding. GSM results from decreased oestrogen levels, which lead to changes in the vaginal and urinary tract tissues. As awareness grows, treatment options are becoming increasingly important for enhancing quality of life. Urological concerns and treatments relating to hormonal changes are gaining greater attention internationally within urology and in the medical community.

One such treatment that is newly available in Australia is Intrarosa. It received TGA approval in 2023, and is a vaginal insert containing the active ingredient prasterone (dehydroepiandrosterone or DHEA). Intrarosa works by converting to oestrogen and androgen locally in the vaginal tissue, addressing the hormonal deficiencies associated with menopause. Unlike traditional systemic oestrogen therapies, Intrarosa is a non-oo medication, making it a suitable option for women who may have contraindications to oestrogen, such as those with a history of certain cancers.

Clinical studies have demonstrated that Intrarosa effectively alleviates symptoms of GSM. Women using Intrarosa reported significant improvements in vaginal dryness, discomfort during intercourse, and overall vaginal health. The local action of the medication minimizes systemic absorption, reducing the likelihood of side effects often associated with hormonal treatments.

In addition to its effectiveness, Intrarosa offers a convenient and user-friendly option for women. Administered intravaginally once daily at bedtime, the insert allows for consistent delivery of the active ingredient directly to the affected tissues. This targeted approach helps restore the vaginal environment, enhancing moisture and elasticity, which can significantly improve sexual function and overall well-being.

While Intrarosa represents a promising solution, it is essential for women experiencing GSM symptoms to consult healthcare providers to determine the most suitable treatment. A comprehensive evaluation can help identify individual needs and any potential contraindications, ensuring a tailored approach to managing symptoms. It also remains important to fully evaluate lower urinary tract symptoms and recurrent urinary tract infections or haematuria in women, who are shown to more like receive a delay in diagnosis of bladder cancer.

Moreover, Intrarosa's introduction is part of a broader discussions about the importance of addressing menopause-related health issues. Many women may feel embarrassed or reluctant to discuss these symptoms, but open conversations can lead to better awareness and improved treatment options.

It is vital to actively manage the genitourinary syndrome of menopause by providing comprehensive assessment and offering effective treatments to improve the quality of life. As more women learn about new management options, it is crucial to foster an environment of openness regarding genitourinary health assessments, ultimately leading to better health outcomes.



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Dr. Joanna Olphert is honoured to have earned her Fellowship of the Royal Australasian College of Surgeons (FRACS) specialising in Urology in 2019. Following this achievement, she undertook an intensive three-year sub-specialty fellowship training program at University College Hospital London. During her tenure, she had the privilege of gaining extensive expertise in Genitourinary Reconstructive Surgery, Robotic Uro-oncology, and open complex Retroperitoneal surgery. Dr. Olphert acquired invaluable skills at this high-volume referral centre, specialising in robotic prostate and bladder surgery, and reconstructive procedures for both the upper and lower urinary tract stemming from various causative factors, including congenital anomalies, malignancies, surgical interventions, radiation, or traumatic injuries.

