MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

The part no one talks about.

Dryness, pain with intimacy, a libido that quietly disappeared, sudden urinary changes — extremely common after menopause, quietly progressive without treatment, and very treatable. We bring it up so you don't have to.

If this is the thing you'd never say out loud — read this first.

Intimacy and vaginal health is the topic women are most likely to carry alone, and least likely to raise — even with a doctor, even when it's changing daily life. It gets brushed off as "just part of getting older," or endured in silence because it feels too personal to mention. It isn't too small, and it isn't just you. Here's what's actually happening, and what can be done about it.

WHAT GSM ACTUALLY IS

It has a name — and it's more common than not.

The clinical term is a mouthful: **genitourinary syndrome of menopause**, or GSM. But what it describes is plain enough — vaginal dryness, irritation, discomfort or pain with sex, and a cluster of urinary changes like urgency, frequency, or more infection than you used to get. It's called a "syndrome" because these symptoms travel together, driven by the same underlying shift, rather than being separate problems that happen to arrive at once.

Here's the part worth sitting with: this is not a rare or unlucky outcome. GSM affects **more than half of women after menopause** — roughly **50 to 70% report symptoms**.[1,2] If it's happening to you, you are squarely in the majority, not the exception. The thing that makes it feel isolating isn't how uncommon it is. It's how rarely anyone says the word out loud.

WHY IT'S DIFFERENT FROM HOT FLASHES

This one doesn't fade on its own.

Most menopause symptoms come with a quiet promise that they'll pass. Hot flashes and night sweats, for all their misery, tend to peak and then ease over time. It's reasonable to assume everything else works the same way — that if you just wait, this too will settle. With GSM, that assumption is the trap. Unlike hot flashes, GSM tends to be **progressive, and it does not resolve on its own without treatment**.[2]

The reason is in the tissue. The intimate and urinary tissues are rich in estrogen receptors, and estrogen is what keeps them thick, elastic, well-supplied with blood, and naturally lubricated. As estrogen falls and stays low, those tissues gradually become thinner, drier, less elastic, and more easily irritated — and because the hormone that maintained them isn't coming back on its own, the change tends to deepen rather than reverse. That's why waiting it out isn't neutral: left alone, it usually drifts, slowly, in the wrong direction. The hopeful flip side is that the same biology is exactly what treatment is designed to address.

THE PART THAT QUIETLY STRAINS RELATIONSHIPS

It doesn't stay on one side of the bed.

A libido that quietly disappeared, dryness, pain that turns intimacy into something to avoid — these rarely stay a private, solo experience. They create distance. And because the cause is invisible and almost never named, many couples never trace that distance back to what it actually is: a treatable medical change. They read it as drifting apart, or as something personal, when it's physiology.

The scale of it is easy to underestimate. In one study of couples, sexual dysfunction was detected in about **9 in 10 women (91%)** and in **more than 3 in 4 of their male partners (77%)**, with low marital adjustment in **nearly 3 in 4 of the women (74%)**.[3] This is not a small, one-sided inconvenience — it's something both people in the relationship tend to feel. And that's exactly why the honest framing is a hopeful one: when couples understand what's happening and treat it together, relationships are associated with not just surviving it but improving through it.[4] The problem was never the two of you. It was a change no one explained.

IT'S VERY TREATABLE — AND WE BRING IT UP FIRST

You won't have to be the one to say it.

Here is the good news that so often goes unheard: GSM is very treatable. There are real, effective options — from targeted local approaches that work directly on the tissue to broader care that addresses the hormonal shift underneath — and most women are genuinely surprised by how much can change once it's finally addressed. This is not something to quietly tolerate as

the price of getting older. It's a specific, well-understood condition with specific, well-understood answers.

What tends to keep women from that relief isn't the treatment — it's the conversation. So we take that part off your plate. We ask about this directly and plainly, without a flicker of awkwardness, because too many women spend years assuming nothing could be done and never get the chance to find out otherwise. You don't have to find the words, and you don't have to raise it first. We will. Which option fits you, and in what order, is exactly what a first visit is for — matched to your body and your life, not a script.

ONE HONEST NOTE

Common doesn't mean "don't get it looked at."

Almost always, these changes are ordinary GSM — common, expected, and treatable. But because the symptoms overlap with other things, it's worth one clear rule: new or unexpected bleeding, new or worsening pain, and new urinary symptoms should always be evaluated, so that other causes can be properly ruled out rather than assumed away. Getting it checked isn't alarmism; it's just good care, and it's the same visit that starts you on treatment.

The point of this guide isn't to hand you a diagnosis. It's so you walk in already knowing three things: that this is ordinary, that it's treatable, and that you won't have to be the one to bring it up. See what a first visit looks like →

REFERENCES

1. Genitourinary Syndrome of Menopause: a systematic review on prevalence and treatment (PubMed)
2. GSM overview — 50–70% symptomatic; progressive and does not resolve without treatment (PMC)
3. The effect of menopause on sexual functions and marital adjustment of the spouses — 91% women / 77% men; 74% low marital adjustment (PMC)
4. The impact of menopause on sexual function in women and their spouses — relationships survive and improve with understanding and treatment (PMC)