

## Abstract

The bladder and its surrounding structures are rich in estrogen receptors and there are demonstrable physiological and anatomical changes that occur around and immediately after the menopause. The prevalence of many bladder symptoms, such as frequency, urgency and incontinence, does seem to increase around the menopause, but there is continuing debate over whether these effects are due to ageing, menopause or a combination of the two. The impact of the menopause varies with individual symptoms; stress urinary incontinence being associated more with estrogen deficiency than urge incontinence which seems to be more age-related. Both estrogen and progesterone have a variety of effects on the urogenital tract which are reviewed. Based on these effects, it could be anticipated that estrogen replacement would have a positive effect on bladder symptoms. However, the data are far from clear cut on this issue. It seems that topical estrogens do have some positive effects, particularly on symptoms of urgency, frequency and urge incontinence, the prevention of urogenital atrophy and in the prevention of recurrent urinary tract infections. The role of systemic estrogens is less clear cut with some studies even suggesting they can be associated with a worsening of some symptoms. The possible explanations for this apparent contradiction are explored, but based on current evidence, it would appear preferable to use vaginal estrogens rather than systemic as part of the management of menopause-related bladder problems.