

# THE ROLE OF MOISTURIZERS AND LUBRICANTS IN GENITOURINARY SYNDROME OF MENOPAUSE AND BEYOND



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## ROUNDTABLE

# THE ROLE OF MOISTURIZERS AND LUBRICANTS IN GENITOURINARY SYNDROME OF MENOPAUSE AND BEYOND

What role do moisturizers and lubricants play for women across patient populations? By openly talking to patients, we can individualize treatment choices and pave the way to sexual health.

**Michael L. Krychman, MD; Alyssa Dweck, MD; Sheryl Kingsberg, PhD; and Lisa Larkin, MD**

Vaginal/vulvar dryness and atrophy, along with painful sexual intercourse, are frequent problem reports among postmenopausal women. So frequent, in fact, that the term “genitourinary syndrome of menopause,” or GSM, recently was adopted, largely in an effort to develop an accurate and more inclusive term that would improve and ease conversations about the subject between postmenopausal women and their health care professionals.<sup>1,2</sup> But postmenopausal women are not the only ones affected: vaginal dryness and sexual discomfort can affect women of any age.<sup>3</sup> The American College of Obstetricians and Gynecologists reports that nearly 3 of every 4 women

experience painful intercourse at some point during their lifetime, stemming from a variety of causes.<sup>4</sup>

Although reduced levels of estrogen, such as those that occur with menopause, childbirth, and breastfeeding, are the chief culprits, a host of other factors can lead to vaginal dryness and dyspareunia. These factors include cancer treatments; certain medications, such as antihistamines and aromatase inhibitors; and medical conditions including diabetes and immune dysfunction. Left untreated, vaginal dryness and atrophy and painful sexual intercourse are chronic and progressive medical conditions that can last a lifetime, profoundly affecting a woman’s quality of life and sexual health.<sup>3,5</sup>

In recent years, there has been a veritable explosion of safe and effective treatments that have come to market, both prescription and over the counter (OTC), for vaginal/vulvar dryness and painful intercourse. Yet study data suggest the issues remain underreported and undertreated,<sup>5</sup> and this highlights the importance of having open discussions with patients and, if feasible, their partners to normalize the need for moisturizers and lubricants across a variety of diverse patient populations. With this backdrop, OBG MANAGEMENT assembled a panel of experts in gynecology and sexual health to discuss available agents, treatment choices, and strategies for effectively opening a dialogue with patients.

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*Dr. Dweck reports being a consultant to Uniderm and a speaker for Bayer Pharmaceuticals.*

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*Dr. Larkin reports being a consultant and speaker for Valeant Pharmaceuticals.*

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## Meet the panel

**Michael L. Krychman, MD, Moderator:** I am from the Southern California Center for Sexual Health and Survivorship Medicine in Newport Beach. With the recent explosion of OTC moisturizers and lubricants, the consumer is left with much confusion regarding product selection and utilization. Misinformation exists concerning ingredients and additives as well as efficacy of use and the US Food and Drug Administration is now looking toward research to ensure that no false claims are misleading the consumer. Some products have obtained 510K clearance as a medical device. See the **TABLE** of select products.<sup>6,7</sup>

Here to help me set the record straight is my esteemed panel of sexual health and gynecologic experts: Dr. Alyssa Dweck from CareMount Medical in Mt. Kisco, New York, Dr. Sheryl Kingsberg from Case Western Reserve in Cleveland, Ohio, and Dr. Lisa Larkin from Cincinnati, Ohio.

## Patient selection: Postmenopausal women and beyond

**Dr. Krychman:** When we think of moisturizers for adequate tissue hydration and lubricants for love-making, we often think of the older woman reporting symptoms of GSM. Who is the patient that can benefit from moisturizers or lubricants for overall sexual health? Let's define her.

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*It is important that we normalize for women that lubricant use is common and does not necessarily reflect any inadequacy or dysfunction on their part.*

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**Sheryl Kingsberg, PhD:** First, this discussion should not be limited to older women and postmenopausal women. We know that in women of all ages, lubricants are particularly helpful during sexual activity regardless of gender or partner. It is important that we normalize for women that lubricant use is common and does not necessarily reflect any inadequacy or dysfunction on their

part. Although effective lubrication and pain-free sexual activity is an important issue for women of any age, we must certainly educate our patients to the fact that, as they age, they may want to use lubricants and moisturizers.

Further, we need help to differentiate between lubricants and moisturizers. That is, that lubricants should be used during sexual activity and are short acting, whereas moisturizers are used daily (similar to facial and body moisturizers). With postmenopausal women, we want to be very clear about the limitations of lubricants and moisturizers with regard to GSM. Lubricants and moisturizers will be not be effective in treating the underlying cause of GSM, which is best addressed with prescription therapies including estrogens and such topical preparations as creams, rings, and tablets, and the newly approved prasterone (topical dehydroepiandrosterone [DHEA]).

**Dr. Krychman:** I agree. In my clinical practice, I sometimes treat women who are taking a variety of medications, like antihistamines, or even young women taking oral contraceptives, who report vaginal dryness or painful intercourse and who may benefit from using moisturizers and lubricants. Some patients are not well versed with arousal, or they may have partners who have delayed ejaculation, so they may have longer duration of intercourse that may impact comfort.

## Special populations

**Alyssa Dweck, MD:** Another group of women who are hit with a double whammy are the lactating and postpartum women. First of all, they may not have returned to ovulation and menstruation; therefore, their estrogen levels remain low and their vaginas are drier and more delicate. In addition, many of these women have taken a break from sexual relations, so less lubrication and lack of use creates this double whammy. I recommend lubricants as a quintessential element in their return to sexual intercourse, and I reassure them that the vagina will return to a natural lubricating state once ovulation and menstrual cycles resume.

**Lisa Larkin, MD:** Also overlooked are cancer survivors—specifically, survivors of breast and other gynecologic cancers—women who have undergone chemotherapy and have chemotherapy-induced menopause and are taking medications that result in significant vaginal atrophy and

**TABLE Lubricants and moisturizers for treating GSM and VVA<sup>\*,6,7</sup>**

| Treatment            | Comments  | Available products   |
|----------------------|---|--|
| <b>Lubricants</b>    |   |  |
| Water-based          | Ingredients: deionized water, glycerin, propylene glycol; latex safe; rare irritation; dry out with extended sexual activity  | Astroglide, Good Clean Love, K-Y Jelly, Natural, Organic, Pink, Sliquid, Sylk, Yes   |
| Oil-based            | Ingredients: avocado, olive, peanut, corn; latex safe; can be used with silicone products; staining; safe (unless peanut allergy); nonirritating                                  | Coconut oil, vegetable oil, vitamin E oil  |
| Silicone-based       | Ingredients: silicone polymers; staining; typically nonirritating; long lasting; waterproof; should not be used with silicone dilators, sexual toys, or gynecologic products      | Astroglide X, Oceanus Ultra Pure, Pink Silicone, Pjur Eros, Replens Silky Smooth, Silicone Premium JO, SKYN, Überlube, Wet Premium   |
| Petroleum-based      | Staining; ingredients: mineral oil, petroleum jelly, baby oil; irritating; not latex safe and not for use with cervical caps or intravaginal diaphragms                           | Rarely recommended   |
| Fertility friendly   | Minimize harm to sperm motility; designed for couples trying to conceive  | Astroglide TTC, Conceive Plus, Pre-Seed, Yes Baby  |
| <b>Moisturizers</b>  |   |  |
| Vaginal moisturizers | For maintenance use 1 to 3 times weekly; can benefit women with dryness, chafing with ADL, and recurrent vaginal infections irrespective of sexual activity timing                | Balance Active Menopause Vaginal Moisturizing Lubricant, Canesintima Intimate Moisturizer, Replens, Replefresh, Sylk Natural Intimate Moisturizer, Yes Vaginal Moisturizer |
| Hybrids              | Properties of both water- and silicone-based products (combination of a vaginal lubricant and moisturizer); nonirritating; good option for women with allergies and sensitivities | Lubrigyn, Luvena   |

\*Before using or recommending a product patients and their providers should check a product's pH, ingredients, and additives, and ensure the product is 510K FDA cleared.

Abbreviations: ADL, activities of daily living; FDA, US Food and Drug Administration; GSM, genitourinary syndrome of menopause; VVA, vulvovaginal atrophy.

dryness and often pain with intercourse. This is a patient population that often needs very aggressive treatment with moisturizers and lubricants and a lot of education about how these can be helpful to manage their symptoms.

**Dr. Krychman:** Education is especially important for patients during active treatment, such as during chemotherapy or radiation. Regardless of whether patients are undergoing intravaginal radiation or systemic chemotherapy, they often have been advised not to use local hormones or other medications that may interfere with treatment, but they still have problematic symptoms—not only intravaginally but also externally.

## Counseling approaches

**Dr. Krychman:** What are your recommendations for talking with patients about lubricants and moisturizers, and how do you broach the topic?

**Dr. Larkin:** I think the most important thing to do is open the dialogue with patients, who often are very reluctant to bring up their symptomatology. I start with the basics—the difference between moisturizers and lubricants—and then expand into water-based versus silicone-based lubricants. I have a handout that I provide with a few products in each category.

I also discuss “kitchen pantry” solutions. Today’s patients are often very interested in natural

and holistic approaches to managing their symptoms, so some women will use olive or peanut oil or other things that they find in their bathroom, such as mineral oil, baby oil, and petroleum jelly. I talk about why those products are probably not the best options and that there are others that would be more beneficial. There are some concerns about those agents promoting bacterial infection, such as bacterial vaginosis and yeast infection,<sup>8,9</sup> and many of them stain when they are being used.

### **Ingredients matter**

**Dr. Krychman:** How do you differentiate between agents, and under what circumstances would you recommend one used over another?

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*It is best to avoid products with parabens if a patient is particularly sensitive or has a history of a hormone-sensitive cancer.*

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**Dr. Dweck:** The amount of choices can be overwhelming for women. I typically make very specific recommendations, usually beginning with an over-the-counter water-based lubricant, such as K-Y Jelly or Astroglide. I explain to my patients that they are easy to find, cost-effective, compatible with condoms, and do not stain bedding. Some women report that water-based lubricants are sticky and require frequent reapplication, particularly with long sexual sessions. In that case, I recommend a silicone lubricant. Silicone lubricants are very slick, last longer, and are compatible with condoms. They are so slick, in fact, that just a little bit needs to be used with each sexual act. I advise exercising extreme caution when using silicone lubricants during water play, such as in the shower or bath, because they are so slick that they can cause slipping.

**Dr. Kingsberg:** We always think about lubricants and moisturizers with regard to vaginal penetration, but we should think about anal sex as well. There are gels specifically designed to be used as anal lubrication that are thicker and last longer, although they tend to be stickier. Some contain a bit

of antiseptic to reduce sensitivity, and that can be a good thing. It also can be a bad thing, because it is important for there to be sensation to warn if the sex is causing problems or injury.

### **Counsel to empower**

**Dr. Krychman:** I think counseling is very important, especially regarding which products patients are using and what sexual activity they are engaging in. It is very important to empower women to start reading labels, not only to see what is included but also to see what is excluded from the product. Osmolality, pH, and additives remain important. We are so focused on reading food labels, we often do not think about reading the labels on over-the-counter products.

### **Individualize choices for different patient populations**

**Dr. Kingsberg:** I agree. Couples trying to conceive should read the labels. There is a lot of controversy over whether there is a difference between lubricants and what is going to help or interfere with couples conceiving.<sup>10</sup>

**Dr. Krychman:** Infertile couples or those trying to conceive are often under pressure to perform and the time scheduling may impact natural lubrications, so we often recommend they use adjunctive products. One of my favorites is Pre-Seed. It is marketed specifically for the couple trying to conceive and does not harm sperm or the vagina.

**Dr. Kingsberg:** You are absolutely right. Couples who are trying hardest to conceive often have difficulty getting aroused under pressure and are likely to benefit from lubricants. However, lubricants do tend to affect sperm motility. It is really about the vaginal pH levels—some lubricants change the level in a way that is negative toward sperm motility. Fertility-friendly lubricants are designed to minimize this. In addition to Pre-Seed, there is Conceive Plus, Yes Baby, and Astroglide TTC. We do not have clear evidence about which lubricants are better than others, but couples often have so much anxiety about trying to conceive that if you can promote the so-called fertility-friendly products to them, I think it will reduce some anxiety.

**Dr. Dweck:** The 2 ingredients that are talked about most in my patient population are glycerin and parabens. Glycerin is the main ingredient in many water-based lubricants. Some studies suggest that



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| Natural Enzyme Protection | ✓ YES        | NO                    | NO                                 |
| Paraben Free              | ✓ YES        | NO                    | NO                                 |
| Glycerin Free             | ✓ YES        | NO                    | NO                                 |

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glycerin might increase the risk of yeast infections, especially in those who are particularly prone to yeast.<sup>7</sup> For those patients, I recommend a lubricant that does not contain glycerin. Parabens are used as preservatives to increase shelf-life and are often ingredients in various lubricants; they also have been considered possible hormone disruptors, with estrogen-like qualities.<sup>7</sup> Although the jury is still out on them, I think it is best to avoid products with parabens if a patient is particularly sensitive or has a history of a hormone-sensitive cancer.

**Dr. Krychman:** The American Cancer Society and other organizations have stated that, in such low quantities, these chemicals are not causative agents of cancer.<sup>7</sup> However, if you have an option to avoid them, it might be prudent to read the labels and avoid them.

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*An ideal water-based lubricant or moisturizer should have an osmolality of not greater than 1,200 mOsm/kg, and this is an important feature to consider when choosing a product to recommend.*

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There are emerging data indicating that some of these products cause microabrasions, not only in the vaginal mucosa but also in the anal mucosa,<sup>7</sup> and that they may actually increase the risk of sexually transmitted infections or HIV. We have to be very cautious about some additives.

### **Consider plasma osmolality and hyaluronic acid**

**Dr. Larkin:** Another important topic is plasma osmolality. We have known for a long time that when cells are exposed to hypertonic fluid, it causes fluid shifts and this can cause cellular disruption and cellular compromise. The same is true in the vagina. Normal plasma osmolality is somewhere between 285 and 295 mOsm/kg; human semen is a little bit higher, 250 to 380 mOsm/kg. We have learned that most water-based lubricants on the market have a very high osmolality, somewhere in the range of 2,000 to 6,000 mOsm/kg, so they are very hypertonic. This can cause fluid shifts in the vaginal cells, and cellular compromise can be

one of the factors that contributes to vaginal irritation and worsening symptoms. According to the World Health Organization, an ideal water-based lubricant or moisturizer should have an osmolality of not greater than 1,200 mOsm/kg, and this is an important feature to consider when choosing a product to recommend.<sup>11</sup>

**Dr. Dweck:** Hyaluronic acid is naturally found in the body and is “all the rage” right now as an anti-aging and smoothing ingredient. The dermatologic and ophthalmologic communities have been using it for a while in their products. As a vaginal gel, hyaluronic acid has been shown to improve vaginal itching, painful intercourse, and vaginal burning related to aging,<sup>7</sup> so we are seeing this ingredient in more and more products, including vulvar and vaginal washes. Lubrigyn cream and lotion come to mind, which are from Italy. In addition, many of the compounding pharmacies are making compounded moisturizers for vaginal use that contain hyaluronic acid with good result.

### **Let's discuss recommendations**

**Dr. Krychman:** I recommend Lubrigyn Cream, with hyaluronic acid (a little goes a long way). It is a high-quality product and is not very expensive. Cost is always an issue; it is not necessarily the more you pay, the better the product.

I also have recommended Lubrigyn as a vulvar wash. Many women use a douche, which may contain caustic ingredients like sodium lauryl sulfate that may actually strip away the natural protective barrier of the vulvar skin. The vagina, the vulva, the clitoris, and the whole genital pelvic area can be sensitive with estrogen decline, so vulvar washes are becoming more common.

I like several water-based lubricants, like Good Clean Love, which also has very good osmolality; the K-Y products, which are tried, tested, and true; and Sylk, which is all natural, too. I also recommend Überlube, which is silicone and a little vitamin E, as well as the Wet products, which seem to be very well tolerated and affordable.

**Dr. Kingsberg:** I like products that offer a variety of choices, such as a sensitive skin gel, a thicker formula gel, a silicone option, a water-based liquid, and paraben-free. It is about patient preference, and the good clinician is going to have several samples in his or her office. I suggest having a water-based



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and a silicone-based option so that patients can see the difference for themselves. I think letting patients sample products is very helpful because some of preference is related to sensation—the tackiness, the slipperiness, perhaps the scent. Women who are prone to irritation, particularly postmenopausal women with thinning tissue, might find warming lubricants more problematic than beneficial. Patients appreciate having all the options listed in a handout, and having lots of samples.

**Dr. Krychman:** For academic centers or other institutions that are not allowed to have samples, a good referral is the MiddlesexMD website, which has a lubricant sampler for a small cost. Patients can then fill out a card after and send it back to receive a full bottle of their favorite lubricant. The site also has downloadable patient education materials about moisturizers and lubricants.

**Dr. Larkin:** MiddlesexMD.com is a terrific website. Their sampler package is a great way for patients to try different products. Breast cancer patients and survivors taking aromatase inhibitors often have vaginal concerns and report painful intercourse—the tissue is very fragile in that population. I have seen that vulvar washes can be very helpful in this setting; I like Lubrilyn. As for the water-based lubricants, Good Clean Love is certainly popular in my practice. For a silicone-based product, I frequently recommend Pjur. In terms of vaginal moisturizers, I like Yes VM—it has an appropriate pH and low osmolality. Among the hybrid products, I do like Lubrilyn and Luvena very much, and patient feedback has been positive for both.

**Dr. Dweck:** The products mentioned are favorites of mine as well. I also give patients a handout that differentiates moisturizers from lubricants because I find that is a very confusing issue for people and that patients get overwhelmed by the amount and number of products available over the counter. I try to give them one example each of a water-based and silicone-based. For my more naturally inclined patient I recommend coconut oil—the best oil for moisturizing and lubricating the area. I also like to mention that silicone lubricants and silicone toys are often not compatible, so it is important to exercise caution.

Lubrilyn is definitely my “go to” for my menopausal population. I often rely on the compounded hyaluronic acid formulas for my breast

cancer survivor population. I find they are very hesitant to use anything over the counter that might contain a concerning ingredient, so the one that I use contains hyaluronic acid, vitamin E, and aloe. It can be compounded at any compounding pharmacy, and I get a very good result from it.

**Dr. Krychman:** I will add that Luvena is a hybrid; it acts as a moisturizer and lubricant. Replens and RepHresh also can be helpful for many patients.

As you can see, there are several products. Just in our small group, we have a variety of recommendations and suggestions for selection.

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*If you do not want to spend a lot of time talking about it, be sure to have a handout that differentiates lubricants from moisturizers and from treating the GSM with local estrogen, an oral tablet, or DHEA.*

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As clinicians, we need to individualize product choices. I believe many of the companies that produce the products mentioned would be happy to send the readership samples and information, so clinicians can begin gathering samples to share with their patients.

**Dr. Kingsberg:** I would urge readers to take into account how important it is to have this conversation with patients—to let them know that there are products available OTC that can be very safe and have a huge impact on quality of life. If you do not want to spend a lot of time talking about it, be sure to have a handout that differentiates lubricants from moisturizers and from treating the GSM with local estrogen, an oral tablet, or DHEA. Normalize the use of lubricants and moisturizers for women of all ages and populations. Simply talking about these issues validates patients’ sexuality, and I think that increases patient satisfaction with you and their overall life.

**Dr. Krychman:** Thank you, panel members, for joining me for this OBG MANAGEMENT program. Moisturizers and lubricants are not just for postmenopausal women with GSM. Thank you for your insights. ■

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