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Revitalizing research in genitourinary syndrome of menopause

Check for updates

TO THE EDITORS: The call to action by Chang and Paraiso[1] highlighted the many barriers to women wishing relief of postmenopausal sexual dysfunction stemming from genitourinary syndrome of menopause (GSM). Even when gaining advice from knowledgeable care providers, women find the costs of effective local and systemic therapies to be prohibitive. Therapies now too expensive for many women include hormonal options that have been available for decades, as well as new energy-based therapies whose efficacy and safety have not passed FDA muster.[2]

The authors repeated a now-challenged prohibition against low-dose local estrogen products in women with a history of estrogen-sensitive breast cancer, but these were deemed safe by experts in the American College of Obstetricians and Gynecologists.[3] Despite this shift in recommendations, most survivors choose to forego hormones even after developing very difficult genitourinary symptoms.

Physicians should realize that there is an inexpensive, self-applied option that has been shown to be extremely helpful in a randomized controlled trial.[4] Patients successfully used a topical numbing solution to prevent moderate and severe dyspareunia after menopause. After a 3-minute application using cotton balls, penetration pain scores dropped on average from 8 out of 10 to 1 out of 10 with use of lidocaine 4% topical solution applied to the vulvar vestibule just before intimacy. GSM is not simply atrophy, but includes a pain condition specific to the vulvar vestibule. Numbing therapy may seem counterproductive for pleasure, but the location is discrete and small, and women can extinguish mucosal pain but still enjoy wider genital sensations. Arousal success and orgasm quality increased when pain was prevented. Partners did not note any numbing, and couples rejoiced at being able to return to pain-free coitus after half of them had previously abandoned painful penetrative sex.

Even lidocaine is not without its price explosion in the last several years. This old off-patent medication that used to cost $8.50 by prescription for a 50 mL bottle now approaches a 10 times higher price. There are over-the-counter gel and cream products with the same 4% concentration of lidocaine, but studies have not been published on use in this population.

While the health care system in the United States grapples with prescription drug costs, patients can be directed to this effective, low-cost, nonhormonal option rather than sitting out penetrative intimacy during postmenopausal years. The lidocaine option was studied in breast cancer survivors because they so typify the difficulties that arise with estrogen deprivation. But any GSM patient may find this therapy beneficial. I wonder if the authors agree that it is time to share information about self-applied anesthetic products for GSM and continue studying outcomes. ■

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REPLY

Check for updates

We would like to thank Dr Goetsch for her Letter to the Editors (L19-053AR1). In our Call to Action—"Revitalizing research in genitourinary syndrome of menopause"[1]—we discussed the barriers and limitations to the treatment of genitourinary syndrome of menopause (GSM) in light of the FDA 2018 statement cautioning women against vaginal rejuvenation devices.

We discussed the limitations with the use of vaginal estrogen in women with a history of hormone-sensitive breast cancer. The American College of Obstetricians and Gynecologists recommends trialing nonhormonal treatment options for vaginal atrophy in this population, owing to the lack of long-term data on hormone treatments (level C recommendation).[2,3]