

• VAGINAL HEALTH •

- The NHS funding crisis can have implications for the treatment of vaginal dryness for menopausal women and cancer patients.



NHS funding crisis implications *for vaginal dryness treatment*

Lavinia Winch, Medical Liaison for The YES YES Company, reports on how the sexual health and wellbeing of post-menopausal women and cancer patients may be disproportionately affected by changes to Clinical Commissioning Group (CCG)* formularies.

The current NHS funding crisis continues to prove challenging for GPs, who face the dilemma of wanting to provide the best possible service for their patients, while being restricted from prescribing certain products, previously readily available. This limitation impacts the health and wellbeing of patients.

Many medications including non-hormonal vaginal moisturisers which are also available OTC, are being removed from the CCG formularies and this has a direct impact on certain very deserving groups of patients, especially post-menopausal women who are likely to

be pensioners and would normally be eligible for free prescriptions, and women who have been through cancer treatment and experienced surgical menopause. Other groups may also be adversely affected such as women with Diabetes, Lichen Sclerosus or Sjögren's Syndrome, all of which can cause vaginal dryness and sexual dysfunction.

Vaginal Atrophy, or GSM (Genitourinary Syndrome of Menopause) is known to be under-reported and under-treated. Up to 58% of all post-menopausal women suffer from this distressing and painful symptom

according to a Women's Health Concern research. One of the side-effects for women who have had treatment for both Breast and Gynaecological Cancers is severe vaginal atrophy and sexual dysfunction. Macmillan Cancer Support reports that more than half of the 625,000 people who suffer long-term side effects from cancer treatment (350,000) experience sexual difficulties. The incidence of this side-effect is equal to that of severe fatigue, and greatly exceeds the reported frequency of any other side effect of treatment. Sexual difficulties due to vaginal atrophy can impact quality of life, psychological well-being and lead to relationship breakdown.

Vaginal moisturisers have been available on prescription for many years but the BNF states that they "currently do not include vaginal moisturisers as part of our BNF medical devices" and under current economic pressures, some CCGs are listing all non-hormonal products as non-formulary and of 'limited clinical value', promoting the concept of 'self-care'. The NICE Guidelines on the treatment of menopause recommend that GPs should "advise that lubricants and vaginal moisturisers can be used alone or in combination with topical estrogen". Topical estrogen in the form of vaginal tablets, pessaries, creams, and vaginal ring is prescribable but doesn't always provide sufficient relief or is in some cases contraindicated. The unintended consequence is that post-menopausal women who do not wish to use estrogen, and cancer patients for whom estrogen is contraindicated are being disadvantaged, by being deprived of non-hormonal products on prescription which would alleviate their symptoms. Some women who have previously been able to obtain vaginal moisturisers on repeat prescription, are being told this is no longer possible and yet NICE guidelines clearly state that patients should be advised that if treatment is ceased, the symptoms will return. Vaginal dryness and atrophy is unfortunately not a short term condition but without treatment will continue indefinitely.

Patients may visit their local pharmacy or supermarket to purchase a vaginal moisturiser to relieve the symptoms of vaginal atrophy, or a lubricant to enable intercourse, but many will be unaware of the qualitative difference between available lubricants and moisturisers. Many standard products, formulated with glycerine and glycols, are hyperosmotic and as such can irritate sensitive vaginal tissue. In some cases, the pH is above 4.5 which may increase the risk of UTIs, Bacterial Vaginosis and Thrush. The importance of osmolality and pH in vaginal preparations was highlighted in a review article 'Treating vulvovaginal atrophy/genitourinary syndrome of menopause' by Dr David Edwards and Nick Panay, published in *Climacteric*, the official journal of the IMS (International Menopause Society).

Vaginal and vulvar irritation, soreness and itching caused by excipients in intimacy products can often

be misdiagnosed and the patient may therefore either try to self-medicate or return to the GP for further treatment; some may need to be referred to secondary care. However, if in primary care the right product can be prescribed on an individual basis for women suffering from vaginal atrophy, this could pre-empt side-effects which might otherwise have required referral, and this would save the NHS money in the longer term.

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In the case of treating menopausal symptoms, NICE makes it clear that each patient should be treated on an individual basis. The following is from the NICE Guideline on patient care: **Patient experience in adult NHS services: improving the experience of care for people using adult NHS services.**

“Your care: Making decisions about your care. The care and support you receive should take into account your needs and preferences. You have the right to be involved in discussions, and make decisions about your treatment and care, together with your health or care professional. Information explaining your treatment and care should be given in a way you understand. Your health or care professional also needs information about you: What matters to you? What is most important for you? What are you really worried about? Health and care professionals should support your choice wherever possible. They should recognise that each person is an individual, with their own needs, wishes and priorities. They should also treat everyone they care for with dignity, respect and sensitivity.”

In the interest of both patients and the NHS, we need CCGs and GP Practices to recognise the importance and value in post-menopausal women and cancer patients being prescribed effective and responsibly formulated products for vaginal atrophy. In addition, cancer patients and post-menopausal women need to feel confident that they will be listened to, and if they have found a particular product that is already listed on the drug tariff to provide effective relief from symptoms, they should, ideally, be able to obtain it on prescription. If you have experienced difficulty in obtaining repeat prescriptions of your preferred vaginal moisturiser on prescription, without being confrontational, a simple request for continuity of product choice, may be effective.

*Regional CCGs have Medicine Management Teams who are responsible for managing budgets and restrictions may vary from area to area.

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