

LUBRICANTS FOR SEX: A GUIDE FOR PROVIDERS



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BACKGROUND

Lubricant use during sexual activity can offer several benefits.

- Use can help manage:
 - Genital dryness
 - Dyspareunia
 - Symptoms of sexual dysfunction
- Use can decrease the risk of condom tearing and, thereby, may reduce the risk of STI transmission and unplanned pregnancy

Inadequate natural genital lubrication is a common sexual health complaint, however:

- Accessible evidence-based clinical resources are lacking.
- Patients and healthcare providers are hesitant to discuss the topic.

OBJECTIVES

Scoping review to inform development of:

A guide to help clinicians navigate discussions and counsel patients on the use of lubricant to improve sexual well-being.

An accessible handout for patients.



METHOD

Scoping review using the Arksey and O'Malley framework:

- Inclusion criteria:
 - identifies patient populations most likely to benefit from lubricant.
 - addresses pros/cons of different classes of lubricant.
 - describes properties or ingredients found in certain lubricants that may cause harm.
- Population: Sexually active individuals, with no restrictions placed on geographic location, age, gender, sexual orientation or type of sex.

RESULTS



1. Patient-Specific Factors

Lubricant use particularly benefits patients who experience genital dryness, irritation, and dyspareunia - symptoms associated with the following patient factors:

Intercourse Categories	Factors Associated with Genital Dryness, Irritation, or Dyspareunia
All Types (anal, vaginal, penile)	<ul style="list-style-type: none"> • Mental health complaints • Partner-related factors: inadequate arousal, genital size incompatibility, etc. • Cystitis and urethritis • Past perineal or pelvic surgery • Genital dermatoses
All Receptive Types	<ul style="list-style-type: none"> • Gastrointestinal conditions: IBS, IBD, etc. • Postpartum • Anorectal conditions: hemorrhoids, fissures, etc.
Vaginal (receptive)	<ul style="list-style-type: none"> • Genitourinary syndrome of menopause (GSM) • Introital pain conditions: vulvodynia, vaginismus, etc. • Comorbidities predisposing vaginal dryness: MS, DM, CHF, RA, SLE, Sjögren's syndrome, etc. • Medications predisposing vaginal dryness • Breastfeeding • Breast cancer, radiation, chemotherapy
Anal (receptive)	<ul style="list-style-type: none"> • Sex involving non-lubricating receptive anatomy • Chronic constipation or diarrhea • Prostate cancer and treatments
Penile (insertive)	<ul style="list-style-type: none"> • Conditions affecting penile erection • Foreskin conditions: phimosis, frenulum breve, etc. • Penoscrotodynia • Chronic pelvic pain syndrome

2. Classes of Lubricant

SILICONE OR WATER-BASED RECOMMENDED! NOT OIL!



Compatibility with materials present in genital area:

Materials	Latex Plastic Rubber Polyisoprene	Glass Ceramic Metals	Polyurethane Lambskin Nitrile	Silicone
Oil-Based Lubricant	X	✓	✓	X
Silicone-Based Lubricant	✓	✓	✓	X
Water-Based Lubricant	✓	✓	✓	✓

3. Formulation Considerations (water-based only)

- IDEAL: Osmolality: <1200 mOsm/kg, pH: ~ 4.5 (vaginal) or 5.5-7 (anal)
- AVOID: glycerin(e)/ glycerol, propylene glycol, polyethylene glycol (PEG-8), parabens, chlorhexidine, nonoxynol-9, oils/petroleum, dyes, fragrance, flavour (with nutritive sweeteners such as glucose and sucrose), warming, stimulating, or numbing properties.

CONCLUSION

- 1) Many patients can benefit from lubricant use.
- 2) Silicone and water-based lubricants without harmful additives are recommended.
- 3) Our guide will help providers incorporate patient-specific recommendations for lubricant use into clinical practice.

PATIENT HANDOUT,
POSTER, AND
REFERENCES



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