

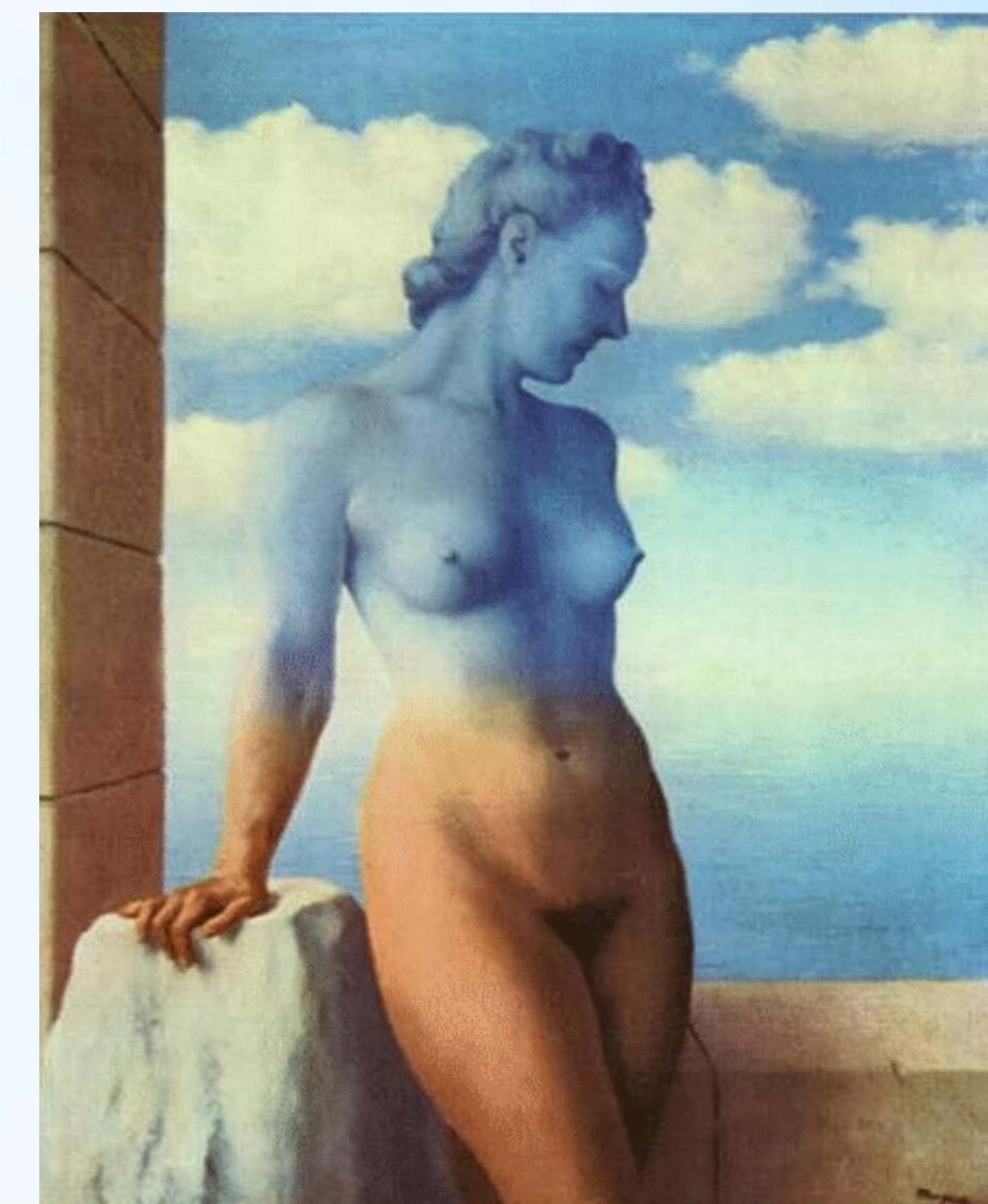
Chronic Vulval Pain/Vulvodynia? Psychosexual Issues? Taking a Different Approach.

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Vulvodynia: defined by the International Society for the Study of Vulvovaginal Disease (**ISSVD**) in 2003 as vulval discomfort, described as burning, stinging or irritation within the vulvovaginal region; in the absence of visible findings or identified clinical signs of neurological conditions.

Vulvodynia can be either localised or general with the discomfort experienced being spontaneous or provoked by physical contact.



**How do you differentiate between this and a psychosexual issue?
What defines a psychosexual issue and who asks the questions?**

Possible causes

The cause of vulvodynia is not understood. It's possible that it is caused by:

- a **nerve problem** – irritation or damage of the nerves around the vulva, oversensitive nerve endings in the skin of the vulva, or (less likely) a trapped nerve in the spine
- **previous surgery to the vulva**, especially if it resulted in scarring

Other conditions that may cause vulval pain include:

- persistent **vaginal thrush** – review treatment modalities/regimen
- persistent **bacterial vaginosis** – review treatment modalities/regimen
- **irritant contact dermatitis** – consider a referral to dermatologist
- a **drop** in the hormone **oestrogen** – consider topical oestrogen (*this is often overlooked yet is highly effective*)
- recurrent **herpes simplex infection** – review treatment management/consider suppressive therapy
- **Lichen sclerosus or lichen planus** – consider biopsy/referral vulval dermatologist/topical steroids

A Multidisciplinary approach is ideal, although a Sexologist/Sex Therapist is often not included. Often such symptoms are too quickly “diagnosed” as Chronic Vulval Pain, Vulvodynia or Vaginismus. Yet often, it is a complex psychosexual issue, peppered with relationship difficulties.

INQUIRE about the relationship. Include questions around:

- **General happiness within the relationship**
- **Sexual history** – how often is sexual intimacy occurring? Does she enjoy it/initiate it/orgasm?
- **Communication within the relationship**
- **Medications being taken** – inclusive of naturopathy/complimentary medicine
- **Social history**

Areas that often require consideration and compromise include exploring intimacy, redefining intimacy, exploring sexual positions, negotiating sexual contact and frequency, potentially introducing sexual tools.

