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.