#23653 A QUALITATIVE STUDY OF THE DIAGNOTSIC PROCESS AND TREATMENT OF DYSPAREUNIA. DO WE NEED DIAGNOSTIC ALGORITHMS?

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ABSTRACT

Dyspareunia is persistent, recurrent pain or discomfort associated with attempting or performing vaginal penetration [1]. It is one of the most commonly reported sexual dysfunction to professionals. Overall, up to 50% of women report sexual problems to a gynecologist, but only one-fifth consistently seek medical help [2]. Knowledge and understanding of the factors related to the decision-making of women with dyspareunia and the obstacles that prevent them from receiving treatment are related to taking appropriate action to ensure access to proper diagnosis and treatment, thus improving the quality of sexual life in women with sexual dysfunctions.

AIM

Evaluation of feedback given to women with painful intercourse by their gynecologist; analysis of women's attitudes toward the problem of painful intercourse, help-seeking behavior, reporting the problem to a specialist, and undertaking treatment for the dysfunction.

METHODS

Twelve women aged 21 to 35 years who completed an anonymous survey, and the Female Sexual Function Index (FSFI) were included. A sample of 12 women among 80 respondents with dyspareunia was selected for qualitative assessment. Inclusion criteria were age over 18, history of dyspareunia, reporting the problem to a gynecologist, not being pregnant.

The survey included questions about the perception of dyspareunia: whether it is an embarrassing issue for the respondents and whether it is a dysfunction in their opinion. Respondents were asked about the frequency of intercourse, the pain level in the Numerical Rating Scale (NRS), if they reported the issue to specialists: gynecologists or physiotherapists, if they made any attempts to cure painful intercourse, and if the diagnosis was made and what opinion was given to them by the gynecologist during the consultation. The responses were divided into subtypes: positive, negative, and neutral – depending on the usefulness of the information the professional provided to the respondents and whether it involved introducing an appropriate treatment.

The demographic data, questionnaire scores, and descriptive responses were analyzed. The FSFI, consisting of desire, arousal, lubrication, orgasm, sexual satisfaction, and pain domains, was used to assess the subjects' sexual function. A score of ≤26.55 was the cut-off point for significant clinical sexual dysfunction.

RESULTS

Table 1 Respondents' perceptions of dyspareunia and obtaining the diagnosis

Painful intercourse is a disorder	10 (83.3%)
Dyspareunia is an embarrassing topic	8 (66.7%)
Dyspareunia negatively affects relationship with partner	5 (50%)
A diagnosis was received after consultation with a gynecologist	7 (58.3%)

Table 2 Treatment undertaken of dyspareunia and obtaining the diagnosis

local lubrication	10 (83.3%)
change of sexual position	10 (83.3%)
pharmacological	4 (33.3%)
physiotherapeutic	3 (25%)
psychological	2 (16.7%)
surgical	2 (16.7%)

Table 3 Physicians opinions on the reported problem of painful intercourse grouped by patients according to usefulness.

Positive opinion	Negative opinion	Neutral opinion
The problem of vulvodynia and the need for possible electrotherapy, laser therapy and pelvic floor physiotherapy	"Intercourse is possible, so from a medical point of view there is no problem."	The presence of uterine myomas also cause a problem.
Physician recommended seeing a physical therapist because physically there are no anatomical impediments.	"I'm going to order more tests" after the tests, physician said there was nothing from them on the issue	Retroversion of uterus
Physician concluded that treatment was necessary	I have only encountered disparaging opinions. That it is not a gynecological problem or that apparently it is my beauty. Of course, there was also the suggestion to change my partner for a better one (in bed, of course).	That the physician does not see anything disturbing
Suspected endometriosis	„You have to try. You didn't give birth so it's not surprising". I was prescribed Lipodisterin for anesthesia.	Delicate structure, shallow distribution of highly vascularized blood vessels, anteflexion of uterus, erosion

CONCLUSIONS

1. Women were unanimous that painful intercourse is not physiological.

2. Study participants with dyspareunia who sought help from specialists experienced significant pain (at least 5 in the NRS).

3. A large proportion of women surveyed did not receive adequate help from professionals.

4. A negative assessment by a specialist and a diagnostic failure may be associated with complete abandonment of the search for help.

5. It is worth considering what is the reason for limited diagnosis and treatment of sexual dysfunctions.

6. The guidelines for the diagnostic and therapeutic management of dyspareunia are needed.

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