

Vulvodynia: Addressing Patient-Identified Gaps in Primary Care Provider Knowledge

Objective

To explore the specific health care challenges facing women in NL with vulvodynia, including diagnosis and treatment barriers.

Practice Points

1. Vulvodynia is pain or discomfort at the opening of the vagina for at least 3 months, in the absence of a specific precipitating disorder.
2. It affects 1 in 4 women in their lifetime, 40% remain undiagnosed after multiple consultations, and 41% never receive treatment.
3. Treatment includes medical, pelvic physiotherapy, and psychological support.
4. Prior research of patients in NL in the Founder Project reported that many primary care providers (PCPs) lacked essential knowledge of the condition, struggled with the conduct of thorough and non-judgemental sexual health histories, and failed to provide timely and appropriate referral to specialist and allied health care.

Data (PI: Dr. K. Bajzak)

Qualitative analysis of interviews with 12 individual PCPs and two groups with two participants each. Ten family physicians and six nurse practitioners participated. The questions focused on what PCPs need and wanted to know about vulvodynia, and on how PCPs preferred to receive information about vulvodynia.

Results

The two major themes that emerged were:

1. Lack of awareness about the condition.
2. Barriers to having a sexual health conversation.

Table 1. Awareness About Vulvodynia Among PCPs in NL

PCPs rarely or never saw affected individuals, despite the high prevalence
No knowledge that the cotton wool swab test was the appropriate diagnostic tool
Only half identified some of the treatments commonly used
Little or no formal training

Table 2. Barriers to Having a Sexual Health Conversation Among PCPs in NL

Lack of knowledge of specific questions to ask and how to ask questions with sensitivity
Making time for the sexual health talk
Inter-generational issues, particularly discussing sexual health with older women or younger patients talking with older PCPs
Gender concordance between patient and provider

Table 3. Preferences About Receipt of Information About Vulvodynia

Clear direction about when and how to engage in a sexual health conversation
A concise, accessible toolkit, including information to share with their patients
An educational resource about vulvodynia diagnosis, treatment modalities, and available specialist care services in NL

Conclusions

1. Although vulvodynia occurs frequently, PCPs rarely see patients with the condition, lack awareness of the condition, and perceive barriers to having a sexual health conversation.
2. Creating and evaluating a concise and accessible toolkit is the next step towards equipping PCPs with clinically useful information regarding vulvodynia.