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Women presenting with symptoms of painful sex at a Sexual Health Service. How often is psychosexual medicine required?

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INTRODUCTION

To investigate how common superficial and deep dyspareunia symptoms are in women attending an open access sexual health clinic in Chester and review the diagnosis and management of these complaints.

To discover if there is an unmet need for psychosexual medicine therapy in this group.

METHOD

This was a prospective cohort study.

Patients were identified using the triage sheets completed at reception during an 8-week period. The clinical records were reviewed by the author, and data extracted. All women were examined by dual trained nurses or doctors, microscopy, and sexually transmitted infection (STI) tests were carried out when indicated.

DISCUSSION

This is a small sample of female patients presenting to a busy integrated sexual health service in Chester. It is likely that not all women with painful sex were identified due to perceived lack of confidentiality at reception, and the inability to formally code sexual problems on the electronic patient records.

Genital pain just before, during or after sexual intercourse has many causes and it is not surprising that over half our sample in a sexual health clinic had a vaginal infection, STI or UTI. Some of these patients had been referred to sexual health for investigation and/ or treatment by primary care. In the consultations of patients diagnosed with genital infections there was no record of psychosexual problems. Clinicians have been found to vary in their confidence and comfort in discussing sexual difficulties.

RESULTS

23 women: age range 16 to 62 years old, median age 25 years, and mean age 26.9 years. The commonest complaint was superficial dyspareunia caused by vaginal infections N= 11/23 (47.8%): acute Candida, recurrent Candida, Bacterial Vaginosis (BV), Candida and BV simultaneously. Three women had non-specific pain with sex, which was possibly related to a previous sexual assault, depression and difficulties with contraception (Depo-Provera). The Consultant in SRH diagnosed 2 women with vaginismus. The sexual health service has approximately 1000 patient contacts per month.

Diagnosis Superficial dyspareunia		Management	Ages (years)
Candida species	N=11	Antifungal	18, 21, 25
Recurrent candida species		Antifungal, moisturiser, lube	24, 27, 31
Bacterial vaginosis		Antibiotic	25, 26,34
Candida & BV		Antifungal, antibiotic	24, 32,
UTI		Antibiotic	19
Genital herpes		Antiviral	61
Known vulvodynia		STI screening only	25
Vaginimus		1. advice 2. psychosexual therapy	37 24
Non-specific causes		Advice	16, 23, 26
Vulvovaginal atrophy		Topical vaginal oestrogen	55, 61, 62
Deep Dyspareunia			
& heavy periods		1. IUD removed 2. Ultrasound scan	41 22

CONCLUSIONS

At the time of this study, Chester did not have a commissioned psychosexual medicine service and one of the consultants in SRH had a small case load of sexual health patients who also attended for psychosexual therapy. This 'snap shot' shows that the need for psychosexual medicine within our community service appears to be quite limited, but demand may be higher in women who primary and secondary care.

When this work was discussed in a departmental meeting, clinical colleagues requested more training in general awareness of sexual problems and further support in developing skills in facilitating discussion of psychosexual difficulties.