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Improving care for one in five women: Evaluating and managing dyspareunia

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One in five women will suffer from dyspareunia—recurrent painful intercourse—during her lifetime. Providers are not trained to include the topic in the review of symptoms. Five words – “Is sexual intercourse sometimes painful?” empower the patient to request information and assistance. This literature review will provide a brief overview of epidemiology, causes, and management of dyspareunia. Causes of dyspareunia are both physical and psychosocial in nature. Inadequate lubrication may result from normal changes of aging, from lack of interest in sexual intercourse, or from psychological discomfort with sexual pleasure. Primary treatments include management of underlying hormonal disorders and vaginal lubricants. Psychological issues often respond to cognitive behavioral therapy (CBT). Postpartum dyspareunia, frequently the result of vaginal stretching or tearing, usually resolves without treatment after 3 to 6 months. Menopausal vaginal atrophy responds to Ospemifene and TX-004HR. Vaginal lichenification is frequently treated with high potency topical steroids. Vaginismus is one of the more complex causes of dyspareunia. Treatment includes a combination of CBT, Kegel exercises, vaginal dilators and intravaginal Botox injections. Vulvodynia affects women of all ages and can impinge severely on quality of life. Topical lidocaine, CBT, and sexual education, along with validation that the pain is real, offer some relief. Dyspareunia, despite disparate causes, responds to medical and psychosocial intervention. Women are unlikely to address the topic unless questioned by their healthcare provider. Nurse practitioners, as patient advocates, owe our patients the five words at each well woman visit.

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