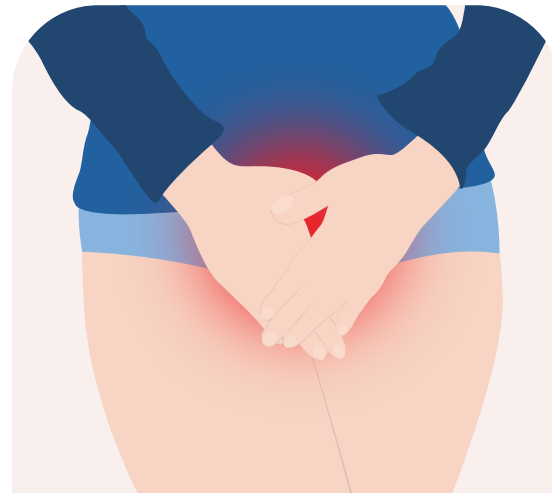


What is Dyspareunia?

Dyspareunia is defined as **pelvic pain with sexual activity**. It is common and can manifest in many ways, including pain or discomfort during penetrative intercourse and digital activity. **Dyspareunia can affect up to 10 to 20% of women and trans people of all ages.**



CATEGORIZING DYSPAREUNIA

SUPERFICIAL VS. DEEP

When pain exists with initial penetration (superficial) vs. pain occurring with deep vaginal penetration (deep). Both types of pain can occur at the same time.

PRIMARY VS. SECONDARY

If pain has existed since a first sexual experience (debut) it is called *primary dyspareunia*. *Secondary dyspareunia* is when it begins after a period when sexual activity was not painful.

GENERALIZED VS. SITUATIONAL

When pain with intercourse occurs in different situations (generalized), or with one sexual partner or one type of encounter (situational).

Significance of Dyspareunia

- Dyspareunia can cause significant stress and/or social isolation; individuals who suffer from chronic genital pain may find it difficult to seek treatment or support
- Many people with dyspareunia may have decreased sexual frequency, interest, or arousal, which may cause relationship distress
- Studies have found a relationship between dyspareunia and depression and anxiety

Causes of Dyspareunia

Biological



- Gynaecologic conditions (e.g., vaginitis, endometriosis)
- Infections (e.g., yeast or pelvic inflammatory disease)
- Dermatologic conditions (e.g., lichen sclerosus)
- Menopause (e.g., vaginal atrophy from genitourinary syndrome of menopause)
- Medication use (e.g., SSRI, antipsychotics, chemotherapeutic agents)

Psychological



- Psychological conditions such as anxiety or depression can contribute to dyspareunia
- Past history of abuse

Relational



- Inadequate stimulation
- Inadequate lubrication
- Relationship quality

Sociocultural



- Personal values
- Religious influences
- Cultural expectations

Usually, the causes of dyspareunia are **multifactorial**. This means that dyspareunia is caused by many things, which work together to cause the sensation of pain.

Assessment of Dyspareunia

If you believe you have dyspareunia, you should contact your family physician or gynaecologist for a comprehensive health assessment. Usually, a care provider will begin by asking you a series of questions.

This can include collecting information about:

Past births, trauma, pelvic floor surgery

Bowel function

Bladder function

Psychological history

Pain characteristics

Sexual history

History of abuse

They may perform a **physical exam**, including a pelvic exam. However, this is not always necessary.

- Physical exams help to rule out conditions that may be contributing to dyspareunia.
- Your doctor should be aware of your pain and aim to make the assessment as comfortable as possible.

Always communicate if you are experiencing any discomfort so your physician can adjust or stop the physical exam immediately.

Treating Dyspareunia

Management depends on the cause. Since the cause of dyspareunia is usually multifactorial, a comprehensive, multi-faceted management plan may be required to address the contributing aspects.

Management options include:

Pelvic Floor Physiotherapy



Often, the goal is to strengthen and relax the pelvic floor muscles to allow for entry into the vaginal canal as well as retrain pain receptors. This is done over many weeks.

Psychotherapy



This may address history of abuse or psychological conditions that are contributing to dyspareunia.

Cognitive Behaviour Therapy can be done to focus on the thinking patterns associated with pain and fear, the emotions associated with these thoughts, and the subsequent behaviours these thoughts and emotions may cause.

Lubricants



Products such as coconut oil can lubricate the vaginal canal, decreasing friction upon vaginal entry.

Moisturizers



Moisturizers differ from lubricants because they bind to water molecules, creating a film-like barrier that may potentially last longer than a lubricant.

Anaesthetics



For women with pain upon entry, application of topical lidocaine around the vaginal introitus (entry) can help numb the area to allow for penetration or stimulation. **It is important that a cismale sexual partner wear a condom to prevent de-sensitization of their genitals.**

Medical Therapy



Hormonal therapy: For women with vaginal dryness caused by low estrogen, local estrogens may help with symptoms of dryness and irritation.

Other medications such as **steroids, antibiotics, antifungals** depend on the *cause of dyspareunia*.

Other



Options such as surgery or Botox injections are unusual and not typically recommended but may be an option depending on the primary cause.

References

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