

Presented by HealthyWomen

Painful Sex: What You Need to Know

If you feel pain when you have sex, or even when you try to have sex, then you may have a condition called dyspareunia. You may be surprised to learn that many other women experience the same problem. In fact, at least 10 percent of women have experienced chronic pain in the genital area, and that number rises to 29 percent among postmenopausal women. Up to 60 percent of women who have dyspareunia say the pain is so bad they stopped having sex.

Keep reading to learn the facts about painful sex, what causes it and what your health care professional may be able to do to help you.

Causes of Painful Sex

Numerous conditions may cause painful sex. These include less lubrication related to declining estrogen levels just before and after menopause; tense pelvic floor muscles; vulvodynia, which is an oversensitivity of the nerves in the vulvar area; endometriosis, in which the lining of the uterus grows outside the uterus; vaginismus, in which the vaginal muscles spasm, preventing anything from entering the vagina; and interstitial cystitis, or painful bladder syndrome, to name just a few conditions.

The most common cause of painful sex in premenopausal women is vulvodynia, defined as discomfort or burning pain in the vulvar area with no obvious cause. Vulvodynia can be generalized, in which you feel pain throughout the

vulvar area for no apparent reason, or provoked, in which the pain occurs only when something touches the area.

Diagnosing Dyspareunia

Unfortunately, identifying the cause of your dyspareunia can be difficult. Many women see several doctors before they get a diagnosis and some never get properly diagnosed. One online survey of 428 women with vulvar pain found that nearly half had visited four to nine health care providers about their pain, and more than half said their pain had not improved—or had gotten worse—since they began treatment. Another study found that only about half of women with chronic vulvar pain saw a health care provider at all, with a third of those women visiting five or more health care providers.

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Dyspareunia and Relationships

As you might expect, if it hurts every time you try to have sex, the frequency with which you have sex will likely decline. That, in turn, may cause problems in your relationship. In one survey of 69 women with vulvar vestibulitis, a form of vulvodynia,

78 percent said their condition had changed their sexual life, particularly their interest in and satisfaction with sex. Most of the women said they were less able to sexually satisfy their partner and that their condition changed their relationship with their partners.

Questions to Ask Your Health Care Professional

1. What could be causing the pain I experience when I try to have sex?
2. Are there any lifestyle changes I can make?
3. Could an infection be causing the pain?
4. Why are you recommending this medication?
5. What are the potential side effects of this medication?
6. How long will the medicine take to work?
7. Is there anything I can do to maintain intimacy and a good relationship with my partner if I can't have sex?
8. When would surgery be an option?
9. Would physical therapy help?
10. Can you recommend a support group?

Dyspareunia and Mental Health

In that survey of 69 women mentioned above, 73 percent said they felt less sexually desirable, more than half said they felt less confident and nearly half said they felt less feminine. The women were also highly frustrated, became depressed, had problems concentrating and felt extremely stressed.

Treating Dyspareunia

Do bring your symptom to your health care provider's attention. When you visit your health care professional, expect a thorough physical examination to rule out a disease that might be causing your pain. Your health care professional may perform a comprehensive genital and pelvic examination. One test you may receive involves lightly touching the tip of a cotton swab to parts of your vulva to see if pain results. You will be asked to describe where it hurts, how much it hurts and what the pain feels like.

Treatment for dyspareunia depends on your specific condition and your medical history. Your health care professional may prescribe low doses of an antidepressant or an anticonvulsant,

both of which are used to treat nerve-related pain like that in vulvodynia. Other therapies may include topical anesthetics such as lidocaine and nerve blocks or trigger-point injections, in which the anesthetic is injected directly into the nerves or muscles. Additionally, some women may need surgery to remove painful areas at the entrance of the vagina. Hormone-containing vaginal cream may also be an option if your pain is related to menopausal vaginal dryness.

Because of pelvic muscle tightening or guarding that occurs in association with many cases of sexual pain, experts recommend you undergo physical therapy to address any muscle issues in your pelvic region. This may involve stretching and strengthening exercises

as well as biofeedback to learn how to control the muscles in your pelvic area. You may also need psychotherapy to deal with issues related to your relationship and self-esteem.

Want more information?

Learn more about your sex life, including:

- Your sex drive
- How to talk about sex with your partner and your health care professional
- How to make sex fun again

Your sexual health is an important part of your health. Visit www.sexandahealthieryou.org and learn more.

Produced by HealthyWomen and featuring leading sexual health experts.

Resources

International Society for the Study of Vulvovaginal Disease
www.issvd.org

Interstitial Cystitis Association
www.ichelp.org

National Vulvodynia Association
www.nva.org

The VP (Vulvar Pain) Foundation
www.vulvarpainfoundation.org

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