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Editorial comment

Genital pain related to sexual activity in young women: A large group who suffer in silence

Unni Merete Kirste[a,*], Harald Breivik[a,b]

[a] Department of Pain Management and Research, Oslo University Hospital, Norway
[b] University of Oslo, Faculty of Medicine, Norway

In this issue of the *Scandinavian Journal of Pain*, Johanna Thomtén publishes a report of a postal survey mailed to a random sample of 4252 women (age 18–35) in two cities in the middle part of Sweden [1]. The method of random sampling is a very reliable one, but the response rate was only 23%. Still, close to 1000 young women answered this questionnaire about intimate aspects of life.

1. Genital pain is common among women between 18 and 35 years of age

Surprisingly, as many as 16% of these women have genital pain, i.e. pain related to sexual and often non-sexual activity that had lasted at least 6 months. In addition, 10% reported that they had previously had genital pain that lasted more than 6 months, but that after treatment (mostly treatment for fungal infection), they were now pain free. This means that about 1 in 4 of this sample of young women in this age group had or had previously had genital pain that lasted more than 6 months.

2. Genital pain related to sexual activity and sexual dysfunction

The pain was related to penetrating sexual activity in ¾ of women with genital pain, to other sexual activity in 50%, insertion of tampon in 50%. Physical exercise and wearing tight cloths provoked pain in almost half of the women with genital pain. The pain subsided immediately or soon after termination of the pain provoking activity in 2/3, 7% had pain for more than 24 h, a few (4%) had constant pain. Most of the women with genital pain had symptoms of sexual dysfunctions such as lack of desire, lack of arousal, difficulties having orgasm, vaginal muscle tension. They more often had fungal infection and other pain problems as well compared with women who did not have genital pain [1].

3. Many suffer in silence

Only half of the women with genital pain had sought professional help from a midwife or a medical doctor. Many of those who did not seek help admitted that they feel ashamed or do not expect to get effective help. These women suffer in silence, their quality of life and that of their partners and family suffer.

4. Effective treatments for genital pain and chronic pelvic pain are not widely available

It seems that only a little more than half of the young women in this survey did seek medical help, and mostly they received only partial help with their health problem. The treatments they did receive were mainly topical cream and simple analgesics, a few had relaxation training and dilatation exercises. Very few received psychological counselling [1].

We agree with the author in her call for help for these women: a more focused attention by the professional health care providers seeing young women is called for. They should actively probe for such symptoms and be prepared to offer professional help.

Specific physiotherapy, relaxation training, psychological training are effective treatments for women with genital pain [2,3]. Cognitive behavioural therapy combined with focused physiotherapy is effective for chronic (deep) pelvic pain [2,4–6]. This therapy is offered to women with chronic pelvic pain in some areas in Norway [5]. The fact that around half of the women with pain in this study reported pain on movement suggests that myofascial pain is a common feature also of genital pain. Therefore, focused physiotherapy with a cognitive behavioural base may also have a role in the treatment of more typical genital pain.

In addition to correct diagnosis and treatment of "traditional" vulvar conditions gynaecologists and general practitioners who see these women should be familiar with chronic pain treatments and seek cooperation with physiotherapists experienced in and interested in treating patients with chronic genital and pelvic pain conditions.

The on-going training of physiotherapists in this effective treatment modality [5] gives hope for the many young women in Scandinavia who are burdened with chronic genital and pelvic pain conditions.

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* Corresponding author. Tel.: +47 97118402; fax: +47 23073690.
E-mail address: umk@getmail.no (U.M. Kirste).

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Conflict of interest

The authors do not have any conflict of interest concerning this paper or the paper they are commented, reference [1].

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