

# Menopausal women experiencing distressing pain during sex

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Results from qualitative research of postmenopausal women with vulvar and vaginal atrophy (VVA) show that they recognize the significant physical, emotional and psychological consequences of untreated dyspareunia (painful sex) yet they continue to suffer because of misperceptions about the condition and a general lack of understanding about treatment options.

Sheryl A. Kingsberg, PhD, Chief of Behavioral Medicine in the Department of OB/GYN at University Hospitals Case Medical Center in Cleveland, will present the findings during an oral presentation, "Women's Attitudes and Behaviors towards Vulvar and Vaginal Atrophy." The presentation is scheduled for Oct. 1 at 4:45 p.m. PDT at The North American Menopause Society (NAMS) 2015 Annual Meeting, held at Caesar's Palace in Las Vegas from Sept. 30-Oct. 3, 2015. This announcement was made by University Hospitals Case Medical Center and TherapeuticsMD, Inc. This qualitative research was funded by TherapeuticsMD.

"Many women continue to experience pain during sex because they mistakenly believe VVA to be a sexual consequence of aging instead of the true medical condition that we know it to be," said Dr. Kingsberg, who is also Professor of Reproductive Biology and Psychiatry at Case Western Reserve University School of Medicine. "Although they characterize their symptoms in medical terms - severe pain, sensitivity and soreness that lasts for days, and vaginal bleeding and irritation - they perceive these symptoms to be part of a sexual problem that is not

supposed to be discussed with, and managed by, a health care professional. This may help explain why VVA remains underdiagnosed and undertreated, with only 7 percent of women who experience symptoms treated with prescription therapy."<sup>†</sup>

The findings show that women who are motivated to treat their moderate to severe dyspareunia raise the issue with their physicians and switch providers until they find one who suggests satisfactory [treatment options](#). However, they are not educated about the underlying clinical cause, potential benefits of estrogen therapy, or the differences between systemic estrogen and local estrogen. These knowledge gaps contribute to misperceptions about treatment benefits and risk, and are barriers to treatment. Women who are currently not motivated to seek treatment say that they were ignored by physicians when they did manage to overcome their embarrassment and speak about their symptoms.

Dyspareunia affects between 25 and 45 percent of [postmenopausal women](#).<sup>†</sup> The most common cause is VVA, which can significantly impair the quality of life in postmenopausal women and impact their sexual function. VVA is a component of Genitourinary Syndrome of Menopause (GSM), a chronic condition resulting from the decrease in naturally occurring estrogen at menopause, which leads to thinning of the vaginal lining and an increase in vaginal pH levels.

"VVA is a common consequence of menopause that affects up to 32 million women, so discussing the underlying condition as well as treatment options for dyspareunia should be a natural conversation between [women](#) and health care professionals," Dr. Kingsberg added.

"Women deserve to know the facts about the condition and to understand the clinical benefits of local estrogen therapy for relief from painful sexual intercourse and the negative impact it has on other areas of their lives."

**More information:** Kingsberg, Sheryl A., et. al. "Vulvar and Vaginal Atrophy in Postmenopausal Women: Findings from the REVIVE (REal Women's Views of Treatment Options for Menopausal Vaginal ChangEs) Survey." *Journal of Sexual Medicine* 2013, no. 10, 1790-1799.

Provided by University Hospitals Case Medical Center

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