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IT'S NOT TMI: CAUSES AND RISKS OF VAGINAL DISCOMFORT

THOMAS CHITTENDEN CLINIC

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ROTATION #2: FAMILY MEDICINE

MAY-JUNE 2019

MENTOR: SHANNON BURNS, PA-C

2A: PROBLEM IDENTIFICATION:

- Vaginal discomfort is common, with some of the most common causes being bacterial vaginosis, vaginal candidiasis, and trichomoniasis (Brown). However, not everyone feels comfortable seeking treatment.
- Negative self-image or experiencing one's body as “disgusting” or being taught that “naked is nasty” contributes to women not seeking gynecologic care (Oscarsson et al).
- 50% of post-menopausal women experience symptoms of vulvovaginal atrophy. 1/3 of this number do not seek medical care, and 72% of women who experience dyspareunia as a result of VVA continue to engage in sexual relations and “learn to live” with the symptoms as a “normal part of getting older”. Some respondents expressed that vaginal discomfort was “not an appropriate discussion to have with a HCP (health care provider)” (Parish et al).
- Many women do not talk about their vaginal health, are uncomfortable with how their vagina looks, and are unable to reliably identify the vagina on a diagram (Ross).

2B: PROBLEM IDENTIFICATION

- Quality of life is impacted negatively both in women with vulvovaginal atrophy and recurrent BV. (Parish et al, Bilardi et al).
- Bacterial vaginosis is a common cause of vaginitis, and women report feeling “embarrassed and frustrated” which leads them to attempt hygiene measures such as douching. Douching and other vigorous vaginal washing is not recommended and may lead to higher incidences of BV (Bilardi et al). However, women who are uncomfortable speaking to their HCPs about hygiene don’t know what is recommended.
- Women either isolate themselves (“I would prefer not to be around other people... I smell like a dead thing”) or resign themselves to the discomfort as a new baseline. (Parish et al, Bilardi et al).

Personal Experience:

- Every time I preform a pelvic exam on a patient, they apologize repeatedly about their vaginas (smell, grooming, menstruation, etc). This is a problem. Persons with vaginas should feel comfortable speaking about their bodies to their health care providers. Persons with vaginas should understand what is normal and healthy and what should be treated. People with vaginas should not feel shame about their bodies.
- Multiple friends have reached out to me to ask about symptoms they’re experiencing, and always start the conversation with “I know this is TMI but...”. It shouldn’t be TMI. It’s about health and happiness!

3: PUBLIC HEALTH COSTS & COST CONSIDERATIONS:

- Though vaginitis is common, primary care centers have only a 50-60% chance of accurate diagnosis even with laboratory testing, due to lack of on site resources.
- Initial assessment includes pelvic examination, gross evaluation of discharge, sampling of cervical discharge, preparing wet mounts, KOH, and pH testing. The most cost effective approaches include performing yeast culture, gonorrhoeae, chlamydia probes and only pursuing gram stain and trichomonas culture if the pH is >4.9 . Diagnostic visits cost approximately \$330. (Carr et al).
- If women feel uncomfortable seeking medical care for vaginal discomfort, there can be long term complications. Complications of vaginosis include pelvic inflammatory disease and increased susceptibility to HIV infection (Onderdonk et al).
- Gonorrhoea, chlamydia, and BV can lead to subclinical PID and the sequelae thereof, including infertility. Public health costs of PID are over \$2 billion annually (Sweet).
- The emotional and social costs of undiagnosed vaginitis severely impacts QoL.

4: COMMUNITY PERSPECTIVE:

- “My comfort for talking about vaginal symptoms is a -5!” – 25 year old female.
- We don’t talk about [vaginal discomfort] enough, society doesn’t care enough”. - SB, PA-C and primary care provider. SB also reports that it is not standard to ask patients about vaginal health or hygiene practicing such as douching, especially if they do not report any vaginal complaints.
- Dr. IKL, a family medicine provider in Chittenden County, reports that a large proportion of women experience dyspareunia and do not address it with their HCPs. She says that women are more likely to tell their HCPs when they have changes in discharge. She also reports that she makes a point to ask post-menopausal women about vaginal dryness to normalize vaginal discussion.
- Dr. EM agrees with Dr. IKL in saying it is not standard to ask reproductive age women about vaginal complaints without them bringing it up first. She advises health care providers to be aware of genital complaints when a patient presents with urinary problems, as the two are often related. People with vaginas often do not know what is “normal” and what should be evaluated by a HCP.

5: INTERVENTION & METHODOLOGY:

- I set out to create an educational pamphlet about vaginal discomfort to help patients feel more comfortable speaking about their vaginas to HCPs.
- I researched vaginal pathologies that present in primary care or gynecological settings, and determined that a very common diagnosis is vaginitis.
 - Other diagnoses included lesions, STIs, masses, etc which would be too much to include in detail in this pamphlet.
- I narrowed down the scope of the pamphlet to mainly explore the different types of vaginitis and the risk factors thereof.
- I attempted to simplify the medical terms of my references into every-day speech that a non-medical person could understand and apply to their lives.
- I designed the pamphlet to be clear and easy to read, and will distribute copies of it to medical providers in Chittenden County.

6: RESPONSE:

- This pamphlet is designed to be distributed to people with vaginas in a primary care setting.
 - One good opportunity is an annual physical as a preventative intervention and reference for the future.
 - Another is when a patient comes in complaining of vaginal discomfort to normalize the topic and increase patient comfort.
- By distributing this pamphlet, providers can help patients feel more comfortable discussing topics that may be embarrassing or awkward for them.
- By having the pamphlet available in primary care settings, patients can get used to the idea of speaking about their vaginas to their HCPs.
- Ideally, this pamphlet will encourage dialogue about vaginal health and promote overall wellbeing.

7: EFFECTIVENESS & LIMITATIONS:

Effectiveness:

- Easy access to this educational resource in the form of a pamphlet fits in well with the pace and preventative health care emphasis of a primary care office or gynecology office.
- The non-medical language is accessible to people from many educational backgrounds.

Limitations:

- I was unable to remain at the practice long enough to see if the intervention changed clinical interactions.
- One reference is an opinion piece by an OBGYN from the Huffington Post. It references studies which were not published in journals but by newspapers, etc. This article is supplemented by many other well-organized and reputable sources, and was included for the professional observations and relatable language.
- Despite access to educational resources, providers will still have to be comfortable approaching the topic with their patients. This can cause some anxiety on both sides, and must be weighed in each situation so as not to damage the doctor-patient relationship.
- It is challenging to counteract the deeply ingrained avoidant responses people have to talking about their genital health with a pamphlet alone.
- The information in this pamphlet is generalized and not specific to all demographics of people with vaginas.

8: RECOMMENDATIONS FOR THE FUTURE:

- Similar educational resources could be distributed to a wider audience, such as during sexual education in high schools, the student health centers at colleges, and even local fitness centers.
- This resource is generalized. Future resources could be tailored to certain demographics such as transmasculine patients, pregnant patients, prepubertal children, and patients with chronic illness or disabilities.
- This resource focused mainly on vaginitis. Future resources could include more information about STIs, lesions and masses of the reproductive tract.
- This resource is simplified. Future resources could delve more deeply into the genitourinary microbiome, pH changes, and treatments.
- Future projects could take the form of a class at a nursing home, high school, college, etc to promote active dialogue about vaginal health and wellness.

9: REFERENCES:

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10: INTERVIEW CONSENT FORMS