

RECOMMENDATIONS FOR BEST-PRACTICE INTERDISCIPLINARY MANAGEMENT OF WOMEN WITH VAGINISMUS

Hypothesis / aims of study

Vaginismus is characterised by persistent or recurrent difficulty in allowing vaginal penetration, in spite of an expressed desire to do so. The estimated prevalence of vaginismus is 0.5-1% in the general community, and 5-17% of referrals for female sexual dysfunction. Current recommendations for the management of vaginismus encourage the use of a multi-modal, multidisciplinary approach. The benefits of collaborative practice have been proven in the management of many health conditions, and the advantages of interdisciplinary management are believed to outweigh those of multidisciplinary management. Almost no literature is available on the collaborative approach to vaginismus nor on the operationalization of such an approach. The objective of this study was to establish preliminary international recommendations for best-practice interdisciplinary management of women with vaginismus, via expert professional consensus.

Study design, materials and methods

A 2-fold methodological approach was used. First, an international multidisciplinary meeting of expert health professionals was held, to establish initial recommendations for the interdisciplinary management of women with vaginismus. Next, a two-round Delphi electronic survey of expert health professionals (who had not been involved in the expert meeting) was undertaken, to validate these recommendations and gather more information on the topic. Each participant had to be recognised by his peers as a knowledgeable source on the topic of vaginismus, *and* have at least one of the following: a) clinical experience in the treatment of at least 10 cases of vaginismus in the past 2 years; b) published professional papers on the topic area; c) initiated research on the topic area with publication expected in the near future. 15 experts participated in the group meeting, 18 in the Delphi survey.

Results

Qualitative and quantitative analysis led to a list of recommendations for best-practice interdisciplinary management of women with vaginismus, to include team make-up and coordination, goals of interdisciplinary collaboration and team functioning, elements in a comprehensive patient assessment, intervention availability, and patient involvement.

Interpretation of results

Because vaginismus involves significant *physical* and *psychological* components, it follows that the approach to management would require more than one discipline. Interdisciplinarity will optimize this approach. Education of the medical health professional on the psychological approach and of the mental health professional on the physical approach may facilitate more integrated management. Interdisciplinary intervention studies are needed to address the multi-faceted approach to vaginismus.

Concluding message

This framework can be used in the clinical setting and in future research on this condition, and may serve as an example for interdisciplinary practice in the management of related conditions, in particular, provoked vulvar vestibulodynia. Experts agreed that the proposed recommendations could apply to the interdisciplinary management of any sexual health condition requiring the intervention of more than one discipline.

References

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Disclosures

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