

# Vancouver Home to Canada's First Multidisciplinary Vulvodynia Program

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Complex pain. Sexual dysfunction. Chronic illness. Physicians often shudder when they think of managing these conditions. In most cases, we rely on our health care colleagues to help us to that end. Vulvodynia, a chronic vulvar discomfort not accounted for by infectious, dermatologic, or neoplastic etiology, lies at the intersection of chronic pain and sexual dysfunction. Thus, the condition lends itself well to collaborative approaches.

Vulvodynia afflicts 16% of American women.<sup>1</sup> It may interfere with walking, wearing clothes, and sexual intercourse, immensely impacting quality of life. Therefore, treatment requires more than medical interventions. After managing her vulvodynia patients through group seminars and referrals to community physiotherapists and psychologists for several years, Vancouver gynaecologist Dr. Sydney Thomson decided a more effective approach was necessary, and Canada's first Multidisciplinary Vulvodynia Program (MVP) was born.

Under Thomson's direction, the MVP opened its doors at Vancouver General Hospital in October 2008. Community gynaecologists and family doctors refer women to the centre for four months of therapy; treatment includes education, medical pain management, pelvic floor physiotherapy, sexual therapy, and group cognitive-behavioural therapy. According to Thomson, MVP researchers follow patients to examine the efficacy of various treatment methods so that future patients can learn "how to implement the change and where."

Thomson believes one of the greatest patient benefits of the MVP is education. "After learning more about [vulvodynia]," she says, "patients feel more equipped" to deal with their situation. The centralized care model also allows different treatments to enhance each other. For example, many women with vulvodynia experience dyspareunia. This often decreases the woman's sexual desire and responses, which in turn increases tension in her pelvic floor muscles, heightening her vulvar pain and worsening her sexual states. At the MVP, while exploring alternative methods of increasing pleasure during intercourse, patients also work on relaxing their pelvic muscles. Both interventions minimize the psychological impact of vulvodynia.

The MVP also allows staff to follow a patient's care closely and learn from other staff with different expertise. Thomson feels that "being there in the physiotherapy session and learning what [the physiotherapist is] doing and what they deem is important and what's not so helpful just adds to [her] ability to care for [her] patients." In addition, Thomson finds that collaboration creates an "energizing" working environment.

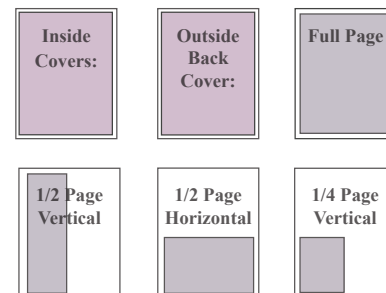
Working with others could pose challenges, however; Thomson cited interpersonal differences and inflexibility as two possible difficulties. She added that being "passionate and engaged and willing to adapt" would help individuals working in interdisciplinary settings. In addition, Thomson recommends that physicians engage with other health care providers and learn more about their roles and resources. She emphasizes that doing so will "ultimately save you time and will add to the quality of what you are giving to your patients." In this way, maybe physicians will stop shuddering and instead, hold out steadier hands to help patients with "complex" health issues better navigate through the health care system.

## REFERENCES

1. Harlow BL, Stewart EG. A population-based assessment of chronic unexplained vulvar pain: have we underestimated the prevalence of vulvodynia? *J Am Med Womens Assoc.* 2003 Spring;58:82-88.



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