How women perceive and evaluate management of vulvovaginal symptoms by their GP.

Published: 25-10-2016
Last updated: 15-04-2024

Primary Objective: The aim of this qualitative study is to obtain more insight into how patients with PVD perceive and evaluate management of their vulvovaginal complaints by their GP.Secondary Objective: Optimizing support and treatment by GP*s to...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON45471

Source
ToetsingOnline

Brief title
PVD study

Condition

- Other condition

Synonym
Vulvar pain, vulvar vestibulitis syndrome

Health condition

vrouwelijke geslachtsdelen

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: Nederlandse Vereniging voor Seksuologie

Intervention

Keyword: Expectations, Experience, General practitioner, Provoked vulvodynia

Outcome measures

Primary outcome

Three to five main themes describing the most important experiences and

expectations

Secondary outcome

-

Study description

Background summary

There are indications that uncertain vulvovaginal candidiasis could be a marker of PVD. GPs might reconsider their diagnostics and management when women present recurrent and persistent vulvovaginal complaints, especially if accompanied by dyspareunia, functional syndromes, micturition symptoms and psychological conditions. However, GPs feel reluctant to take a sexual history and perform a vulvovaginal examination. It seems that the management by GPs is not in accordance with the needs of women.

Study objective

Primary Objective: The aim of this qualitative study is to obtain more insight into how patients with PVD perceive and evaluate management of their vulvovaginal complaints by their GP.

Secondary Objective: Optimizing support and treatment by GP*s to patients who suffer from PVD and other vulvovaginal symptoms.

In general, primarily, we want to investigate which barriers and facilitators did affect women with PVD when they consulted a GP in need for a treatment.

What did women expect and experience regarding discussing sexuality and undergoing physical examination? What would they, afterwards, advice their GP? In short, what lessons could be learned in order to improve diagnostics and management of PVD in general practice?

Study design

The interviewer will be the student-researcher. After each interview, all audiotaped material will be transcribed and independently coded by the student-researcher and PhD candidate (P. Leusink, MD). Discrepancies in coding will be discussed until consensus is reached. Analysis obtained by coding and evaluating after two interviews, will be used to revise the interview guide for the next interview, if necessary. The aim is to perform enough interviews until saturation in topics is reached. Subsequently all the transcripts will be uploaded and digitally coded using software program MaxQDA. Finally 4-5 major themes will be distracted from these codes in order to describe the main findings.

Study burden and risks

We do not expect any risks. The burden consists of filling in a short questionnaire and participating in one qualitative interview (during which intimate questions will be posed). If the questionnaire and/or the interview are mentally taxing for the participant, help will be offered.

Contacts

Public
Academisch Medisch Centrum

meibergdreef 9
amsterdam 1105 AZ
NL
Scientific
Academisch Medisch Centrum

meibergdreef 9
amsterdam 1105 AZ
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- Women
- aged 18-50
- Speaking Dutch
- With provoked vulvodynia (PVD), as was diagnosed bij a GP/sexologist of gynaecologist
- Who minimally visited once a GP prior to the diagnosis
- The first visit to a GP regarding PVD or related complaints was < 2 years ago

Exclusion criteria

The diagnosis of PVD was set after menopause
The diagnosis of PVD was not established definitely

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Other

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	19-01-2017

Enrollment:	20
Type:	Actual

Ethics review

Approved WMO Date:	25-10-2016
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	16-01-2017
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	01-09-2017
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL59046.018.16