

OFFICE OF RESEARCH ON WOMEN'S HEALTH (ORWH)

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PINN POINT ON WOMEN'S HEALTH

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PODCAST 7:

VULVODYNIA AWARENESS CAMPAIGN

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M-E-E-T-I-N-G

ANNOUNCER: From the National Institutes of Health in Bethesda, Maryland, America's premier medical research agency, this is Pinn Point on Women's Health with Dr. Vivian Pinn, Director of the Office of Research on Women's Health. Now here is Dr. Pinn.

DR. PINN: Welcome to another episode of Pinn Point on Women's Health. Each month on this podcast we take a look at the latest developments in areas of women's health and the medical research that affects our lives. For this podcast, I'm delighted to welcome Dr. Estella Parrott who is Program Director, Reproductive Medicine Gynecology Program in the Reproductive Sciences Branch, Center for Population Research at the National Institute of Child Health and Human Development here at the NIH.

But, first, some hot flashes from the world of women's health research coming up in just 60 seconds when we continue with Pinn Point on Women's Health.

(Music played.)

ADULT: Come here and give Auntie a hug.

CHILD: Wow. You sure have lost some weight.

ADULT: How do you know that, Princess?

1 CHILD: Because now when I hug you, I can
2 fit both of my arms around you and touch my
3 fingertips. Are you on one of those diets that Mommy
4 tries every month?

5 (Laughter.)

6 ADULT: No, sweetie. I'm just trying to
7 eat healthy and move more so that I can spend more
8 time with you.

9 CHILD: What do you mean?

10 ADULT: Well, diabetes runs our family and
11 I'm trying to prevent it before I get it. There's a
12 new program that has tips on more than 50 ways to
13 prevent diabetes. So I'm doing it and getting
14 results.

15 CHILD: So you mean you're doing this all
16 for me?

17 ADULT: Well, something like that.
18 (Kiss.)

19 ANNOUNCER: Talk to your health care
20 provider. Losing a small amount of weight by being
21 active 30 minutes five days a week and eating
22 healthier can prevent Type 2 Diabetes. For more
23 information and to get your free More Than 50 Ways
24 brochure call 1-800-438-5383. This message is from
25 the U.S. Department of Health and Human Services,

1 National Diabetes Education Program.

2 (Music.)

3 DR. PINN: Welcome back to Pinn Point on
4 Women's Health. As promised, it's time to take a look
5 at some of the hot flashes in the news regarding
6 Women's Health Research.

7 Recently, researchers at the National
8 Cancer Institute here at the National Institutes of
9 Health reported that fewer women are getting
10 mammograms. We're not sure why mammography rates have
11 declined in women over age 40 after many years of
12 seeing an increase in the use of mammograms. This is
13 of great concern because evidence does show that
14 mammograms save lives by detecting breast cancer
15 early.

16 Breast cancer mortality has continued to
17 decline over recent years and the use of mammography
18 and early screening has thought to be a major
19 contributor. Doctors and researchers are now
20 concerned that if the use of mammography continues to
21 decline, the success they've had in saving lives from
22 breast cancer will begin to falter. So, women or
23 those of you who have women in your lives, encourage
24 them or take yourselves to get a mammogram and remind
25 yourself to do it at the appropriate time. Consult

1 your health care provider and make those appointments
2 if you've not had one recently.

3 There's long been concern about the use of
4 x-ray in women who are pregnant and yet while one is
5 pregnant does not mean that you may not have a
6 condition that needs to be diagnosed and where the use
7 of imaging might be important.

8 A recent report from radiologists in the
9 American Institute of Physics, Discoveries and
10 Breakthroughs in Science, reported that radiologists
11 have shown that magnetic resonance imaging (MRI) can
12 be just as accurate as a CT or CAT scan and can be
13 used to help radiologists diagnose such conditions as
14 cancer, cysts and kidney stones and this is important
15 for pregnant women because the magnetic rays and
16 radio-frequency energy used in MRI are safer than the
17 potential carcinogenic x-rays of CT scans, especially
18 while one is pregnant or for the fetus. This is an
19 important breakthrough because it means that by using
20 MRI, which uses magnetic waves and radio-frequency
21 energy as opposed to CAT scans which use x-rays, the
22 risk to both the baby and the mother can be reduced
23 and that means that MRI is probably safer and as
24 accurate in making diagnoses in pregnant women.

25 We know there have been a lot of concerns

1 over years about medications and other technologies as
2 they may apply to women during child-bearing ages and
3 especially while they're pregnant. So this represents
4 an important piece of information for women who may be
5 pregnant and may be concerned about having a proper
6 diagnosis made about a condition or ruling out a
7 condition such as cancer during the time of pregnancy.

8 One other thing that I want to mention is
9 that recently the Office of Research on Women's Health
10 and the NIH Working Group on Women in Biomedical
11 Careers held a national leadership workshop on
12 Mentoring Women in Biomedical Careers. This is part
13 of the major mission of the Office of Research on
14 Women's Health to promote and sustain biomedical
15 careers for women and, of course, mentoring figures
16 very prominently in all of our concerns. Of course,
17 mentoring is important for both women and men, but we
18 wanted to give special attention to some of the issues
19 related to women in science.

20 The workshop was very successful in that
21 there were many who attended and I would recommend
22 that if you are interested that you go to the Web site
23 for the Office of Research on Women's Health, which is
24 ORWH.od.nih.gov, and click on the link to the
25 Mentoring Workshop. I would especially recommend that

1 you look at and listen to the opening keynote address
2 by Dr. France Cordova, the new president of Purdue
3 University, as she chronicles her rise in science from
4 NASA to Purdue after being told when she was in early
5 school years that women shouldn't be in science. It's
6 both fascinating and inspirational. Take a look at
7 the Webcast from this workshop. I think you'll enjoy
8 it.

9 We'll have more updates in the next
10 podcast and coming up next, I'll visit with Dr.
11 Parrott for a discussion about vulvodynia. Do you
12 know what that is? If not, stay tuned. We'll be
13 right back with more Pinn Point on Women's Health.

14 (Music.)

15 ANNOUNCER: Are you or a family member
16 suffering from a disease? Are you just looking for
17 the latest medical information? Then check out
18 Medline Plus with information from the National
19 Institutes of Health. The Federal Government's
20 premier agency supporting medical research, Medline
21 Plus is your one-stop source for the latest medical
22 information, information about prescription drugs,
23 clinical trials and all sorts of information
24 pertaining to your health. There's even a medical
25 encyclopedia. It's all right there on your computer,

1 www.medlineplus.gov and if you crave the latest news
2 from the cutting edge of medical science, PubMed
3 Central and the NIH's new Public Access Program can
4 lead you there.

5 The NIH Public Access Archive Program is
6 adding to the nearly half a million research articles
7 already available online in PubMed Central. Log onto
8 the NIH home page, www.nih.gov, and click the link for
9 Public Access. That's Medline Plus for up-to-date
10 medical info and Public Access and PubMed Central for
11 the latest medical research results.

12 These services brought to you by the
13 National Institutes of Health.

14 (Music.)

15 DR. PINN: Welcome back to Pinn Point on
16 Women's Health. Our guest today is Dr. Estella
17 Parrott who is Program Director in the Reproductive
18 Medicine Gynecology Program in the Center for
19 Population Research here at the National Institutes of
20 Health in the National Institute of Child Health and
21 Human Development. And today we're going to talk
22 about vulvodynia.

23 So why don't I start by asking Dr. Parrott
24 what is vulvodynia?

25 DR. PARROTT: Thank you, Dr. Pinn, for

1 inviting me to talk about this topic.

2 Vulvodynia is a condition involving
3 chronic pain and discomfort of the vulva. The pain
4 recurs and is long-lasting.

5 Women with vulvodynia who experience
6 unexplained pain in the genital area usually come into
7 their doctor's office and complain of burning or
8 stinging without signs of infection or other vaginal
9 disease. The discomfort frequently lasts for three
10 months or longer.

11 The symptoms may be constant or they may
12 come and go. They can begin and end without warning.

13 Symptoms may also occur after physical contact with
14 the vulva area such as during tampon insertion, sex or
15 wearing tight-fitting underwear. Symptoms may also be
16 felt during exercise, after urinating or even while
17 sitting or resting.

18 Part of the issue involving vulvodynia is
19 that when women choose to seek care the lack of health
20 care provider education about the diagnosis and
21 treatment of vulvodynia may lead to multiple office
22 visits with different providers before a correct
23 diagnosis and the appropriate intervention are
24 determined. Vulvodynia, as with most chronic
25 conditions, can have a profound impact on a woman's

1 quality of life. Chronic pain like vulvodynia can
2 make it hard to work or be active or participate in
3 social activities. Dealing with pain on a long-term
4 basis can cause mental health problems such as low
5 self esteem, anxiety or depression and some women may
6 be afraid to have sex.

7 DR. PINN: Vulvodynia is a big word.
8 Women don't know when they go in to say they have
9 vulvodynia and aren't women sometimes sensitive about
10 even describing that they have pain down there or
11 there's pain in the vulva area. What about that?

12 DR. PARROTT: This is true. I think many
13 women are embarrassed to come to the doctor to discuss
14 pain down there or pain in the genital area because
15 they're concerned that they may have sexually
16 transmitted disease, that there may be something very
17 serious happening down there like cancer. But I think
18 it's important that women understand their anatomy,
19 understand the genital area, understand what the vulva
20 is, and understand the impact of this particular
21 disease on their entire reproductive health.

22 DR. PINN: So as we talk about women and
23 their health care provider's understanding about
24 vulvodynia, explain what vulvodynia means. It refers
25 to the vulva. What is the vulva?

1 DR. PARROTT: Yes. I think that a lot of
2 women may not be familiar with their anatomy and this
3 can cause a problem in terms of explaining to the
4 health care provider exactly what their problem is.

5 The vulva is the area outside the female
6 genital area. The outer lips of the vulva are called
7 the labia majora. The inner lips of the vulva are
8 called the labia minora. And there's an area called
9 the vestibule which is found just within the labia
10 minora and right outside the vagina. In fact, the
11 vagina and the urethra open into the vestibule and
12 this is where someone has vulvodynia. Pain typically
13 occurs all along that area that I've described to you.

14 DR. PINN: How many women do you think
15 have vulvodynia or do we know?

16 DR. PARROTT: Well, I think researchers
17 have started looking at that particular issue trying
18 to determine how many women have vulvodynia. Part of
19 the problem, of course, is that many women do not go
20 to their doctors complaining about vulvodynia. A lot
21 of women as we talked about are embarrassed. But
22 there was a study at Harvard and it determined that
23 approximately six million women currently suffer from
24 vulvodynia. In addition, approximately 18 percent of
25 women between the ages of 18 and 64 will suffer from

1 vulvodynia at some point in their lives.

2 So the incidence appears to be highest in
3 young women between the ages of 18 and 25 and lowest
4 after age 35. Although all women may be affected with
5 vulvodynia.

6 DR. PINN: Yes, I've known some women in
7 their 60s who have had complaints. Who knows how long
8 they've been suffering with that pain but really never
9 found a physician who knew how to make that diagnosis.

10 So it's important, I think, that we're talking about
11 this today.

12 But also not only have you indicated that
13 vulvodynia affects women across the life span, but
14 also what about different racial and ethical groups?
15 Is one group affected more than others or do we really
16 know?

17 DR. PARROTT: Well, vulvodynia was once
18 considered to be a condition that primarily affects
19 Caucasian women, but additional studies have
20 demonstrated that all women, African American women,
21 Hispanic women, are equally likely to develop
22 vulvodynia.

23 DR. PINN: What causes vulvodynia? Do we
24 know?

25 DR. PARROTT: No, we really don't know. I

1 mean, we know what doesn't cause it for the most part,
2 but we're not sure exactly what causes vulvodynia.

3 DR. PINN: What doesn't cause it?

4 DR. PARROTT: We know that sexually
5 transmitted diseases do not cause it. We know that
6 it's not cancer. We know that it's not many of the
7 infections that women may typically have in the
8 genital area and I think it's important to note that
9 not all pain in the vulva area is vulvodynia. Many of
10 the infections can cause pain. Some skin lesions can
11 cause pain. And I think this causes a problem in
12 terms of the diagnosis so that even though we're
13 talking about vulvodynia we don't want women to think
14 just because they have pain in the genital area that
15 they have vulvodynia. They may have something else
16 that's easily treatable.

17 DR. PINN: Dr. Parrott, you are both a
18 gynecologist, so you have the clinical experience, and
19 you also oversee research. How is vulvodynia
20 diagnosed? If a woman comes to you and sort of
21 squirms in her chair but doesn't really know how to
22 describe her pain, what would make you suspect that it
23 may be vulvodynia and what would you do to make that
24 diagnosis?

25 DR. PARROTT: I think that first before I

1 talk about that I just wanted to mention about that
2 there are two common types of vulvodynia. I think
3 it's important that women understand that the term
4 vulvodynia is fairly broad. The two types are a
5 generalized vulvodynia and localized vulvodynia and
6 generalized means that the pain is located throughout
7 the area of the vulva and localized typically pain
8 resides specifically within the vestibule which we
9 talked about is the area that is outside the vagina.

10 So most of the time the doctor is going to
11 try to figure out exactly what is happening, how long
12 she's had the pain, what the issues are, medical
13 history, etc., and to figure out if there are any
14 vaginal infection. So she will be examined for
15 vaginal secretions. Cultures will be taken perhaps,
16 looking under the microscope for microorganisms and
17 determining for the most part if there are no other
18 causes of vulva pain that is treatable. Then the
19 diagnosis of vulvodynia is made. So it's kind of
20 considered a diagnosis of exclusion.

21 DR. PINN: You've made a diagnosis of
22 vulvodynia because you can't find any reason for this
23 pain or chronic pain. Tell me. What do we mean by
24 chronic pain? I'm talking about chronic pain. What
25 do we mean by chronic pain?

1 DR. PARROTT: In the case of vulvodynia,
2 it means that a woman has had pain in the vulva area
3 for three months or longer and typically they will do
4 self treatment at home prior to coming to the doctor.

5 DR. PINN: What do they typically do for
6 self treatment?

7 DR. PARROTT: I think they try topical
8 creams, ointments, taking warm baths.

9 DR. PINN: Do any of those help?

10 DR. PARROTT: Well, probably not, which is
11 why they do wind up coming to the doctor.

12 DR. PINN: And then once they come to you,
13 what kind of treatment is available?

14 DR. PARROTT: The treatment for vulvodynia
15 varies and there isn't any one single treatment.
16 Cures occur but are not that common and the treatment
17 really consists of vulva care measures such as light
18 clothing, avoiding deodorants, avoiding tampon use if
19 possible, avoiding tight-fitting pants and, for the
20 physician, they're going to prescribe
21 topical/oral/injectable medications, biofeedback
22 training, physical therapy, dietary modifications,
23 sexual counseling, and surgery in very selected cases.

24 DR. PINN: Surgery seems extreme. Tell us
25 a little bit about the surgery and when that might be

1 the treatment of choice.

2 DR. PARROTT: Surgery would be considered
3 extreme. It's very unusual. But because it's
4 probably maybe mentioned, I think it's important just
5 to briefly mention that surgery may be considered by
6 some health care providers for what we call localized
7 vulvodynia, which means there are discrete areas of
8 vulvodynia that perhaps can be excised. As I
9 mentioned, this is not the treatment of choice and
10 it's rarely considered. But I do think it is an
11 option that might be discussed with the patient.

12 DR. PINN: What about some therapies such
13 as acupuncture, what are considered as alternative
14 therapies, but may be mainstream in some areas? Do we
15 know much about treatments like acupuncture?

16 DR. PARROTT: No, we don't know a lot
17 about that. Certainly, it is being discussed more and
18 more. But I think until we have some idea of how
19 effective it is, who is doing it, what the areas are,
20 how acupuncture is being used to treat vulvodynia,
21 then I don't know that we can really comment anymore
22 about that.

23 DR. PINN: Is there anything a woman can
24 do to prevent vulvodynia?

25 DR. PARROTT: There really isn't anything

1 to prevent vulvodynia. Because it's similar to many
2 other vaginal infections, the important thing for the
3 health care provider to do is to exclude other types
4 of infection. Once that is done, then I think that
5 the health care provider and the patient can
6 concentrate on vulvodynia and try to find a treatment
7 method or a combination of treatments that would be
8 effective.

9 DR. PINN: Since we don't know what causes
10 vulvodynia, we know it's probably more common than
11 most people think but we're still learning about
12 populations that are affected and we don't have an
13 actual curative treatment for this syndrome, and I
14 guess we should call it a syndrome because it is
15 comprised of many different symptoms that all boil
16 down to the saying "chronic pain down there," if you
17 will, or female pain in the vulva area, what are we at
18 NIH doing about this in terms of research? What has
19 been some of the recent research and what are some of
20 the areas that we still need to explore?

21 DR. PARROTT: I think most of the research
22 that is being done on vulvodynia has been pretty
23 recent and there are a core set of investigators who
24 are aggressively looking at all areas of vulvodynia,
25 for one thing, clinical definitions that are being

1 standardized which will help health care providers and
2 women discuss the condition and what the associations
3 are. In addition, investigators are looking at
4 infectious disease processes, stress factors,
5 neurologic/genetic factors as well as potential
6 relationships with hormone and immune systems.
7 Researchers are also trying to determine what is the
8 best medical management tool to address vulvodynia.

9 DR. PINN: I've heard women say, "I'm just
10 so uncomfortable. I'm so glad you're talking about
11 vulvodynia. Now I know it has a name" and it comes as
12 a relief to women. But I think what we need more than
13 just being able to provide relief and letting women
14 know what it is, is to be able to say we're offering
15 some hope for cure. That means understanding the
16 pathogenesis, the etiology, of this condition. Do you
17 think we have any hope for breakthroughs any time
18 soon?

19 DR. PARROTT: I think there is always
20 hope. Investigators are aggressively looking at
21 potential risk factors. They are aggressively looking
22 at trying to identify conditions that co-exist with
23 vulvodynia and also trying to establish a link between
24 vulvodynia and other pain syndromes. So I think in
25 the future we can hope that there will be a

1 breakthrough, particularly as it relates to medical
2 management and finding a combination of therapies or
3 even one therapy that would be effective in treating
4 women who have vulvodynia.

5 DR. PINN: What would you say are the key
6 take-home points for women and for men who may be
7 listening to this broadcast to remember about
8 vulvodynia?

9 DR. PARROTT: I think there are several
10 points, but I'll just mention a few. I think the most
11 important one is to have women remember that this
12 condition affects all women, Hispanic women, African
13 American women, as well as Caucasian women. I think
14 that is one consideration that needs to be stressed.
15 Also for women to keep in mind that vulvodynia is a
16 complex disorder and is frustrating in terms of
17 treatment for both the health care provider and the
18 woman and I think it's important to know that we need
19 to have more studies, more research, in terms of
20 determining what causes vulvodynia and how to address
21 it.

22 DR. PINN: So that means that we here at
23 NIH have to make sure that we are willing to help fund
24 some of the research, but, more importantly, that
25 those who are doing research consider the issues

1 related to vulvodynia, to look at the literature
2 related to vulvodynia and to be prepared to submit
3 proposals to us to take forward our knowledge about
4 this syndrome, vulvodynia, this very painful condition
5 for women.

6 DR. PARROTT: Absolutely. We have been
7 encouraging investigators to move forward with
8 submitting applications for vulvodynia. And actually
9 we've been fairly successful in talking to
10 investigators and I think that more people who know
11 about vulvodynia understand that it is an important
12 reproductive health condition for women and I think
13 that more investigators, more health care providers,
14 are determining that this is an area that they really
15 need to concentrate on.

16 DR. PINN: But in addition to educating
17 women and making health care providers more aware of
18 how to make the diagnosis or that the diagnosis
19 exists, I've found that there are many men who are
20 interested in this condition because of how it affects
21 their significant others and who want to understand it
22 and because of how this condition may affect their
23 relationships with their wives or their significant
24 others. So what comment would you have about that?

25 DR. PARROTT: I think it's important for

1 any woman who has vulvodynia to honestly discuss it
2 with their partner. As I mentioned before, vulvodynia
3 can cause sexual dysfunction. It can make it
4 difficult for a woman to engage in sexual relations
5 and to communicate with their partner in an honest
6 fashion about the disorder. So to have a relationship
7 that is going to be positive and move forward and to
8 have a partner join the woman as it relates to
9 obtaining health care, then I think that it's
10 important that men also participate in the decision-
11 making.

12 DR. PINN: Are there any points about
13 vulvodynia that you'd like to make that I haven't
14 asked you about before we close out this broadcast?

15 DR. PARROTT: I think we've covered most
16 of the areas. The vulvodynia we know is very
17 frustrating and is very difficult and I don't know
18 that we will have a cure immediately, but we're hoping
19 in the future that we will. So we hope that women who
20 have vulvodynia will immediately go to their
21 physicians, talk to other health care providers and
22 determine what is the best treatment therapy.

23 DR. PINN: Thank you, Dr. Parrott.

24 Coming up next a few final thoughts for
25 this month when Pinn Point on Women's Health

1 continues.

2 (Music.)

3 FEMALE ADULT: I'll never get used to
4 these ten mile runs. They are taking so much time out
5 of my day.

6 MALE ADULT: Are you training for a
7 marathon or something?

8 FEMALE ADULT: Diabetes runs in my family
9 and I heard if you lose lots of weight you can prevent
10 it. So I started running like crazy and I cut my
11 calories big time.

12 MALE ADULT: Get real. You don't have to
13 knock yourself out to prevent diabetes. My doctor
14 said it's the small lifestyle changes you make that
15 matter because it's easier to stick to them.

16 FEMALE ADULT: Wow! Really?

17 MALE ADULT: It worked for me. Six months
18 ago, I started walking a lot and I stopped eating the
19 fried stuff. I've lost ten pounds. My doctor said
20 I'm doing great.

21 FEMALE ADULT: I'll have to ask my doctor
22 about this. I'd love to get my life back.

23 ANNOUNCER: Talk to your health care
24 provider. Losing a small amount of weight by being
25 active 30 minutes five days a week and eating

1 healthier can prevent Type 2 Diabetes. To get your
2 free game plan for preventing Type 2 Diabetes, call 1-
3 800-438-5383. This is a message from the U.S.
4 Department of Health and Human Services and the
5 National Diabetes Education Program.

6 (Music.)

7 DR. PINN: And now a few final thoughts.
8 Today we have discussed vulvodynia and you've heard
9 Dr. Parrott from the National Institute of Child
10 Health and Human Development, who oversees much of the
11 research portfolio on vulvodynia, discuss this issue.

12 I've had women come to me or call me and
13 say, "Can I ask you about something? I have this pain
14 down there" and, of course, they're referring to
15 vulvodynia. I hear from women and from their partners
16 that they've been to many physicians or they've talked
17 to nurses about this pain down there because they
18 don't know to call it vulvodynia and how they've
19 gotten no relief and how they're embarrassed to keep
20 going to physicians and no one is making the
21 diagnosis, so they don't know what to do.

22 We are pleased that we have been able to
23 embark on an educational awareness campaign related to
24 vulvodynia, first of all, making the fact known that
25 vulvodynia is an entity we can diagnose even if we

1 don't know the cause and even if we don't have a
2 definite cure for it, but that women can be better and
3 we've heard from many women who after getting
4 treatment and at least understanding what their
5 condition is have gone on to have better lives to have
6 relief of their pain and to become real advocates for
7 education.

8 So I recommend to you that you go to the
9 ORWH Web site and there is a specific site providing
10 information about vulvodynia. It's
11 ORWH.od.nih.gov/health/vulvodynia.html and if you
12 can't remember all of that, just go to nih.gov, click
13 on Women's Health or put in vulvodynia and it will
14 take you to both the ORWH, that's the Office of
15 Research on Women's Health Web site, and the
16 Vulvodynia Campaign or to NICHD, that's the National
17 Institute of Child Health and Human Development's Web
18 site, and its information related to vulvodynia.

19 We have partnered with a number of groups
20 including not only Institutes and the Pain Consortium
21 here at the NIH but also the National Vulvodynia
22 Association, the American College of Obstetricians and
23 Gynecologists, the American Association of Nurse
24 Midwives, many other groups who have all had an
25 interest in this including the National Association of

1 Hispanic Physicians, the National Medical Association,
2 and many others. I can't list them all here for you
3 here, but we are pleased that we have this
4 collaborative effort with so many groups to help us
5 take the message out not only to women and men who may
6 be concerned about or have this condition and not know
7 what it is but also to get this educational
8 information out to health care providers, physicians,
9 nurses, many who are involved in health care in many
10 different aspects.

11 So we hope that today's podcast will
12 enlighten you if you didn't know about vulvodynia, if
13 you did know about vulvodynia, that you've learned a
14 bit more and I encourage you to go to our Web site and
15 see all of the resources that are available not only
16 from the NIH but from our collaborating organizations
17 and information can be provided for you from our
18 website about how to contact these other organizations
19 and get the information that you may wish or that you
20 need or that you should have.

21 Please share this with others that you
22 know who may be too embarrassed to mention they have
23 that pain down there and you can tell them it's part
24 of being a women, something you shouldn't have to
25 suffer from and that it has a name.

1 Thank you for joining us on this episode
2 of Pinn Point on Women's Health. In a moment, the
3 announcer will tell you where to send your comments
4 and suggestions for future episodes. I'm Dr. Vivian
5 Pinn, Director of the Office of Research on Women's
6 Health at the National Institutes of Health in
7 Bethesda, Maryland. Thank you for listening.

8 ANNOUNCER: You can e-mail your comments
9 and suggestions concerning this podcast to Marsha Love
10 at lovem@od.nih.gov. Pinn Point on Women's Health
11 comes from the Office of Research on Women's Health
12 and is a production of the NIH Radio News Service,
13 News Media Branch, Office of Communications and Public
14 Liaison at the Office of the Director, National
15 Institutes of Health, Bethesda, Maryland, an agency of
16 the U.S. Department of Health and Human Services.

17 (Whereupon, the above-entitled matter was
18 concluded.)