

A group of four diverse professionals (two men and two women) are gathered around a table, looking at a laptop screen. They appear to be in a collaborative meeting or workshop. The background is a bright, modern office space with large windows.

Welcome to the
2025 WOMENtum

Together, let's advance women's intimate health,
break barriers, and address taboos!

MICR BIOTALK

by Biocodex Microbiota Institute

01

Liberating dialogue in gynecological consultations



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- Certified Therapist in Sexual Medicine
- Founder of the Alessandra Graziottin Foundation





Alessandra Graziottin
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FOR THE CURE AND CARE OF PAIN IN WOMEN

THE DARK SIDE OF THE GYNECOLOGICAL CONSULTATION

*Between challenges to be faced
and dreams to be fulfilled*

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DISCLOSURE 2024-2025

- **Speakers' bureau :**
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- **Advisory Boards:**
Astellas, Mylan, Techdow, Uriach
- **Consultant:**
Astellas, Fagron, Mammowave, Mylan, Named, Techdow, Uriach

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Three key points

1. Key questions to set the scene

2. Methodological issues

**3. The betrayal of PAIN,
the first body' cry for help**



1. Key questions to set the scene

1. Who is the first and last PROTAGONIST of every medical conversation?

2. What do SYMPTOMS mean?

3. What are the SIGNS?

3. What does «DIAGNOSIS» mean?



Key questions to set the scene

1. The HUMAN BODY is the first and last protagonist of every medical conversation, currently more and more betrayed and neglected

2. SYMPTOMS are urgent requests for attention, a real «cry for help»

3. SIGNS are the objective findings an accurate PHYSICAL EXAMINATION can elicit

3. «DIAGNOSIS» means «to recognize (a disease), through two key leading informations: symptoms and signs, and THEN targeted exams»

**«Semeiotics» (semeion techné):
the art of reading symptoms and signs,
ie the body truth and its cry for help**

The dark side of the gynecological consultation



WHO LISTENS TO HER PAIN SYMPTOMS ?

PAIN is the MOST neglected and NORMALIZED Symptom

«Psychological» explanations dominate the conversation

Yet PAIN has a SOLID BIOLOGICAL ETIOLOGY

SEXUAL PAIN is in absolute THE MOST NEGLECTED



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THE ENEMIES OF A TIMELY AND SUCCESSFUL DIAGNOSIS

- 1. INADEQUATE PHYSICIAN TRAINING**
in **SEXUAL MEDICINE**
- 2. TIME RESTRICTIONS:** for the medical consultation, 15' or less with no quality time devoted to **CLINICAL HISTORY**, and **PHYSICAL EXAMINATION:** how to read the «body book».
- 3. ECONOMIC and FINANCIAL PRIORITIES,** in public and private hospitals and clinics

The dark side of the gynecological consultation



THE CHALLENGE

In the darkness of Diagnostic **OMISSION**,
be **PROACTIVE** in investigating
EARLY PAIN SYMPTOMS

and predisposing conditions, such as
**Heavy Menstrual Bleeding, vulvar pain, sexual pain, recurrent cystitis,
irritable bowel syndrome, pelvic inflammatory disease**



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Facts: The NEGLECT of the human body

The **BODY** is progressively **MARGINALIZED** in the Medical consultation

The **PATIENT** is the **SPOKE-PERSON** of **that body**:
Her voice should improve the dialogue between her body and the
physician

YET she is usually interrupted in the first minute

IMAGING is preferred for the **DIAGNOSIS**,
whilst doctors are less and less trained to **LISTEN** to symptoms and to
competently **EXAMINE** the human body

whilst reading the **PATHOPHYSIOLOGY** behind symptoms

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The betrayal of PAIN, the first body's «cry for help»

«You'll give birth with pain»

For millennia, pain has been «normalized», minimalized and trivialized as part of the normal women's life

Still it is!!!
with normalization of

- ❖ **menstrual pain** and premenstrual symptoms
- ❖ **menstrual worsening of inflammatory and/or autoimmune diseases** (endometriosis, bladder pain syndrome, vulvodynia, IBS, rheumatoid arthritis, asthma, epilepsy...)
- ❖ **menopause driven pain symptoms** (arthralgias, GSM, cystitis, sexual pain)



The TRUTH about PAIN

the first body's «cry for help»

PAIN is (almost) always caused by a **microscopic biological damage**, causing a **biological STRESS** and the **adaptive/reactive response of our IMMUNITARY SYSTEM**, our «army», causing **INFLAMMATION** «the war inside the tissue»
either

- ❖ to remove the etiological factors, limit the damage and restore anatomic and functional tissue integrity, with a «**acute, physiologic («resolving»)** inflammation»
- ❖ to try to cope with the persisting damaging factor, with a «**chronic, non resolving inflammation**», leading to tissue destruction and worsening of pain

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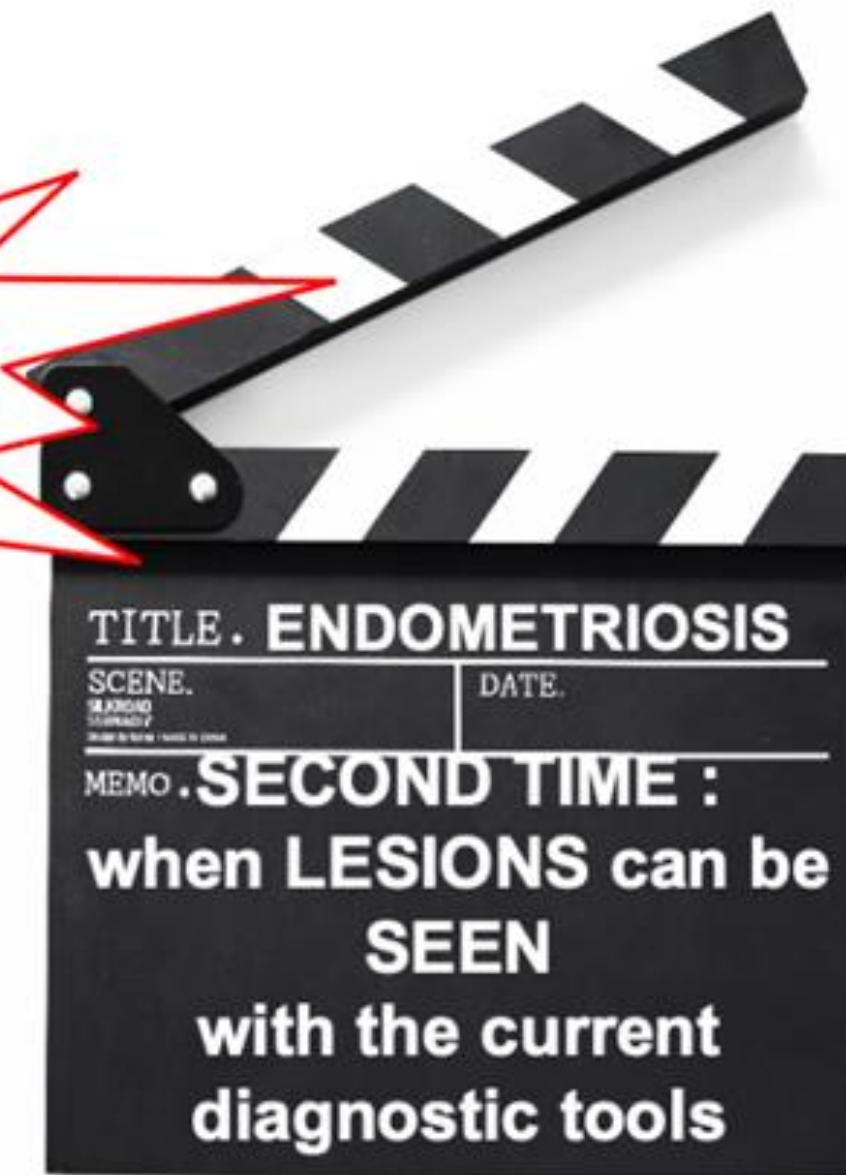
THE MOVIE of EVERY DISEASE within the body



**WHICH SYMPTOMS?
WHICH SIGNS?**

... years of medical
consultation with
DENIAL OF PAIN'
biological truth

The **DIAGNOSIS**
must be anticipated
to the **FIRST TIME**



**often TOO LATE for a
fulfilling HEALTH project**

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**This adolescent is facing 450-480 cycles:
how much of her PAIN CAN and SHOULD BE PREVENTED?**

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ENDOMETRIOSIS, PAIN and SEXUALITY: lack of professional recognition – Which future?



Diagnostic delay for superficial and deep endometriosis in the United Kingdom

Vishalli Ghai, Haider Jan, Fevzi Shakir, Pat Haines & Andrew Kent

Table 1. Symptoms and diagnostic experience of women.

	Yes	No
Any menstrual cramps during adolescence	73.30%	24.70%
Were you told the pain is normal	83%	13.70%
Trying to conceive > 12 months	48.0%	52%
Did the GP take your pain seriously	51.10	48.90%
Did the first gynaecologist take your pain seriously	23.40%	76.60%

**The younger the adolescent
the worse the neglect
of the BIOLOGICAL truth
and intensity of PAIN**

Symptom's neglect and Diagnostic delay

**7-12 yrs of PAIN, SORROW,
FRUSTRATION and
DISEASE PROGRESSION
with HUGE HEALTH costs**



Chapron C, Marcellin L, Borghese B, Santulli P. Rethinking mechanisms, diagnosis and management of endometriosis. Nat Rev Endocrinol 2019;15:666-82.
<https://doi.org/10.1038/s41574-019-0245-z>.

Taylor HS, Kotlyar AM, Flores VA. Endometriosis is a chronic systemic disease: clinical challenges and novel innovations. Lancet 2021;397:839-52.
[https://doi.org/10.1016/S0140-6736\(21\)00389-5](https://doi.org/10.1016/S0140-6736(21)00389-5).

NICE Endometriosis: diagnosis and management (NG73), 2017

Endometriosis Guidelines of European Society of Human Reproduction and Embryology, 2022

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**Endometriosis: a BIOLOGICAL civil war within the body
an immunitary battle
with genetic, endocrine and MICROBIOMA DRIVEN fights
with huge physical and emotional losses & costs**

**the TRAP: a huge diagnostic DELAY between onset of symptoms
and endometriotic lesions' visibility («Saint Thomas' Syndrome»)**



The Battle of San Romano, Paolo Uccello (1432)

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Endometriosis: the burden of late/missing diagnosis



Worsening of the three dimensions of PAIN: NOCICEPTIVE, NEUROPATHIC, NOCIPLASTIC

Fitzcharles MA et al. Nociceptive pain: towards an understanding of prevalent pain conditions.
Lancet. 2021 May 29;397(10289):2098-2110.



**TISSUE INFLAMMATION and PAIN
GET WORSE**

HEAVY & PAINFUL PERIODS



**COMORBIDITIES
THE EVIL TRIO: Endometriosis,
vulvodynia & cystitis**



**with GUT, VULVOVAGINAL &
BLADDER
DISBIOSIS**



EMOTIONAL DISTRESS

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WHEN SEX HURTS



- ❖ **Sexual pain disorders**
- ❖ **Vestibulodynia**
- ❖ **Recurrent cystitis**

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Review > Womens Health (Lond). 2024 Jan-Dec;20:17455057231223716.

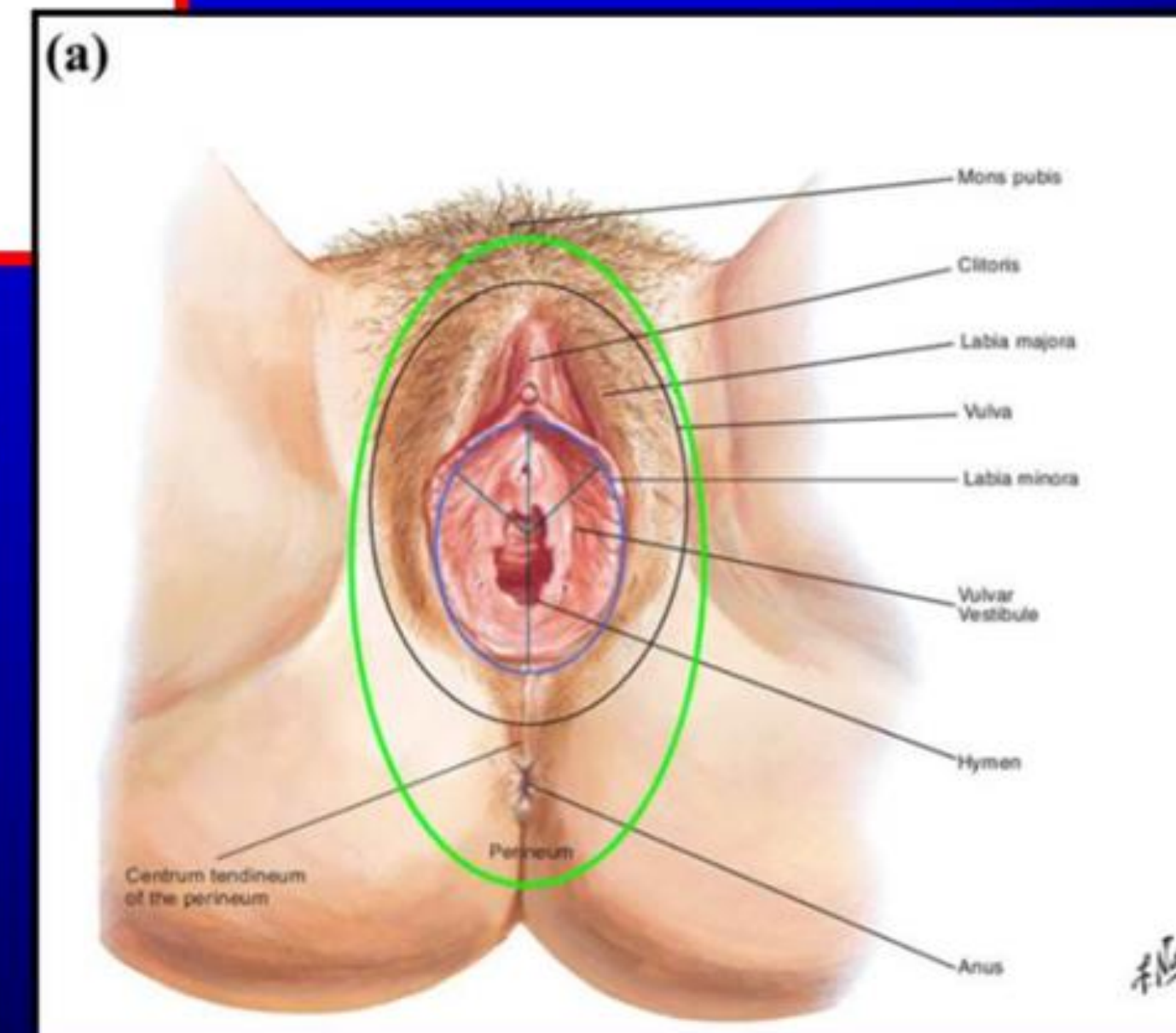
doi: 10.1177/17455057231223716.

Maintaining vulvar, vaginal and perineal health: Clinical considerations

Alessandra Graziottin ^{1 2 3 4}

**The gut, vulvar, vestibular and vaginal
microbiomas have a say!!!**

**DISBIOSIS of GUT & GENITAL
MICROBIOMAS
increases the RISK of
CANDIDA VULVOVAGINITIS
and
the vulnerability to SEXUAL PAIN**



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WHEN SEX HURTS



SHARE WITH THE PATIENT

- ❖ The image of the genitals
- ❖ The words
- ❖ Symptoms' etiology and meaning
- ❖ The pelvic floor role in pain
- ❖ The strategy to cure pain and improve sexuality

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HOW TO DIAGNOSE VULVAR PATHOLOGY & PAIN



**Role of levator ani hyperactivity:
the “myalgic pelvic floor” and the
BIOMECHANICAL ETIOLOGY of**

co-morbidity:

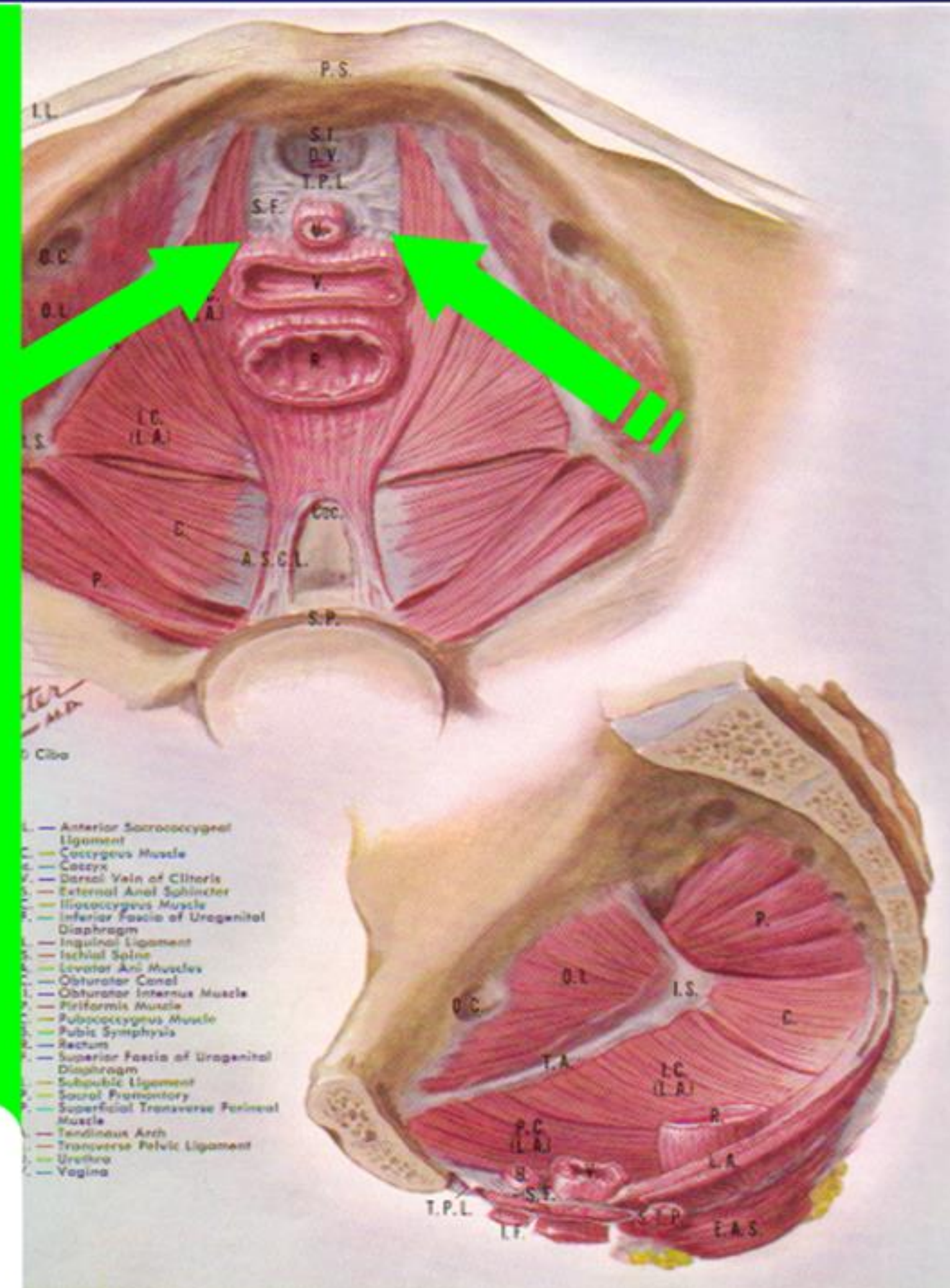
- **Sexual: DYSPAREUNIA/vulvar pain**
- **Uro-gynecologic: LUTS !**
- **Proctologic: CONSTIPATION**

alerting symptoms

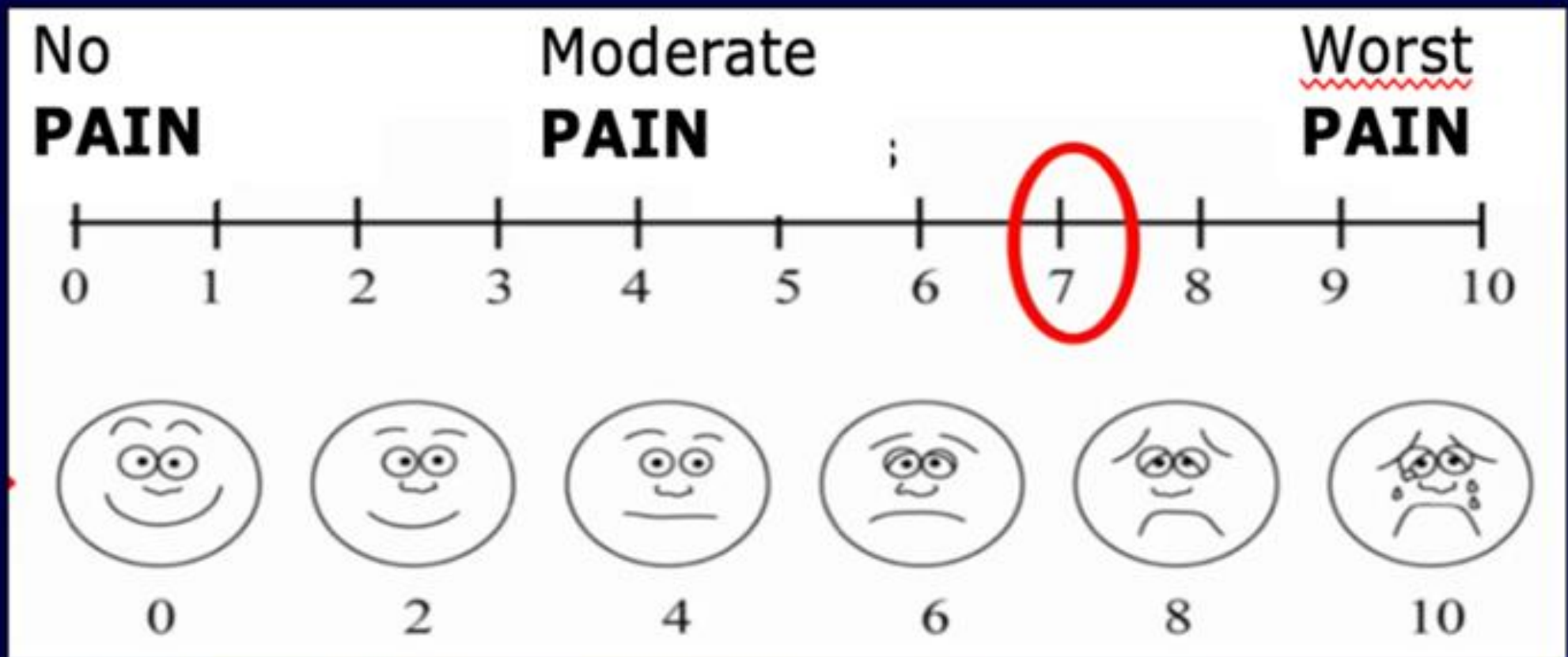
- **lifelong obstructive constipation**
- **difficult tampon insertion with pain**
- **vaginal dryness/dyspareunia with OC (OR of 4.1 before the age 18)**
- **irritative bladder symptoms**

Bertolasi et Al, 2004; Bergeron et Al, 2001,2002 Glazer et Al, 1999; Graziottin et Al. 1999, 2004; McKay et Al, 2001, Barlow et Al, 2004, 2006, Graziottin & Giovannelli 2006, Graziottin et Al, 2012, 2015, 2016., Graziottin 2021, Graziottin & Maseroli, 2022

A.Graziottin & F. Murina
Vulvar Pain from childhood to old age
Springer 2/2017

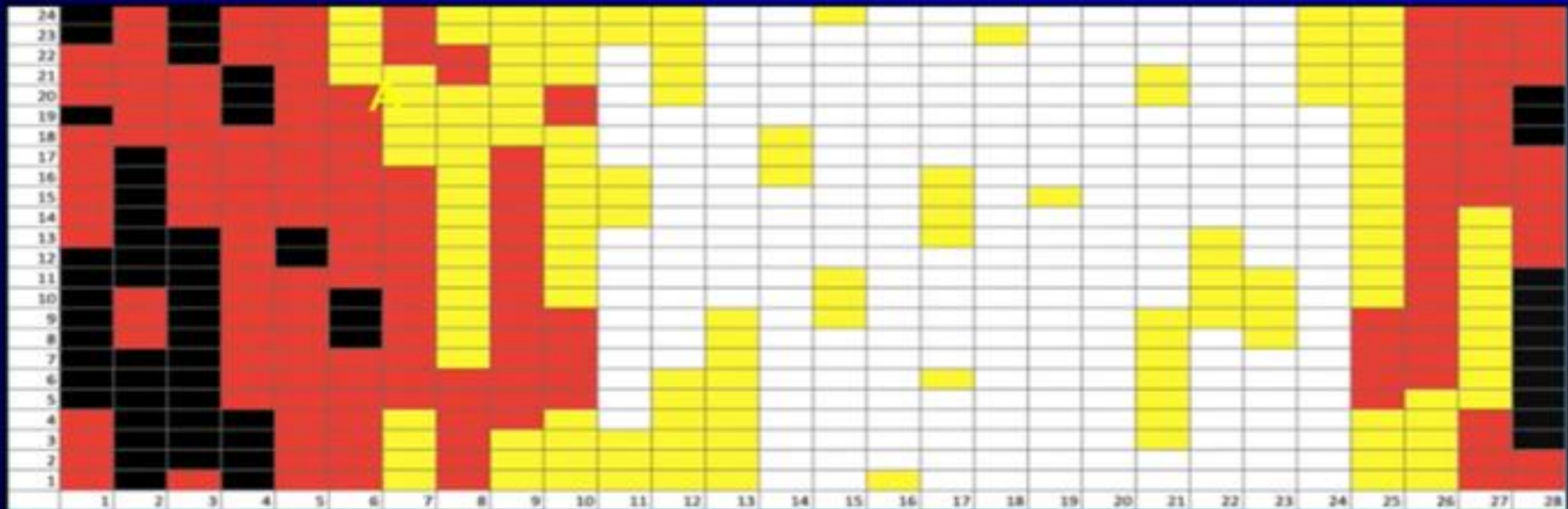


The dark side of the gynecological consultation



EVALUATE
The intensity of PAIN

Visual Analogue Scale | Yale Assessment Module Training
<https://assessment-module.yale.edu/im-palliative/visual-analogue-scale> Accessed: 2022-08-04



Intensità del dolore
0 bianco
1-3 giallo
4-7 rosso
8-10 nero

EVALUATE HOW PAIN CHANGES ALONG THE MENSTRUAL CYCLE

Days from the first day of one cycle to the following period

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KEY POINTS

- **Better Training for Healthcare Professionals: PAIN is KEY**
Importance of recognizing pain as a **biological signal**, not just psychological.
The **questions doctors should ask patients** to ensure early diagnosis.
- **The Role of Microbiota in Women's Health**
Vaginal and gut microbiota are key to **preventing and managing gynecological pain**
An imbalanced microbiome contributes to infections and chronic conditions.
- **Improving Patient-Doctor Communication**
Empowering patients to speak openly about their symptoms in key **BUT...**

**HCP should be better trained in diagnosing and treating
PAIN & related HEALTH ISSUES**
Follow "How to Talk About" initiative as a tool to guide for HCP

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CONCLUSION

- Women's pain should be recognized as a **biological warning, not ignored or normalized.**
- **Doctors need better tools** to listen to patients and diagnose pain-related conditions earlier.
- The **microbiota plays a crucial role** in intimate health and should be considered in treatments.
- **BETTER COMMUNICATION BETWEEN HCPS AND PATIENTS is key**, and initiatives like "**How to Talk About**" provide guidance for more effective discussions.



Life begins at the end of your comfort zone

Neil Donald Walsh