Impact of a Multidisciplinary Vulvodynia Program on Sexual Functioning and Dyspareunia

Lori A. Brotto, PhD, Paul Yong, MD, Kelly B. Smith, PhD, and Leslie A. Sadownik, MD

Department of Gynaecology, University of British Columbia, Vancouver, BC, Canada

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ABSTRACT

Introduction. For many years, multidisciplinary approaches, which integrate psychological, physical, and medical treatments, have been shown to be effective for the treatment of chronic pain. To date, there has been anecdotal support, but little empirical data, to justify the application of this multidisciplinary approach toward the treatment of chronic sexual pain secondary to provoked vestibulodynia (PVD).

Aim. This study aimed to evaluate a 10-week hospital-based treatment (multidisciplinary vulvodynia program [MVP]) integrating psychological skills training, pelvic floor physiotherapy, and medical management on the primary outcomes of dyspareunia and sexual functioning, including distress.

Method. A total of 132 women with a diagnosis of PVD provided baseline data and agreed to participate in the MVP. Of this group, n = 116 (mean age 28.4 years, standard deviation 7.1) provided complete data at the post-MVP assessment, and 84 women had complete data through to the 3- to 4-month follow-up period.

Results. There were high levels of avoidance of intimacy (38.1%) and activities that elicited sexual arousal (40.7%), with many women (50.4%) choosing to focus on their partner's sexual arousal and satisfaction at baseline. With treatment, over half the sample (53.8%) reported significant improvements in dyspareunia. Following the MVP, there were strong significant effects for the reduction in dyspareunia ($P = 0.001$) and sex-related distress ($P < 0.001$), and improvements in sexual arousal ($P < 0.001$) and overall sexual functioning ($P = 0.001$). More modest but still statistically significant were improvements in sexual desire, lubrication, orgasmic function, and sexual satisfaction. All improvements were retained at 2- to 3-month follow-up.

Conclusion. This study provides strong support for the efficacy of a multidisciplinary approach (psychological, pelvic floor physiotherapy, and medical management) for improving dyspareunia and all domains of sexual functioning among women with PVD. The study also highlights the benefits of incorporating sexual health education into general pain management strategies for this population. **Brotto LA, Yong P, Smith KB, and Sadownik LA. Impact of a multidisciplinary vulvodynia program on sexual functioning and dyspareunia. J Sex Med 2015;12:238–247.**

Key Words. Provoked Vestibulodynia; Genital Pain; Multidisciplinary Treatment; Dyspareunia; Sex Therapy; Psychological Therapy; Pelvic Floor Physiotherapy; Vulvar Vestibulitis Syndrome

Introduction

Chronic pain is a pervasive problem that affects over 50 million Americans and has enormous financial and personal costs [1]. Additionally, chronic pain is usually associated with significant psychological comorbidities, including depression, anxiety, and compromised overall quality of life. One specific chronic pain that has been of immense interest to clinicians providing women's health care is provoked vestibulodynia (PVD)—a diagnosis characterized by pain with contact to the vulvo-vaginal region. PVD is the most common cause of painful sexual penetration (i.e., dyspareunia) in women under the age of 30 [2].

The etiology of PVD is likely multifactorial and may include neurological, genetic, hormonal,

psychological, interpersonal, and muscular components [3]. The management of PVD is not straightforward, and a variety of medical, behavioral, and surgical treatment approaches have been tested [4,5]. Despite approximately 40 treatment outcome studies carried out over the past 15 years, it is still challenging for a clinician to identify an optimal treatment for an individual woman. Thus, most women with PVD will try many treatment modalities, often over the course of many years, before experiencing any significant relief [6].

Stemming, in part, from evidence that a biopsychosocial model of chronic pain is more appropriate than previously held dualistic views [7], there is strong support for the use of multidisciplinary and multimodal treatment in chronic pain [8]. Multidisciplinary treatment for genital pain is relatively new; however, there appears to be growing support for such an approach. Standard operating guidelines for the treatment of genital pain in women specifically identify a combination of education on pain management, pelvic floor physiotherapy, sex therapy, and medical approaches as ideally comprising the multidimensional approach [9]. For instance, women with PVD who engaged in individual psychosexual therapy with a counselor and pelvic floor physiotherapy with a midwife reported improvement in intercourse frequency, coital pain, and overall sexual functioning [4]. Among women with PVD who participated in a multidisciplinary program that included at least two self-selected treatments (medical, dietary change, individual psychotherapy, or physiotherapy), qualitative interviews revealed 27 of the 29 (93%) women reported a significant benefit, including 33% who reported complete resolution of their pain [10]. In both of these studies, the authors noted that a team approach to vulvodynia was responsible for patients' improvement. Moreover, women reported feeling safe in the team environment and believed that the interventions complemented one another [4,10]. Despite these results, quantitative research with larger sample sizes is needed to support the efficacy of a multidisciplinary approach in the treatment of PVD. Furthermore, neither of these studies utilized group psychotherapy in their programs that would further embrace a team environment and be more time- and cost-efficient.

As a result, we developed a multidisciplinary vulvodynia program (MVP) in 2008 in a large academic hospital located in a metropolitan city. Team members included gynecologists, a pelvic floor physiotherapist, a psychologist, a research director, and a program coordinator. Elsewhere we have reported on the qualitative experiences of women participating in the MVP [11]. The aim of this article was to focus on the sexual health, dyspareunia, and relationship outcomes given that these factors often constitute the most distressing consequences of the pain and prompt women to seek treatment.

Methods

Participants

Referrals were received from physicians for the assessment of patients with sexual pain secondary to suspected PVD. Inclusion criteria for the MVP were: a diagnosis of PVD, reproductive age, dyspareunia for at least 6 months, and ability to participate in the group sessions. Exclusion criteria were: postmenopausal status; women whose complaint was largely unprovoked, chronic vulvovaginal discomfort; women whose dyspareunia was felt to be due to another etiology (e.g., lichen sclerosus); and women who could not participate in the group for other reasons (e.g., lack of English fluency, signs of group-interfering behaviors such as hostility during the baseline assessment).

A sample of 19 women who were assessed at baseline, diagnosed with PVD, but who could not participate in the MVP largely due to scheduling conflicts, provided a comparison group for baseline demographics.

Procedure

All women were initially assessed by a gynecologist who carried out a medical history and a gynecological examination. The examination consisted of inspection of the external genitalia, cotton swab palpation of the vulva and vestibule, and a speculum and bimanual exam. An internal examination was deferred in those situations where the gynecologist felt it would not be tolerated (e.g., if the patient complained of severe pain on palpation of the vestibule or phobic avoidance). Women who met entry criteria and agreed to participate in the MVP were then assigned to a program cohort, oriented to the program schedule and requirements by the MVP coordinator, and given their schedule that included a combination of individual and group session appointments. Each cohort consisted of 10–14 women who progressed through the