



Behavioral Medicine Briefs

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Treating Women with Vulvar Pain

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Debbie is a 25-year old, single, Caucasian female coming in for a yearly physical/pelvic examination. She explains that she has been having significant pain during and after intercourse for the last two years. She denies experiencing pain under any other circumstances. She describes the pain as "sharp and burning," indicating that it is located at the vaginal entrance, not deep inside her. She and her partner have tried lubricants and condoms, which have lessened but not completely relieved her of this pain. Her interest in being sexual has decreased as a result of the pain itself and the anxiety she experiences when anticipating sexual activity. She denies any orgasm difficulties or pain while masturbating, although she does not stimulate herself internally in any way. She has never had difficulty with pelvic examinations or tampons.

Vulvar Pain

It is important to understand the terminology associated with vulvar pain when treating it.

- **Vulvodynia** – general term used to describe any chronic discomfort or pain in vulvar region
- **Dyspareunia** – used specifically to describe pain associated with sexual penetration
- **Vaginismus** – a specific disorder characterized by involuntary spasm of the muscles surrounding the outer third of the vagina, resulting in narrowing of the vaginal opening
- **Vulvar Vestibulitis** – a specific disorder with three criteria: 1) severe pain on vestibular touch or attempted vaginal entry, 2) tenderness to pressure within the vulvar vestibule, and 3) physical findings of vestibular erythema

Female dyspareunia, or painful sexual penetration, may be the most common and possibly most underreported form of sexual dysfunction. Causes of dyspareunia include the disorders vaginismus and vulvar vestibulitis, as well as postmenopausal vulvar/vaginal atrophy. Although

dyspareunia and vaginismus are independent diagnoses in the DSM-IV, they may also coincide. It is common for women experiencing vulvar pain to develop voluntary and involuntary muscle tension in the vulvar region as a protection against the pain. Likewise, it is also common for women to experience pain as a result of attempting penetration through a narrowed vaginal opening. Fear of pain is prominent as well and patients should be evaluated for anxiety as a precursor to or result of these disorders.

Diagnosis

Upon taking a thorough sex history, the following subtypes of the pain disorders should be clarified and used to guide diagnosis and treatment.

- **Lifelong** – pain has been present since becoming sexually active
- **Acquired** – pain developed after a period of pain-free sexual functioning

AND

- **Generalized** – pain is present in all sexual situations
- **Situational** – pain is limited to certain situations

Generalized types, both lifelong and acquired, are most commonly seen in clinical practice. Patients may report never having intercourse or experiencing significant pain for the duration of that experience. The longstanding pain and fear associated with intercourse may affect patients' interest in being sexual, ability to become sexually aroused, and ability to achieve orgasm. They often complain of feeling "defective" or "broken."

Physical examination need not take place during the first visit. Instead assessment of the level of pain and fear associated with penetration should be the focus while establishing rapport with a new patient. The patient may benefit from instruction on relaxation techniques and encouragement to gently touch herself in her vulvar region to better prepare her for examination, which may take

place over several visits to decrease the likelihood of a traumatic experience for the patient. When performing the physical examination the patient should be informed of the process in a step-by-step manner. She should also be encouraged to ask questions and stop the process at any time. It may be helpful to assign her the task of “guiding” the examination.

The swab test, using a moistened cotton swab to examine the vestibular openings, is a helpful tool when vulvar vestibulitis is being ruled out. However, if the swab test is positive, laboratory tests should be ordered to identify possible causes of infection.

Treatment

Treatment can vary based on the subtype of the vulvar pain. Physical therapy is an adjunctive treatment option for all types of vulvar pain. Pelvic floor biofeedback, ultrasound, heat, ice, electrical stimulation, soft tissue mobilization, myofascial release, therapeutic exercise, muscle energy technique, and visceral mobilization have all been used with benefit. Frequency and length of treatment are long-term. Improved management of pain symptoms is emphasized rather than focusing on a “cure.” Reassurance is also important, as treatment is often trial and error and long-term, which can be frustrating for patients.

Vaginismus

When the primary cause of pain is determined to be vaginismus, primary care treatment alone may be insufficient. When possible, both partners should be involved in treatment. Psychotherapy focused on sexual techniques, relationship issues, and likely anxiety associated with being sexual is an important component of treatment. Dilators are a mainstay of treatment as well.

Vulvar Vestibulitis

Treatment options for vulvar vestibulitis include medical management, cognitive-behavioral therapy, and surgical intervention. Medical management typically consists of using topical ointments and/or oral medications. Topical anesthetics, antifungals, and antibiotics have not been carefully studied but can be helpful in some cases.

Cognitive-behavioral treatment of vulvar vestibulitis is geared toward pain management and relaxation training. Biofeedback, sex therapy, cold application, and acupuncture have all been shown to be beneficial treatment options. Surgical intervention is considered the last-line treatment for vulvar vestibulitis. Vestibulectomy and laser therapy have been used, with the former having a greater success rate. Combinations of treatments may be the most comprehensive approach to this problem.

Vulvar/Vaginal Atrophy

Hormone replacement therapy (HRT) is the first-line treatment of vulvar/vaginal atrophy, but benefits of this treatment may take time (up to 18-24 months). Topical creams containing estrogen are one form of localized treatment for women with persistent vaginal dryness or those opting not to use systemic HRT. Benefits of a single estradiol vaginal ring may last for up to three months. Vaginal moisturizers, such as Replens, act similarly to estrogen-based creams without the side effects associated with localized or systemic HRT. Over-the-counter lubricants, such as K-Y Jelly and Astroglide, are also treatment options.

Anxiety and Depression

Anxiety and depression are common in women with vulvar pain. Although these reactions are understandable, particularly the longer they have experienced pain, it may be beneficial to treat the anxiety and depression while addressing the pain to increase the likelihood of successful treatment outcomes. These conditions may be treated medically and/or with psychotherapy. Sexual problems are associated with relationship struggles and can be helped by individual and/or couples psychotherapy as well.

In summary, vulvar pain is common and should be explored when gathering the sex history portion during a visit. If a patient is experiencing pain, several diagnoses should be considered and explored. Whenever vulvar vestibulitis is considered, a swab test should be done. Consultation with and referral to sexual medicine experts, including gynecologists, psychologists, and physical therapists may be helpful in treating these often complicated and chronic patients.

References

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- Hartmann, D. (1998). Vulvodynia: When Making Love Hurts and Physical Therapy Helps. *ADVANCE for Physical Therapists & PT Assistants*, September 14, 11-13.
- Maurice, W. (1999). *Sexual Medicine in Primary Care*. St. Louis, MO: Mosby.

Resources – for physicians and patients

Inlet Medical, Inc.: www.inletmedical.org
International Pelvic Pain Society: www.pelvicpain.org

National Vulvodynia Association (NVA): www.nva.org
Dr. Glazer’s Vulvodynia Website: www.vulvodynia.com

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