

Psychological Approaches to the Treatment of Provoked Vestibulodynia



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Outline



- Psychological, sexual, and relationship consequences
- Multidisciplinary treatment
- CBT, Mindfulness, and Sex therapy
- Outcomes to date

Prevalence



- One in five women aged 18-29 report chronic pain during intercourse (Laumann et al., 1999)
- Only 60 % seek treatment and over 50% of these never receive a formal diagnosis (Harlow et al., 2014)
 - Women see an average of 5 physicians before they are properly diagnosed (Nguyen et al., 2012)
- Up to 45% of women with vulvo-vaginal pain report a comorbid pain condition, comorbidity is associated with greater feelings of isolation and invalidation (Nguyen et al., 2012)

Psychological, sexual, and relationship consequences



- Lower intercourse frequency, lower levels of desire and arousal, more avoidant of sexual activities, and less orgasmic success (Meana et al., 1997; van Lankveld et al., 1996)
- More anxiety and negative feelings toward sexuality (Meana et al., 1997; Granot et al., 2002)
- Less childhood family support, more physical and sexual abuse as a child (Harlow et al., 2005; 2014)
- More negative sexual self-schema (Gates & Galask, 2001; Reed et al., 2003)

Psychological, sexual, and relationship consequences



- Uncontrolled and controlled cross-sectional studies show that women with dyspareunia generally report more feelings of depression and anxiety
- A community-based study showed that the odds of vulvo-vaginal pain were 4 times more likely among women with antecedent depression or anxiety compared to women without and that these disorders were also significantly more prevalent as consequences of the vulvar pain when compared to healthy controls (Khandker, et al., 2011)
- Higher catastrophization and avoidance of sexual activity and low self efficacy related to sex were shown to be important correlates of pain perception (Desrocher et al., 2009)

And the Partners ?



- More erectile difficulties(Pazmany et al., 2014; Smith & Pukall, 2014)
- Less sexual satisfaction (Smith & Pukall, 2014)
- Poorer sexual communication (Smith & Pukall, 2014)
- 73% report that the pain has a negative impact on their relationship(Smith & Pukall, 2014)



- Pain is typically triggered during sexual activity
 - Partner “causes” pain
 - Witness women’s reaction to pain
 - Suffer negative repercussions
- For women:
 - Fear of losing partner
 - Fear of disappointing partner
 - Feelings of inadequacy as a sexual partner



- Taken together, studies highlight a need to address psychological distress, sexual dysfunction, and relationship factors in the treatment of vulvar pain

Multidisciplinary Treatment



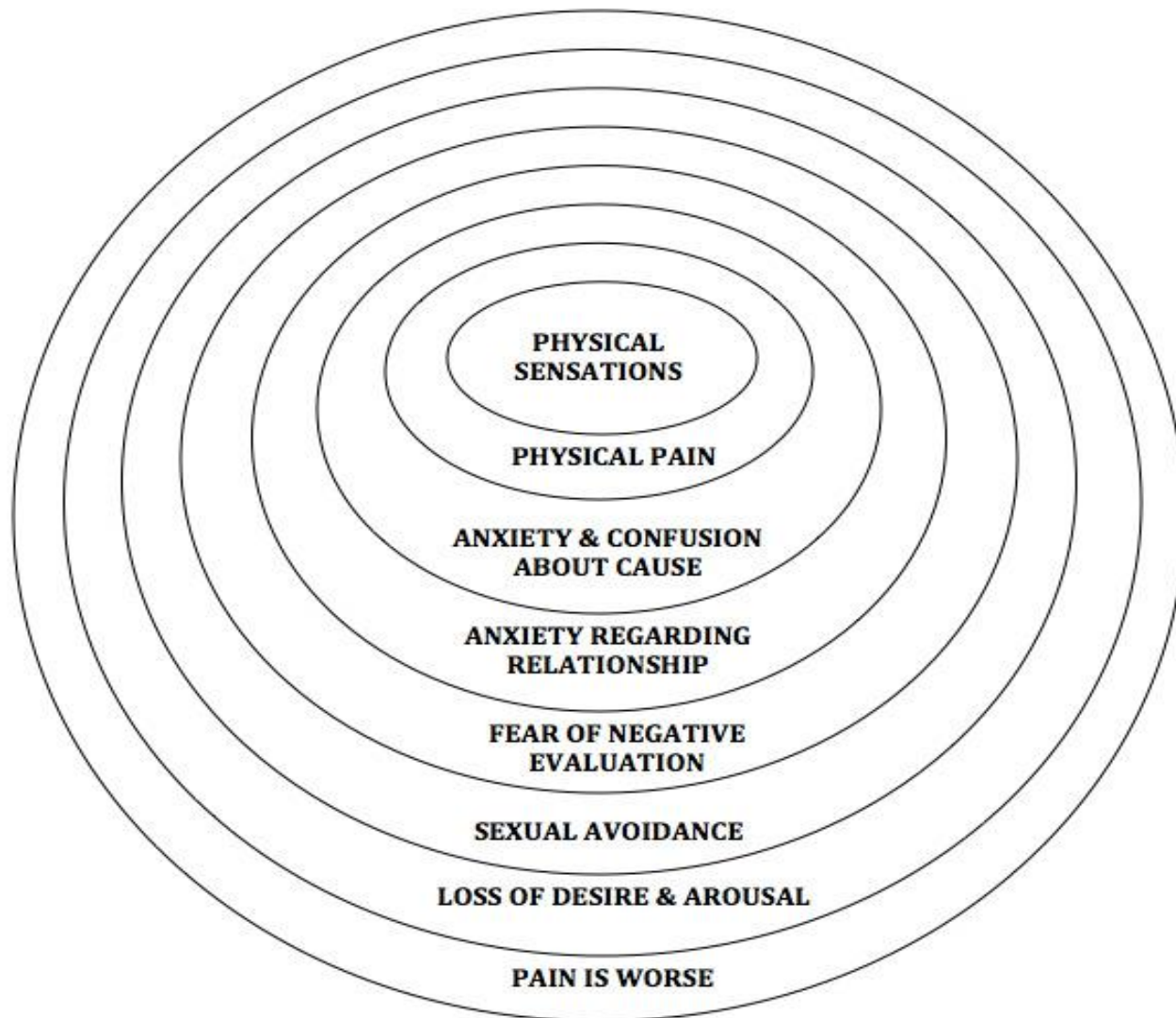
- Care providers and patients alike have noted that team based approaches contribute to positive outcomes
- Among women who participated in a program with at least two self-selected treatments (medical, dietary changes, individual psychotherapy, physiotherapy) 93% reported significant benefit, with 33% reporting pain resolution (Munday, et al., 2007)

Multidisciplinary Vulvodynia Program

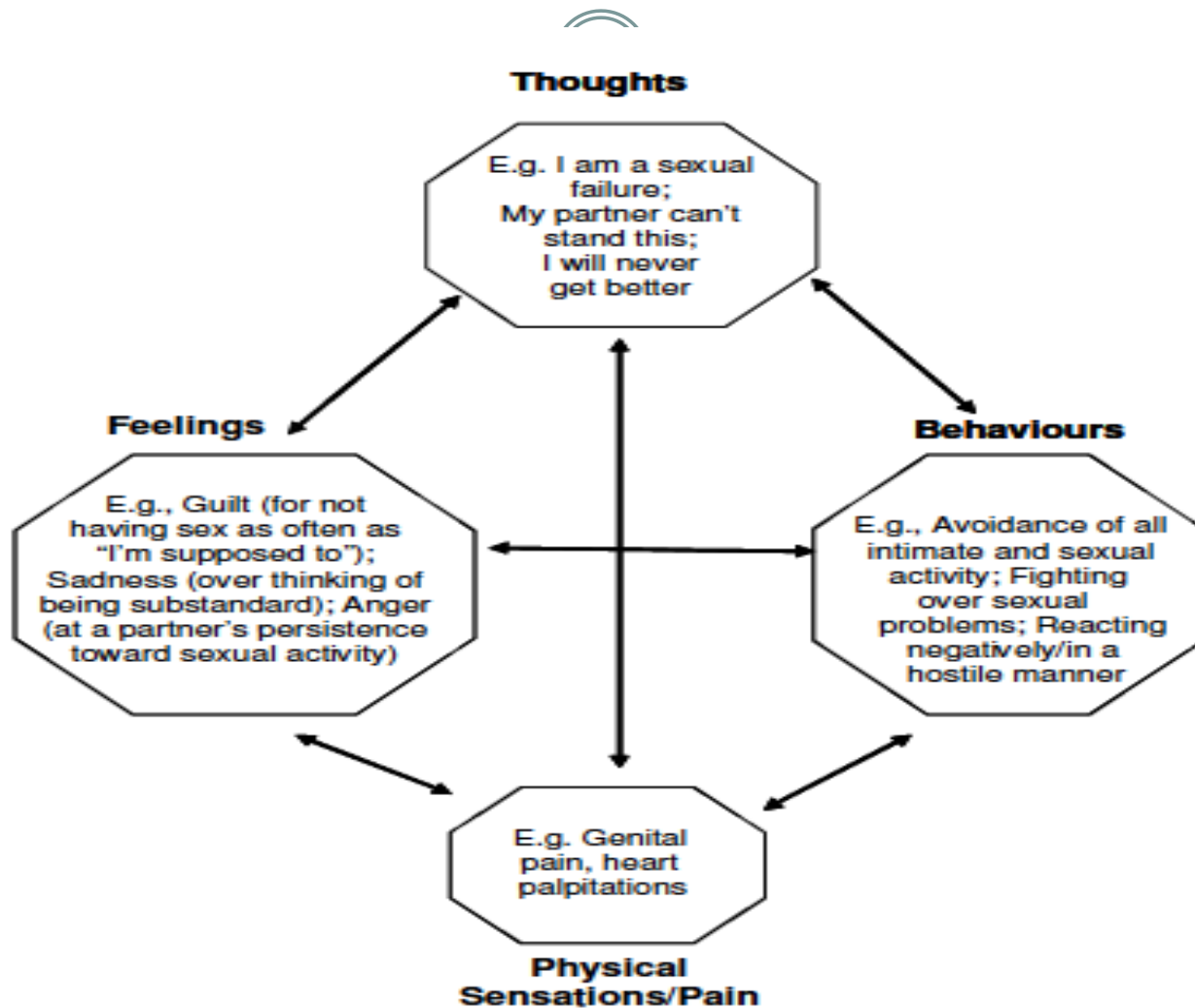


- **Group-based**
 - 3 – 2hr group sessions (in parallel to physiotherapy sessions)
 - ✦ CBT
 - ✦ Mindfulness
 - ✦ Sexual education

 - ✦ Psychoeducation/Skills training
 - ✦ Discussion/Support
 - ✦ Between session exercises
 - Sexual health appointments
 - Partner sessions



CBT Model

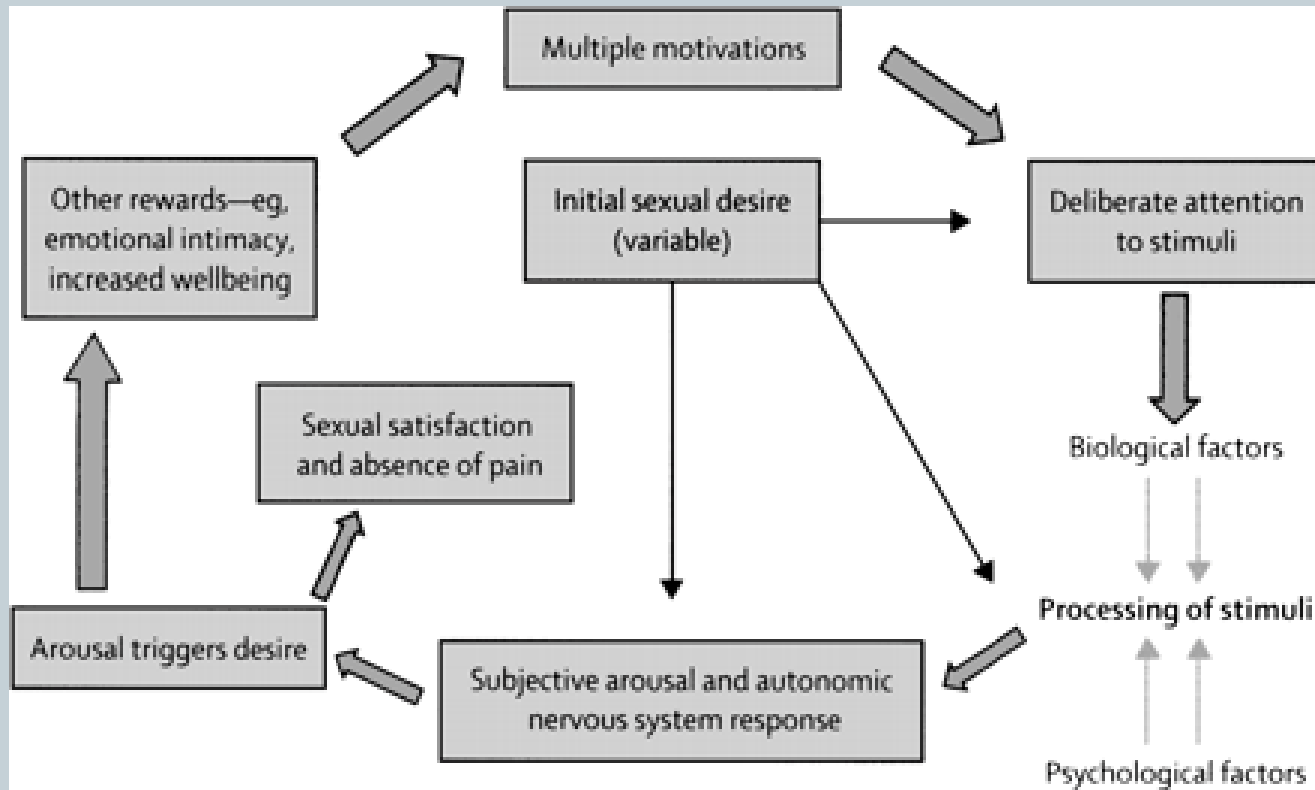


Mindfulness Skills



- Shown to be highly effective in the treatment of chronic pain in general (Jackson et al., 2016)
- Increases acceptance and engagement in activity, reduces pain related distress
- **Body scan meditation**
 - In session practice: starting with basic skills and moving towards using mindfulness with pain “uncomfortable sensation”
 - Nightly homework practice (6 nights/week)

Sex Therapy



Sex Therapy



- Sensate Focus
- Communication skills
- Information on non-penetrative sexual activity

Partner sessions



- **Psychoeducation:**
 - What is vulvodynia?
 - Validation of struggles related to being the “cause of pain”
 - Information on communication skills and providing support to partner

Treatment outcomes



- Increased knowledge
- Gained tools/skills
- Perceived improved mood/psychological health
- Sense of validation and support
- Enhanced sense of empowerment

Treatment outcomes



- Treatment gains in pain perception, sexual functioning and overall treatment satisfaction compared to topical treatment (Bergeron et al., 2016)
- Gains maintained at 6 month follow up

Treatment outcomes



- reducing sexual distress and improved sexual functioning
- patients who were having intercourse by the end of treatment (~50%) reported improvement in dyspareunia
- Strongest predictors of improvement in dyspareunia were lower pretreatment dyspareunia and higher post-treatment overall sexual functioning