

IMPACT ON SEXUAL ACTIVITY AND RELATIONSHIPS IN WOMEN WITH VULVODYNIA.

Hypothesis / aims of study

The vulvodynia is a poorly understood condition corresponding to complex syndrome of unexplained chronic vulvar pain.¹ The chronic vulvar pain impacts negatively on quality of life.² Frequently, these women have anxiety, hypervigilance, fear, catastrophizing and depression. Theoretically all these characteristics can affect the relationship in particular sexual functioning.² The partner solicitousness and hostility may play a role in the experience of pain.

We hypothesise that the women with chronic vulvar pain may affect the sexual activity and this condition may affect the relation with their partners. We hypothesise that women with vulvodynia have lower levels of sexual desire, arousal and frequency of intercourse.

This study aims to determine the impact of vulvodynia on sexual activity and on the relationship with their partners.

Study design, materials and methods

Qualitative and quantitative interviews were held with 50 women under vulvodynia diagnostic with stable couple. The condition of stable couple for this study was defined in more than 1 year. The interviews were conducted by a single clinician in a centre for urogynaecology at Las Condes Clinic, Santiago, Chile, in patients admitted for vulvodynia between January 2009 and January 2010. The interview considered different aspects of the relationship as if they felt understood by the partners, and if they support them. Other aspect was the sexuality considering the frequency and arousal.

Results

Of the 50 cases, 35 (70%) were women married and 15 (30%) unmarried. Of which 20 (40%) did not feel understood and supported by their partners, corresponding to 15 married and 5 single. These women felt that responses of their partners may play increasing the experience of pain. One of the married women was in process of divorce and one of single women was considering ending the relationship. Both felt that vulvodynia and deterioration of sexuality were the main reasons to end their relationship.

All regularly had vaginal intercourse before the symptoms of vulvodynia and 3 (6%) of them never had a vaginal orgasm (primary anorgasmia). 30 (60%) women had vaginismus associated to the vulvodynia (25 moderate and 5 severe). When asked by arousal, 30 (60%) women answered that decreased. 16 (32%) respondents have not arousal.

When asking about the frequency of vaginal intercourse all respondents had decreased their frequency by vulvodynia comparing before initiation of chronic vulvar pain. 23 (46%) women responded that the frequency was one or twice in a month. The other 27 (54%) women had no vaginal intercourse in the past months. The detention time of the vaginal intercourse is presented in the table.

Last vaginal vaginal intercourse in women with vulvodynia.	
1-5 months	11 cases
6-10 months	6 cases
11-15 months	4 cases
16-20 months	2 cases
>21 months	1 case
Total	27 cases

Interpretation of results

The vulvodynia affects the relationship of those who previously maintained stable relationships. The chronic vulvar pain causes decreased frequency or avoidance of the vaginal intercourse in women with vulvodynia. Not always the partners of women with vulvodynia support and understand them. In our series 40% of women did not feel understood and supported by their partners. Women with vulvodynia feel their sexuality is affected. At the time of interview 27 women avoid vaginal intercourse due to vulvodynia.

There is no doubt that the psychosexual factors affecting the pain experience. The results demonstrate that vulvodynia impacts sexual functioning. When women have coital pain avoid vaginal intercourse and if the couple does not understand what happens the relationship may deteriorate. For these reasons is important a multidisciplinary treatment including psychological support of both. Many women avoid having partners to avoid having to give explanations about vulvar pain. The presence of vulvodynia correlates with degree of psychosocial impairment.

Concluding message

The women with vulvodynia have lower levels of sexual desire, arousal and frequency of intercourse. The chronic vulvar pain has a high impact on the sexuality and may be a cause of rupture of the relationship. Therefore is important to consider as part of treatment, not only drug therapy for pain control and physiotherapy for vaginismus, is also very important the psychological support for both.

We believe that the support and understanding of the vulvodynia by the male can mean better results in the therapy.

References

1. Damsted-Petersen C, Boyer SC, Pukall CF. Current perspectives in vulvodynia. *Women Health (Lond Engl)*.2009;5(4):423-436.

2. Desrochers G, Bergeron S, Khalifé S, Dupuis MJ, Jodoin M. Fear avoidance and self-efficacy in relation to pain and sexual impairment in women with provoked vestibulodynia. Clin J Pain.2009;25(6):520-527.

<i>Specify source of funding or grant</i>	Clínica Las Condes
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Because because are qualitative and quantitative interviews
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes