



#357 Impact of Educational Interventions on Women suffering Pelvic Pain. A Randomized Controlled Trial

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Hypothesis / aims of study

Genito-Pelvic Pain/Penetration Disorder (GPPPD) poses a significant challenge in clinical practice due to its complex etiology and the limited efficacy of traditional treatment approaches. Education has become a promising treatment approach to many persistent pain conditions, as it helps patients to understand better their pain and condition. By changing negative attitudes towards pain, patients manage better their symptoms. The hypothesis of this study was that therapeutic education, encompassing pain management strategies, anatomical education, and sexual self-awareness, would effectively alleviate pain and improve sexual function among women suffering from GPPPD. Additionally, the study aimed to investigate whether the delivery method of educational interventions, either in-person or online, influenced treatment outcomes.

Study design, materials and methods

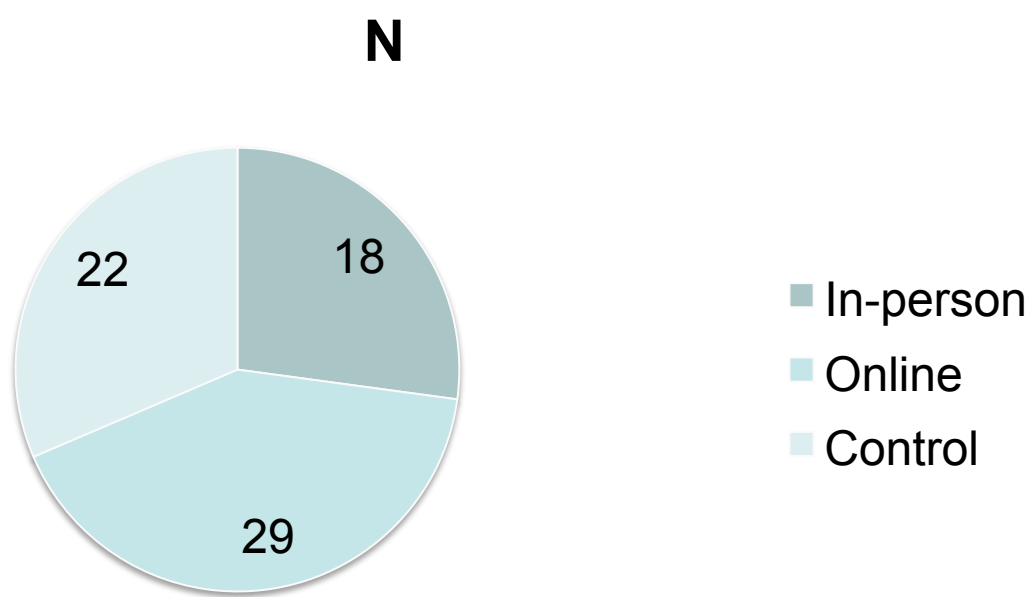
This randomized controlled trial adhered to the CONSORT guidelines and ethical principles outlined in the Declaration of Helsinki. Recruitment of participants took place between December 2021 and February 2022 from hospital databases and social media platforms. Eligible participants, diagnosed with GPPPD by a gynecologist, underwent screening via an online form. Baseline and post-intervention assessments were conducted using validated scales and questionnaires, including the Visual Analogue Scale (VAS) for pain intensity, the Pain Catastrophizing Scale (PCS), the Brief version of the Survey of Pain Attitudes (SOPA-B), and the Female Sexual Function Index (FSFI).

The therapeutic educational program, designed to provide comprehensive education on GPPPD management, was delivered in two parallel intervention groups: in-person and online. A control group received no intervention initially but was granted access to the online educational program post-assessment. Randomization was achieved using the opaque envelope method, with participants allocated in a 2:1 ratio. Statistical analysis involved a two-way mixed ANOVA to assess changes over time and between-group comparison testing using the Bonferroni post-hoc test.

The intervention consisted of weekly sessions over 4 weeks lasting around 30 to 60 minutes. The in-person group attended the Faculty of Physiotherapy campus, and the online group got sent a link to access to the session via a You-tube video. The online group could discuss any doubts or ask questions through the comments section and one of the researchers would answer them.

Results and interpretation

A total of 69 participants were enrolled and randomly allocated to the in-person group (n=18), online group (n=29), and control group (n=22).



Significant improvements in pain intensity were observed in both the in-person and online intervention groups. Specifically, the mean difference (MD) in pain intensity, as measured by the VAS, was 1.4 (SD 1.9, CI 95% 0.4-2.4) in the in-person group and 0.9 (SD 1.9, CI 95% 0.2-1.7) in the online group. Pain catastrophizing also showed significant reductions in the online group, with an MD of 7.6 (SD 8.6, CI 95% 4.2-11.0). However, no significant changes were observed in sexual function across any groups.

The findings underscore the efficacy of therapeutic education in alleviating pain intensity among women with GPPPD, regardless of the delivery modality. The online format offers a discreet platform for addressing sensitive issues related to sexual health, potentially overcoming barriers associated with in-person therapy. However, the lack of significant improvements in sexual function highlights the need for tailored interventions focusing on sexual behavior to address the multifaceted challenges associated with GPPPD effectively.



Conclusions

Therapeutic education emerges as a promising approach in managing GPPPD, with both in-person and online modalities demonstrating significant improvements in pain intensity. Future interventions should prioritize comprehensive education on sexual behavior to address the multifaceted challenges associated with GPPPD effectively and enhance overall treatment outcomes.

References

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