

Psychosocial Aspects of Vulvodynia: From Etiology to Treatment

Sophie Bergeron, Ph.D.

Department of Psychology
Université de Montréal

Outline of Presentation

- Psychosocial characteristics of women with vulvodynia
- Intra-individual psychological factors
- Cognitive-behavioral therapy
 - Efficacy
 - Predictors of outcome
- Role of the partner

Psychosocial Characteristics of Women with Vulvodynia



Prevalence

- One in five women aged 18-29 report chronic pain during intercourse (Laumann et al., 1999)
- Only 60% of women who report chronic vulvo-vaginal pain seek treatment for their pain, and 40% of these never receive a formal diagnosis (Harlow et al., 2001)
- Up to 45% of women with vulvo-vaginal pain report a comorbid-pain condition, and having a comorbidity is associated with increased feelings of isolation and invalidation (Nguyen et al., 2012)

Adolescents

- Community sample of 1,425 girls aged 12-19-year-olds
- 20% of sexually active girls reported having regular pain during intercourse for at least 6 months
- 67% = primary form



Landry T, Bergeron S. (2011). Biopsychosocial Factors Associated with Dyspareunia in a Community Sample of Adolescent Girls. *Archives of Sexual Behavior*.

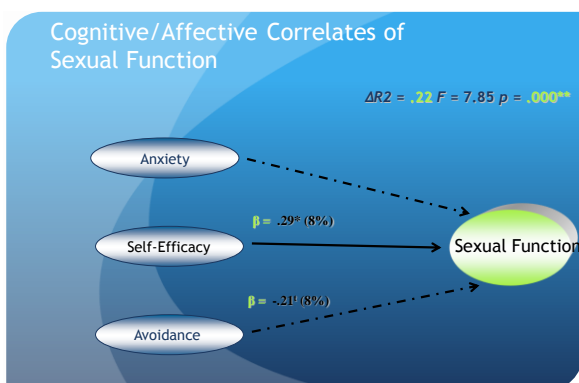
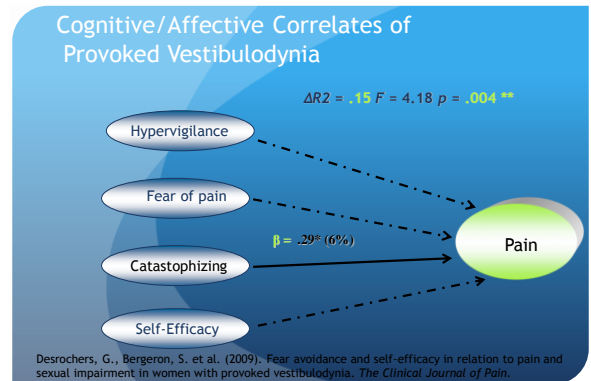
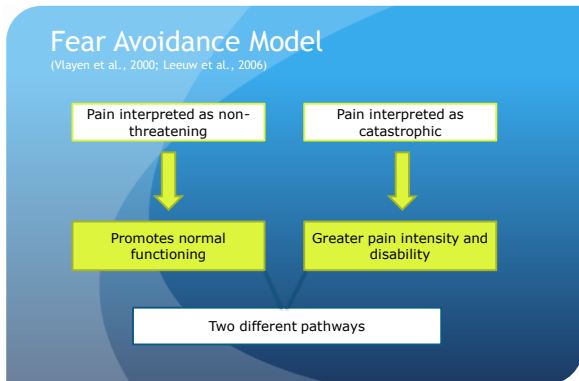
Psychosexual Functioning of Women with Vulvodynia

- 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 & Stewart, 2005)
- More erotophobic (Meana et al., 1997)
- More negative sexual self-schema (Gates & Galask, 2001; Reed et al., 2003)

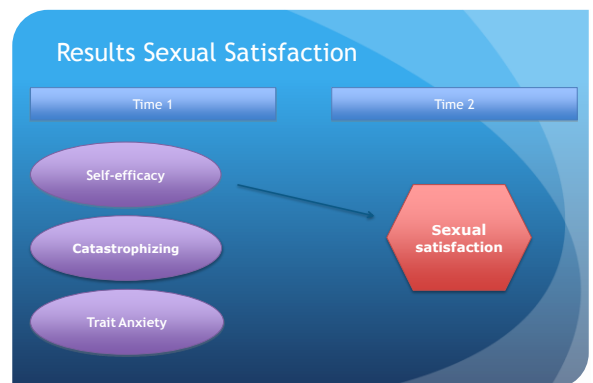
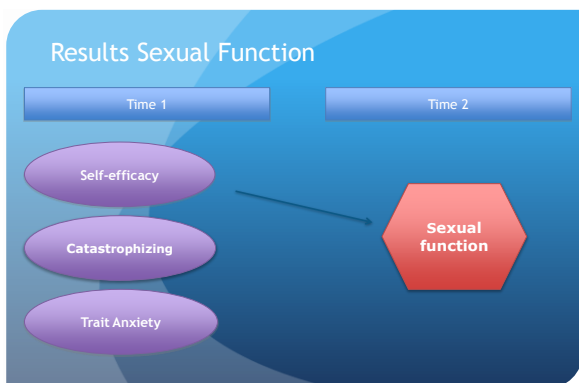
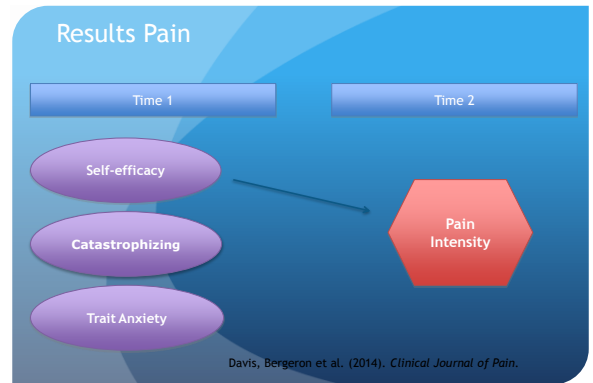
Psychosexual Functioning of Women with Vulvodynia

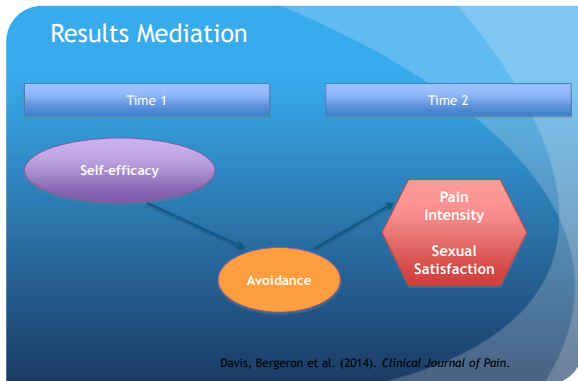
- Uncontrolled and controlled cross-sectional studies show that women with dyspareunia generally report more feelings of depression and anxiety
- A community-based study showed that the odds of vulvo-vaginal pain were 4 times more likely among women with antecedent depression or anxiety compared to women 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)

Intra-Individual Psychological Factors



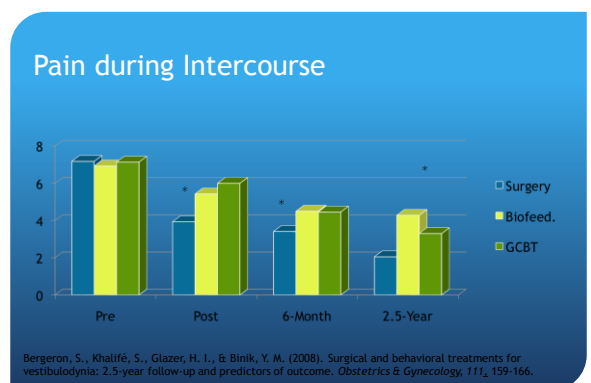
Is there a prospective relation between catastrophizing, self-efficacy, anxiety and vulvodynia?





Cognitive-Behavioral Therapy: Efficacy and Predictors

- ### Why Cognitive-Behavioral Therapy?
- Only treatment that targets negative sexual and relationship sequelae directly
 - Important source of psychological support
 - CBT strategies are effective in reducing pain intensity in other pain conditions (Bradley, 1996)
 - CBT shown to be efficacious in relieving vulvodynia and associated sexual difficulties (Masheb et al., 2009)
 - Long-term follow-up: CBT = vestibulectomy



Provoked Vestibulodynia: A Randomized Comparison of Group Cognitive-Behavioral Therapy and Topical Treatment

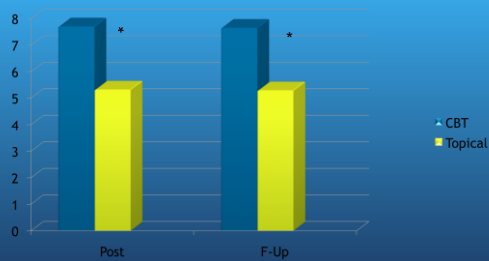
Sophie Bergeron, Ph.D.
Université de Montréal

Bergeron, S., Khalifé, S., Dupuis, M.-J., & McDuff, P. (in revision). A randomized clinical trial comparing group cognitive-behavioral therapy and a topical steroid for women with dyspareunia. *Journal of Consulting and Clinical Psychology*.

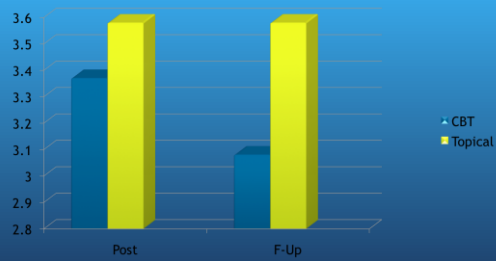
Treatment Expectancies



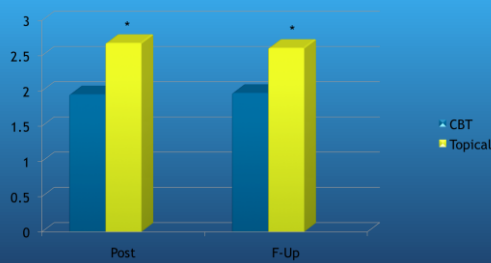
Treatment Satisfaction



Global Assessment - Pain



Global Assessment - Sex



Conclusions

- CBT group therapy for vestibulodynia is significantly better than a first line topical treatment in improving pain and sexuality outcomes, in addition to treatment satisfaction
- Gains are maintained at 6-month follow-up

A Randomized Clinical Trial for Women with Vulvodynia: Individual Cognitive-Behavioral Therapy vs. Supportive Psychotherapy

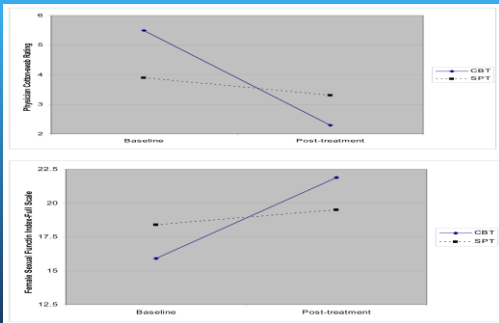
Robin M. Masheb, Ph.D.
Yale University School of Medicine

Study Design

- 10-week treatments
- Manualized individual CBT or supportive therapy
- 25 women with vulvodynia per condition
- Pre-treatment, post-treatment and 1-year follow-up assessments

Masheb et al. (2009). *Pain*.

Results: Pain and Sexual Function

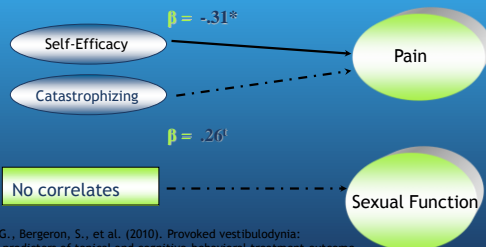


Conclusions

- Individual CBT is significantly better than supportive therapy in improving pain and sexuality outcomes in women with vulvodynia
- Gains are maintained at 1-year follow-up

Predictors of Outcome for CBT Tx

* Regressions "Residual score method"



Desrochers, G., Bergeron, S., et al. (2010). Provoked vestibulodynia: Psychological predictors of topical and cognitive-behavioral treatment outcome. *Behaviour Research and Therapy*, 48, 106-115.

Role of the partner



Natalie Rosen, Ph.D.
 Sophie Bergeron, Ph.D.
 Marc Steben, M.D.
 Bernard Lambert, M.D.



Interpersonal Context of PVD

- Interpersonal context
- Partners trigger pain, witness women's reactions to pain
- Partners suffer negative repercussions -> lower intercourse frequency, sexual satisfaction, more erectile difficulties compared to controls (Pazmany et al., 2014; Smith & Pukall, 2014)

Conceptual Models

- Fordyce's (1976) operant theory
 - Partner responses to patient pain behaviors act as reinforcement
- Intimacy/empathy theory (Cano, 2008)
 - Partner responses impact emotional regulation and intimacy of couple



Cross-Sectional Couples Study

Objectives:

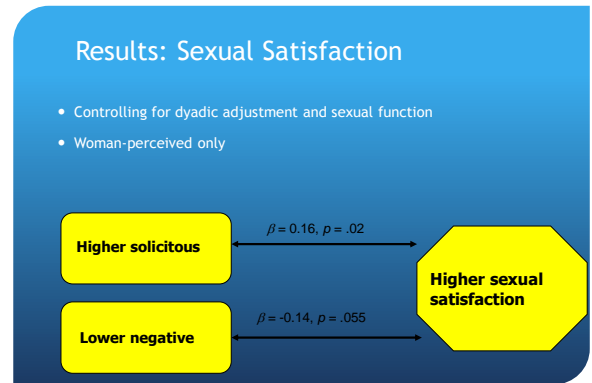
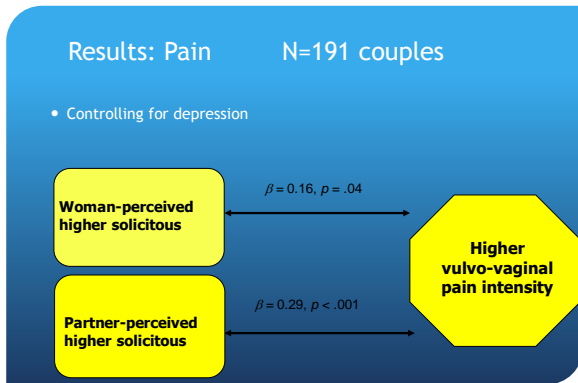
- 1) To examine whether partner responses to women's pain are associated with women's pain intensity, sexual function, sexual satisfaction and depression



Rosen NO, Bergeron S., et al. (2010). *Journal of Sexual Medicine*.

Sollicitous & Negative Responses

- Sollicitous responses
 - Demonstrations of sympathy
 - 'Suggests we stop engaging in current sexual activity'
- Negative responses
 - Demonstrations of hostility
 - 'Expresses irritation at me'

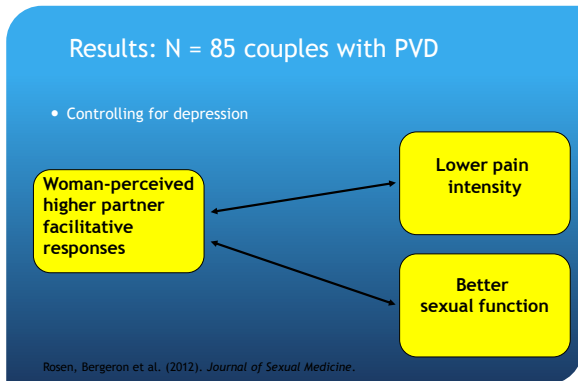


So what is a partner to do?

A photograph showing a man sitting on the edge of a bed, looking down with his hand to his face in a distressed or pained expression. In the background, a woman is lying on the bed, partially visible.

Facilitative Responses & Pain

- Facilitative responses
 - Encouraging responses to patient efforts at coping with the pain
 - Encourages 'approach' as opposed to 'avoidance' behaviors
 - 'Tells me that I am pleasuring him'

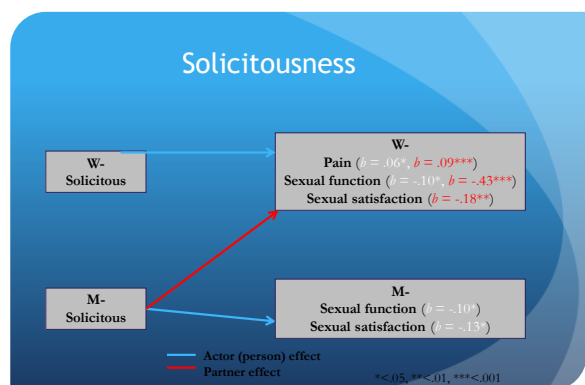


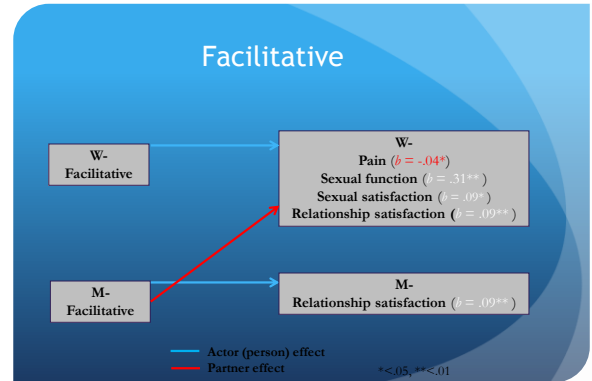
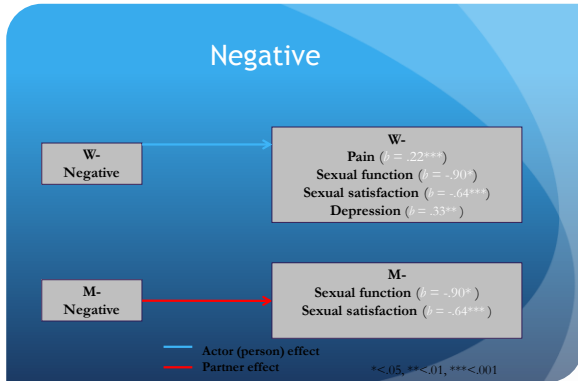
Are there daily associations between partner responses to pain and vulvodynia?

Dyadic Daily Diary Study

- N = 69 women with PVD (M age = 28.12, SD = 6.68) and their cohabitating partners (M age = 29.67, SD = 8.10)
- Completed online daily diaries for 8 weeks
- On sexual intercourse days (M = 3.74, SD = 2.47)
 - Couples reported on male partner responses to pain, sexual function and sexual and relationship satisfaction
 - Women reported their pain and depressive symptoms

Rosen, Bergeron et al. (2014). *Health Psychology*. Rosen, Bergeron et al. (2014). *Pain*.





- ### Facilitative
- Encourage approach-oriented coping
 - Reduce pain behaviours and maladaptive cognitions
 - Promote less or non-painful sexual activities
 - Foster intimacy
 - Decrease anxiety, reduce pelvic floor hypertonicity and enhance sexual arousal

- ### Summary
- Solicitous and negative partner responses may be detrimental to, whereas facilitative may improve women's pain and psychosexual well-being of couples
 - Direction of attention
 - Solicitous/negative toward pain
 - Facilitative toward pleasure
 - Thus, interfere or promote sexual desire and arousal, leading to more or less pain and associated consequences

Not just the “woman’s problem”

- Moving beyond intra-individual conceptualizations
- Partners should not be ignored
- Interventions should include couples



Informing Treatment

- Informed development of couple cognitive-behavioural therapy (CBCT)
 - Target increasing facilitative, decreasing solicitous and negative responses, among other targets
- CIHR-funded pilot study in Montreal and Halifax
 - 9 couples
 - CBCT reduced women’s pain, improved sexual satisfaction, negative cognitions, for both
- CIHR-funded randomized clinical trial comparing CBCT to lidocaine

Conclusions and Implications

- Cognitive-behavioral therapy for vulvodynia is efficacious
- Patient and partner cognitions, emotions and behaviors impact pain and sexuality outcomes
- Integrate the partner in treatment
- For both members of the couple....
 - Diminish avoidance and increase approach behaviors
 - Diminish catastrophizing and increase self-efficacy
 - Facilitate intimacy and expression of emotions

Corsini-Munt, Bergeron et al. (2014). *Journal of Sexual Medicine*.