



# Impact of a multidisciplinary vulvodynia program on women with provoked vestibulodynia

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## Introduction

**Provoked Vestibulodynia (PVD)** is the most common cause of painful sexual intercourse in premenopausal women. PVD is defined as pain (ie. burning) that is caused by direct touch to the vestibule (entrance to vagina) of greater than 6 months duration and for which no “organic etiology” can be found. It has been speculated that women with this chronic pain condition may benefit most from a multidisciplinary and integrated health care approach.<sup>1,2</sup>

## Aim

In 2008 we established a **Multidisciplinary Vulvodynia Program (MVP)**. This 12 week program consists of: assessment and medical management by a gynecologist (3 visits), 2 educational seminars on PVD and sexual health, 3 sessions with a pelvic floor physiotherapist, and 3 group cognitive behavioral therapy sessions with a psychologist.

Purpose of this study was to assess the impact of participation in a multidisciplinary program on sexual health and pain-related cognitions of women with PVD.

## Methods

Women who participated in the MVP between September 2008 – January 2010 completed a series of validated questionnaires. The number of women who participated during this time period was 123. To date 60 women have completed all three sets of questionnaires and these data are available for analysis.

Questionnaires were completed at

Time 1 (T1)	Prior to beginning the program.	N= 121
Time 2 (T2)	Immediately after the program.	N= 121
Time 3 (T3)	Four months after completing the program.	N=60

## Results

**Table 1. Demographic Characteristics of Participants (N=121)**

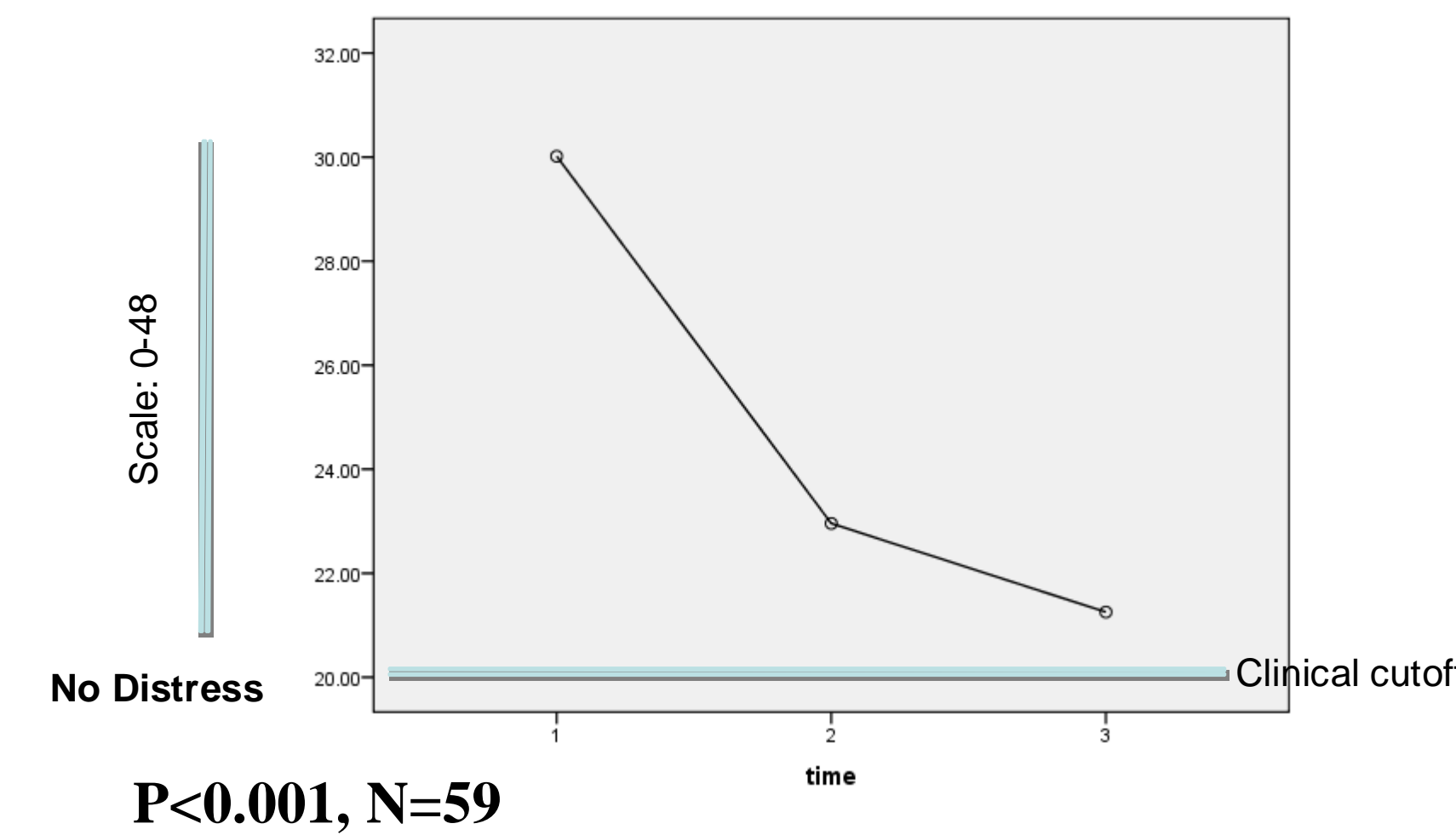
Characteristics	Result
<b>Age</b>	Mean age 28.5 (SD +/-7.3)
<b>Ethnicity</b>	79.5% Euro-Canadian 7.7% East-Asian 6.8% Indo-Canadian
<b>Relationship status</b>	49% Single 51% Married or common-law (mean 5.7 yr duration)
<b>Post-secondary education</b>	95% Post-secondary education
<b>Household Income</b>	42% Household earnings > \$60,000/yr

## Sexual Outcomes

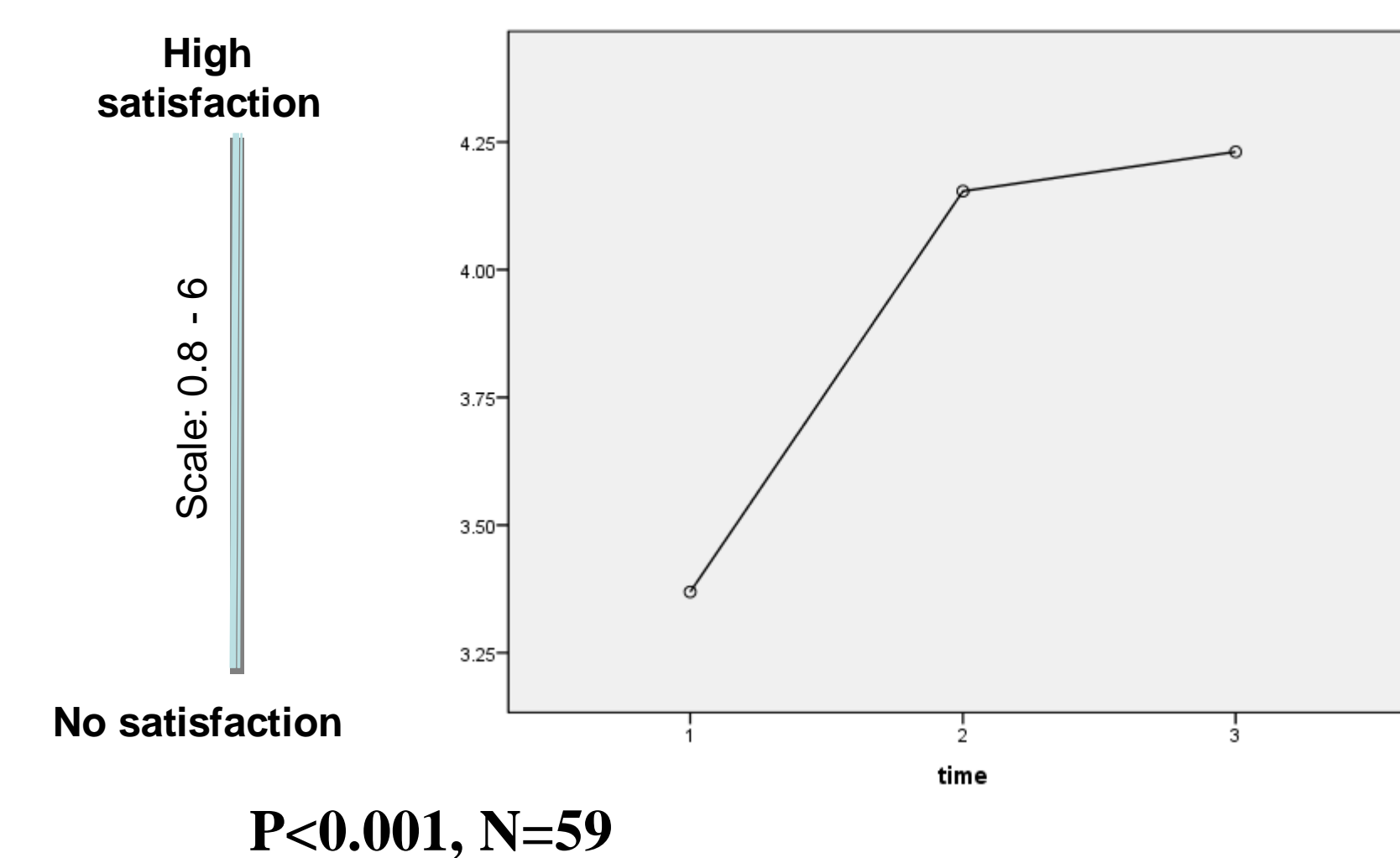
Measures of sexual function included Female Sexual Function Index (FSFI) and the Female Sexual Distress Scale (FSDS).

Analysis of sexual function variables indicates a significant decrease in sex-related distress (p<0.001) and improvement in most domains of the FSFI: arousal (p<0.001), lubrication (p=0.007), satisfaction (p<0.001) and pain (p<0.001). N = 59

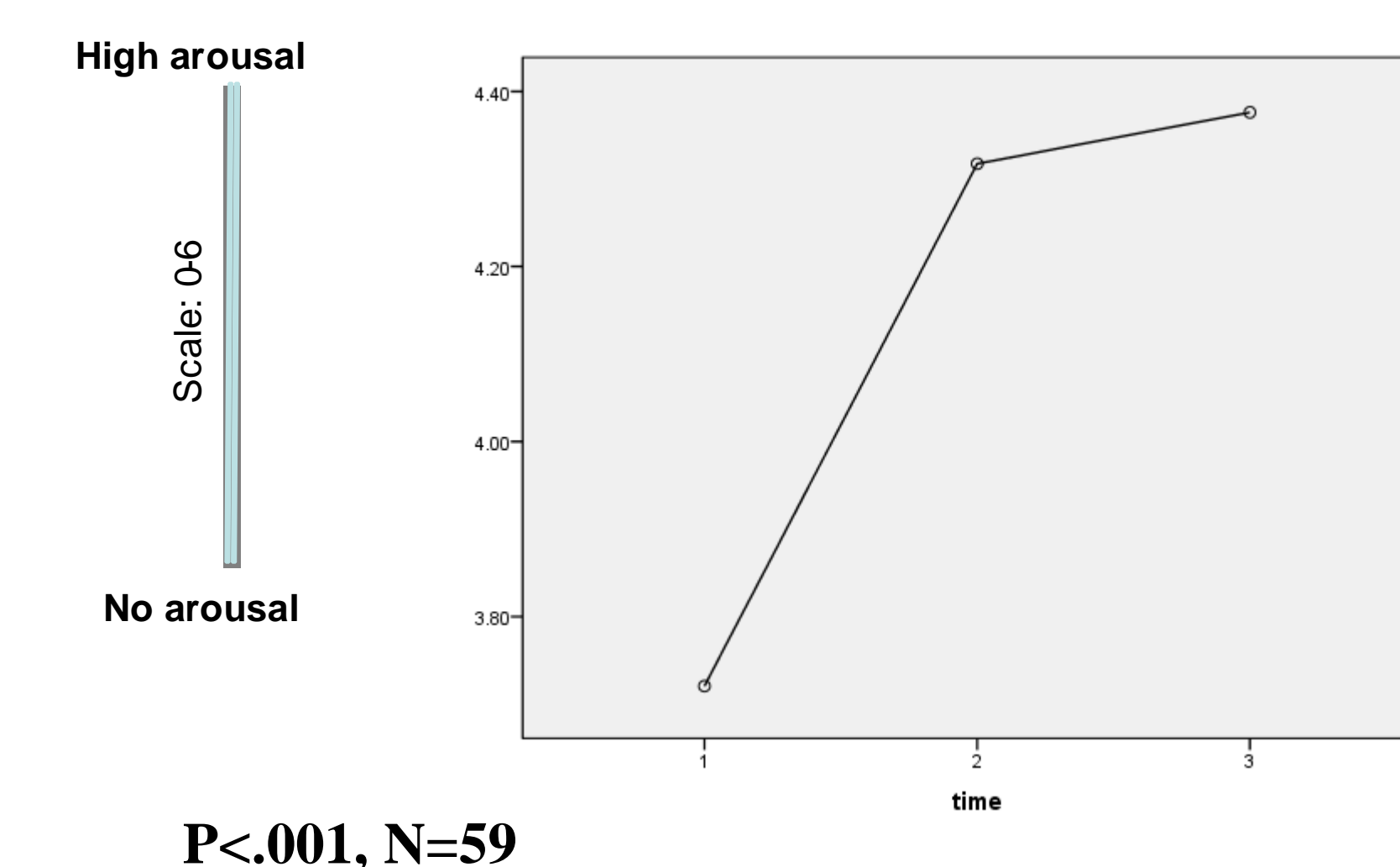
## Sexual Distress



## Sexual Satisfaction



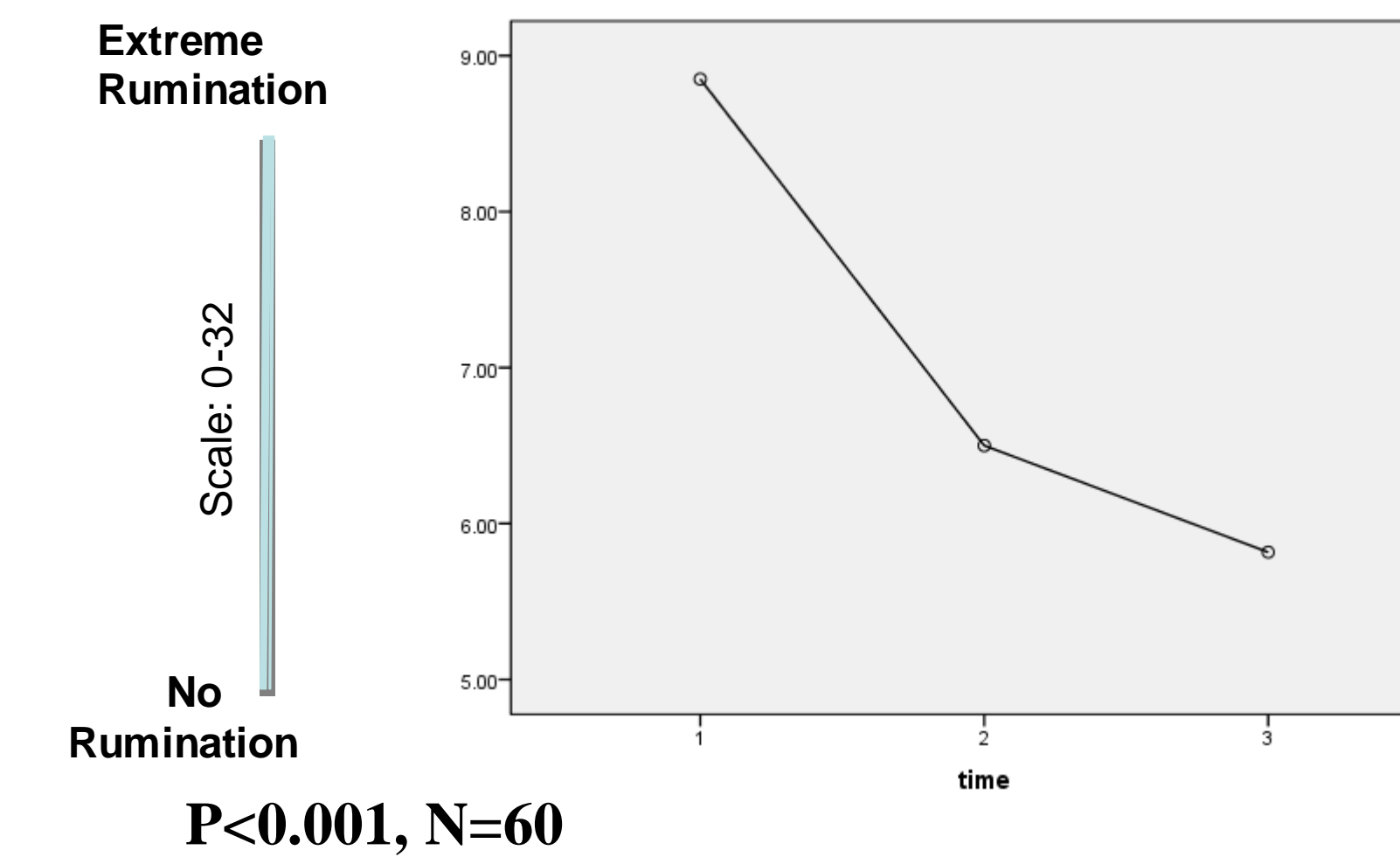
## Sexual Arousal



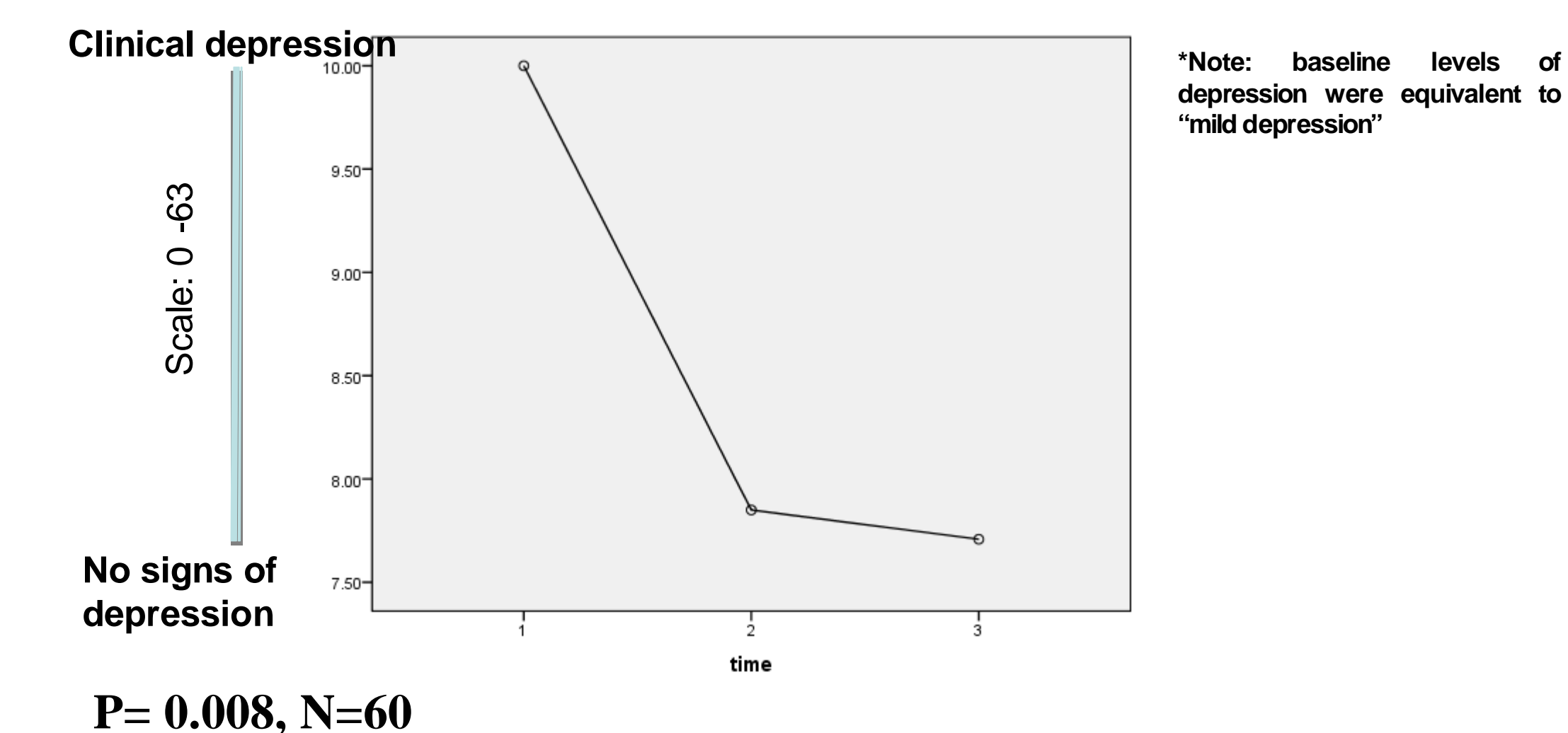
## Psychological Outcomes

There was a statistically significant decrease in the Pain Catastrophizing Scale (PCS) subscales of rumination (p<0.001), helplessness (p<0.001), and magnification (p<0.001), as well as a trend towards decreased pain vigilance (p =0.061) on the Pain Vigilance and Awareness Questionnaire. Depression also significantly decreased according to the Beck Depression Inventory (p=0.001). N = 60

## Pain Catastrophizing: Rumination



## Beck Depression Inventory



**Table 2. Pain Characteristics of MVP Participants Prior to Starting MVP (N=121)**

<b>Duration of symptoms prior to entry to MVP</b>	60 months (SD = 57.3)
<b>Severity of pain with sex (0=no pain, 10 = worst pain)</b>	7.7/10 mean (SD =1.91)
<b>Women who reported avoiding any sexual intimacy</b>	39%

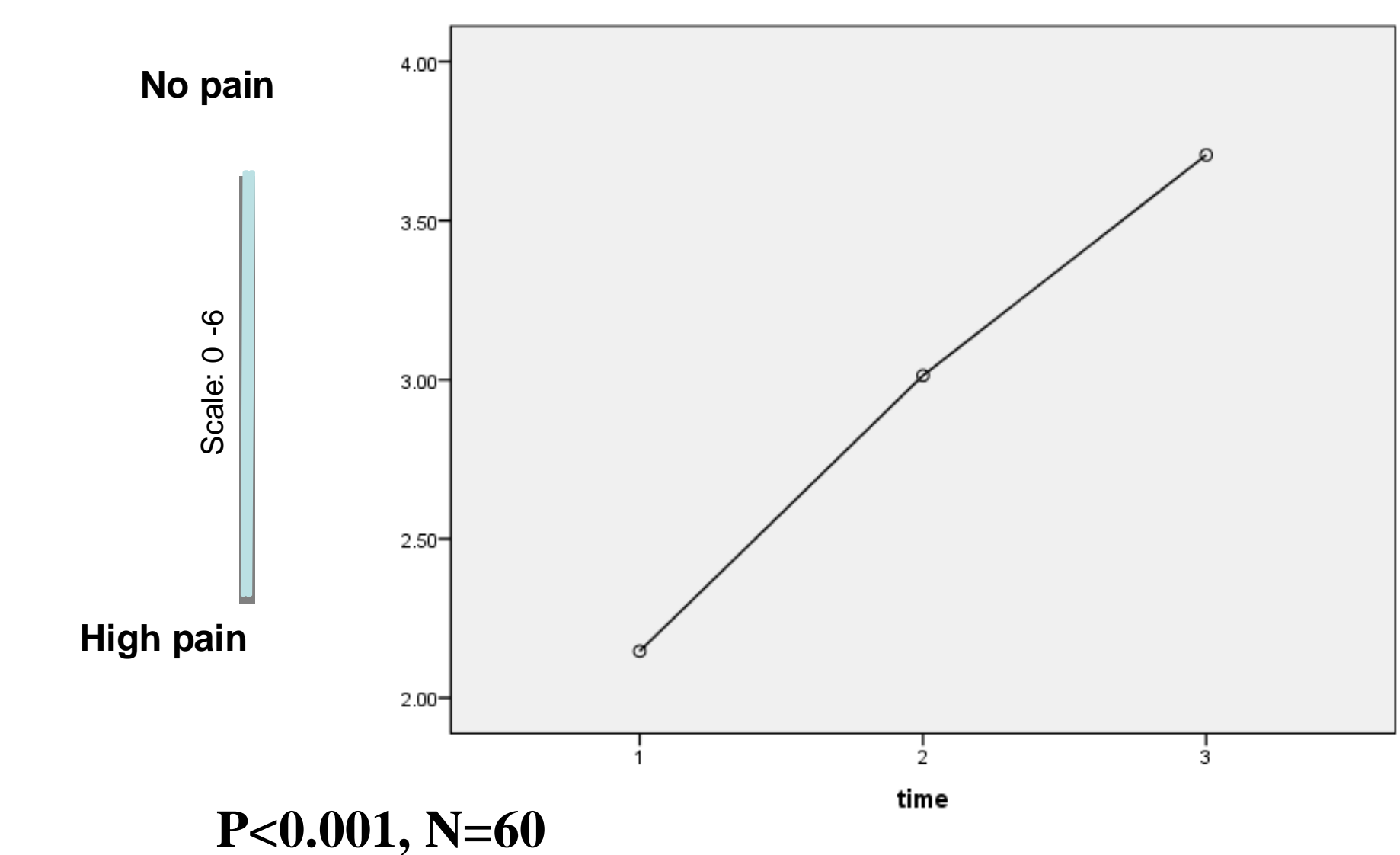
## Pain Outcomes

Pain with intercourse improved significantly over time (p < 0.001). N=60.

There was also a significant increase in the proportion of women who reported an improvement in their pain with penetration from the start of MVP to completion.

At baseline, only 5% of women reported a decrease in their pain since symptoms first appeared. Immediately post-MVP, 52.6% of participants felt that their PVD symptoms had decreased since the beginning of the program. At the 4-month follow-up, 55.6% felt that symptoms had decreased.

## Pain with Intercourse-FSFI



## Conclusions

Participation in the Multidisciplinary Vulvodynia Program resulted in significant improvements in sexual function, psychological health, and pain with intercourse immediately following the program. Gains were either maintained or improved even more at four month follow up.

## Literature cited

- Bergeron S, Binik YM, Khalife S, Pagidas K. Vulvar vestibulitis syndrome: a critical review. Clin J Pain 1997;13: 27–42.
- Slowinski J. Multimodal sex therapy for the treatment of vulvodynia : a clinicians' view. J Sex Marital Ther. 2001;27: 607-13.

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## For further information

Please contact [mvp@vch.ca](mailto:mvp@vch.ca) More information can be obtained at [www.mvprogram.org](http://www.mvprogram.org). An online, PDF-version of poster is available through this site.