Sexual Dysfunction Varies With Vulvodynia Type

BY HEIDI SPLETE

PENTAGON CITY, VA. — Women with complex vulvar pain reported greater decreases in sexual function but similar levels of sexual desire and frequency of intercourse, compared with women with provoked vestibulodynia, a study of 189 women shows.

Provoked vestibulodynia (PVD) is the most common subtype of vulvodynia, and it involves pain that is localized at the vaginal opening and triggered by sexual intercourse, said Kelly B. Smith, of Queens University in Kingston (Ont.).

But the characteristics and side effects of other forms of vulvodynia have not been well studied, Ms. Smith said.

To compare pain locations and sexual function between women with localized vs. generalized pain, Ms. Smith and her colleagues reviewed data from 72 women with provoked vestibulodynia, 44 women who reported complex vulvar pain (defined as pain not localized or provoked), and 73 controls. The results were presented at the annual meeting of the Society for Sex Therapy and Research.

But the complex pain and provoked vulvodynia groups had similar scores on measures of desire, sexual satisfaction, relationship quality, and sex frequency.

All the women were in heterosexual relationships. The average age of the women who reported pain was 36 years, and the average age of the controls was 27 years. The women with PVD had experienced pain for an average of 7 years, and the women with complex pain had experienced pain for an average of 8 years. The participants were assessed using an online survey and the Female Sexual Function Index, the Golombok-Rust Inventory of Sexual Satisfaction, the Dyadic Adjustment Scale, and the Dyadic Sexual Communication Scale.

Most of the women with complex pain reported generalized and localized pain, both provoked and unprovoked. A woman could report pain over her whole vulvar region generally, and then report localized pain during intercourse, Ms. Smith explained. A total of 41% of the women with complex pain reported generalized and localized pain, in addition to provoked and unprovoked pain.

Overall, the women with complex pain had worse sexual function, and more problems specifically with arousal, lubrication, orgasm, and penetration pain, compared to the women with PVD. But the complex pain and PVD groups had similar scores on measures of desire, sexual satisfaction, relationship quality, and sex frequency. "Even though women with pain were more sexually dysfunctional, they valued sex just as much as control women," she said.

The reported frequency of intercourse was similar among women in the PVD group vs. the complex pain group, but a highly significant difference was found between the pain groups and the controls. The control women reported sex an average of 52 times during the last 6 months, compared with an average of 12 times in 6 months in the two pain groups.

There were no differences in terms of self-reported desire and no differences in sexual satisfaction between the complex pain and PVD groups, and no significant differences were observed in overall relationship quality. "But when we looked at controls, the women with pain of any type had worse relationship quality compared to controls, and less affection and cohesion with their partners," Ms. Smith said.

The results support findings from previous studies, and the data suggest that vulvodynia has distinct pain characteristics and might be more complicated than previously thought, Ms. Smith said.

The study was limited by a lack of information about sexual partners of women with PVD vs. those with complex pain, she noted.

Additional research is needed to address issues including the presentation and etiology of vulvodynia, as well as implications for treatment.

Ms. Smith had no financial conflicts to disclose. ■