

- The Causes of Vulvar Pain
- Diagnosing Vulvodynia
- Questions to Ask

Understanding Vaginal Pain and Vulvodynia

Several types of vaginal pain can affect women. These include atrophic vaginitis, or thinning of the vaginal lining, which is most common after menopause, and pain due to vaginal scarring after trauma or childbirth, which is fairly rare.

The most common causes of vaginal pain are vulvodynia, or a form of vulvodynia called vulvar vestibulitis syndrome (VVS). These conditions are estimated to affect about 16 percent of women, a number that some researchers suspect may be much higher.¹

Vulvodynia is frequently misdiagnosed, and the terminology and definition of vulvodynia continues to evolve. But, put simply, vulvodynia is defined as “vulvar discomfort, most often described as a burning pain,” that exists in the absence of any clearly identifiable cause, such as an infection, cancer or neurologic disorder like herpes or spinal nerve compression.⁰ The pain can prevent women from exercising, having intercourse and, in extreme cases, even walking.

Vaginal Basics

The vagina is a thin-walled tube about three to four inches long that lies between the bladder and rectum and extends outward from the cervix (the lip of the uterus) to the outside of the body.

All parts external to the vagina are called the vulva. They include the labia (the folds just outside the vaginal opening), the vestibule (the portion of skin at the vaginal opening that contains the

openings of the urethra, vagina and glands), the clitoris (the small structure just in front of the vestibule), and the greater vestibular glands (one on either side of the vagina, which provide lubricating secretions during intercourse). Vulvar pain can occur in any of these areas.

What Causes Vulvar Pain?

No one really knows what causes vulvar pain. Some theories suggest that it may develop in relation to a particular event, like childbirth, infection or surgery.

Others suggest that it may be associated with genital infections, physical or sexual violence. Another theory suggests that women with the condition may have lower pain thresholds than women without it. One study found that women with VVS have fewer estrogen receptors in the vulvar region, which may relate to their increased pain sensations.³

There also is some evidence that oxalates, acids found in some foods that bind with minerals in the body forming oxylate salts, may contribute to vulvar pain. While researchers don't think oxalates cause vulvar pain syndrome, they suspect high urinary salt levels may irritate the vulva and vagina.⁴

Several other conditions, including endometriosis, sexually transmitted diseases, skin problems and infections, can cause similar pain, while some medications can contribute to vaginal dryness, resulting in painful intercourse.

Diagnosing Vulvodynia

Unfortunately, one of the few surveys to look at the issue of diagnosis found that barely half of women with chronic, unexplained vaginal pain sought treatment and, of those who did, many saw up to five different health care professionals. Only nine percent received a diagnosis of chronic vulvar pain; the rest were diagnosed as having some form of vaginal or pelvic infection or other condition.⁵

When you do see a health care professional for this problem, you should receive a thorough medical history and pelvic exam. The medical professional should take cultures for fungal and bacterial infections, and test you for bacterial vaginosis, the most common of three vaginal infections that fall under the category known as vaginitis. A common test for vulvar pain involves using a moist, cotton-tipped swab applied to the various areas of the vulva to identify areas of pain.⁶

Treating Vulvodynia

Lifestyle Approaches

- **Diet.** A low-oxylate diet may help: Eliminate most seeds, nuts, leafy plants, like spinach and other dark greens, chocolate and tea. In addition to dietary changes, take daily calcium citrate (such as Citracal)¹ supplements to neutralize oxalates in the urine, and drink lots of water.⁷ Ox-Absorb a nutritional supplement available in drugstores and online, which absorbs oxalates in the digestive tract, may also help you maintain a low-oxylate

Questions to Ask Your Health Care Professional

1. Why am I having pain? Do I have a condition that is causing the pain?
2. What medications can you prescribe that will relieve my pain? What are their side effects?
3. Do I need surgery? What are the risks, benefits and success rate of surgery for my condition?
4. Are there non-drug, non-surgical therapies that can help reduce my pain and improve my condition?
5. Are there support groups for vulvodynia? Where can I get more information?

diet. Before making any of these dietary changes, discuss this approach with your health care professional.

- **Kegels.** A couple of small studies found that strengthening the pelvic floor muscles can help with vulvar pain.⁸ Ask your clinician about how to do these exercises correctly for best results.

Resources

National Vulvodynia Association

301-299-0775

www.nva.org

Provides information and resources about vulvodynia.

The Vulvar Pain Foundation

910-226-0704

www.vulvarpainfoundation.org

Provides information and resources on vulvar pain.

American Chronic Pain Association

1-800-533-3231

www.theacpa.org

Provides support and information about living with chronic pain.



Nurture Your Nature: Inspiring Women's Sexual Wellness

The National Women's Health Resource Center (NWHRC) and the Association of Reproductive Health Professionals (ARHP) together have launched the *Nurture Your Nature* initiative to raise awareness about sexuality as a natural and valued aspect of American women's health. With special focus on menopausal women, the goals of this initiative are to help women and health care professionals understand the wide-ranging issues associated with sexual health and talk about them more effectively. The *Nurture Your Nature* initiative is supported by an educational grant from Procter & Gamble. For more information, visit www.nurtureyournature.org or contact the NWHRC or ARHP.

- **Biofeedback.** Biofeedback may help with involuntary muscle contraction and improve the effectiveness of Kegel exercises. One study comparing women with vulvar vestibulitis who also suffered from painful intercourse found that 12 weeks of biofeedback worked just as well as 12 weeks of cognitive behavioral therapy or surgery to improve the condition.¹⁰
- **Cognitive behavioral therapy.** Cognitive behavioral therapy, in which you discuss any conflicts that may be causing or exacerbating vaginal pain and how to change or control your response to them, can be as effective as surgery.
- **Hypnotherapy.** One case report in the medical literature found that hypnotherapy designed to help a 26-year-old woman with VVS reduce anxiety before sex, learn to associate pleasure with intercourse, and provide a sense of control over pain enabled her to become and remain pain free for up to a year after treatment.¹⁰

Medical Approaches

- **Lidocaine ointment.** This analgesic cream can be applied at night. You may feel some burning initially, but that fades quickly as the cream numbs the vulva.¹¹
- **Tricyclic antidepressants.** Low doses of these drugs, particularly amitriptyline (Elavil) and desipramine (Norpramin), are a first-line medical treatment for vulvodynia.
- **Antiseizure medication.** Although not approved for this purpose, the antiseizure medication gabapentin (Neurontin) is sometimes used for women who don't

respond to antidepressants. It can cause severe drowsiness. Ask your health care professional for guidance.

- **Interferon alfa.** These anti-inflammatory immune system chemicals are injected into the vulvar vestibule, the folds around the vagina, three times a week for four weeks. Studies find some benefits in some women, possibly because it relieves painful inflammation.
- **Surgery.** In severe cases, doctors may remove the vulvar vestibule in women with VVS, even areas that aren't painful. However, the pain can return in some women, few surgeons are experienced in this procedure and the procedure itself is quite painful.

Preventing Vulvar Pain

Because we don't know what causes vulvar pain, we really don't know how to prevent it. But some of the following might help.

- **Diet.** There is one case report of vulvodynia associated with celiac disease, an allergy to gluten, a protein found in wheat products. You may want to try eliminating all gluten products and see if your pain improves.
- **Check your environment.** If your vulvar pain symptoms come and go, think about what that area is exposed to. Do you use a lubricant during intercourse? Have you switched laundry soap? Are symptoms worse when you wear a certain kind of underwear, or use a certain brand of sanitary pad? Try changing one thing at a time and see if it helps.

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