

Sexual Pain Disorders: The Silent Condition

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Sexual pain is a common condition that many women do not talk about with friends or health care providers. The tendency is to suffer in silence. Knowing the causes of sexual pain and the possible ways to work with and manage it will assist in one feeling more empowered.

“Sexual pain” is often described as being provoked with touching or insertion/penetration of any object into the vagina. *The medical term associated with this is dyspareunia. There are many causes of dyspareunia. The key to its etiology rests with the precise description of where the pain is located.* (Binik et al., 2002; Jacques et al., 2010; Goldstein & Burrows, 2009).

Questions that are asked to determine where the pain is located are: Is the pain at the vaginal opening? Does it occur with deep penetration? Does dryness of feelings of tearing accompany the pain? Do you have pain at times other than insertion/penetration? Does the pain affect urination or does it irritate the bladder?

- The most common cause is a condition called **atrophic vaginitis**; a condition where vaginal tissues become fragile, stiff and thin. Atrophic vaginitis occurs within 10-40% of postmenopausal woman and is due to thinning of the vaginal tissues due to low estrogen. (Goldstein et al., 2009). Estrogen plays a major role in maintaining the normal vaginal environment with a thickened vaginal surface, increased blood flow and lubrication (Goldstein et al., 2009). Medical treatments include both lubricants and estrogenic usage.
- Another cause of sexual pain may be **vestibulodynia or vulvar vestibulitis syndrome**. This condition causes severe pain upon touching the vaginal opening or upon attempted vaginal entry(Goldstein et al., 2009). Tenderness to pressure localized within the vulvar vestibule tend to occur. Discomfort may be experienced even without a sexual encounter. It is thought that this condition is an inflammatory response from various allergens(Goldstein et al., 2009). Medical treatments include topical and or systemic hormonal therapies, topical lidocaine and in extreme cases surgery has been used (Goldstein et al., 2009).
- Another cause of pain includes an inflammatory condition called **interstitial cystitis/painful bladder syndrome**. This condition is associated with urinary frequency (more than six urinations in 24 hours) and symptoms of a bladder infection. Its etiology is unknown but thought to be an immune difficulty. It is estimated that the prevalence is 17.5% among women(Goldstein et al., 2009). Medical treatments include instillations of steroids, heparin directly into the bladder and oral medications such as anti-histamines.
- The presence of pain often leads to a condition called **pelvic floor syndrome**. This occurs when chronic pain causes the muscles within the pelvis to tighten as way of “guarding”

the area. Chronic spasms of the muscles of the pelvic floor can be the cause of pelvic pain and dyspareunia in women. This is often treated with pelvic floor physical therapy, vaginal dilators and at times Botox to relax the pelvic floor muscles.

- The most common form of pelvic pain in women is caused by **endometriosis** and is associated with pain with menstrual cycles. This condition is connected to infertility, chronic abdominal and back pain and deep dyspareunia. Medical treatments include oral contraceptives, progesterone agents, androgenic agents, gonadotropin releasing hormone analogues and surgical excision of the endometriotic lesions.

All of these sexual pain disorders can be treated in conjunction with medical treatments through psychological techniques. ***It is common for there to be a tendency to avoid all sexual interaction once sex, in whatever way, has felt to be painful. Developing positive sexual interactions can be done by using a variety of methods which focus on increasing a sense of confidence and calmness.***

Psychological intervention include using relaxation, meditation and mindful strategies to create calmness and overall balance, developing comfort with the patient's team of clinicians, enhancing self-regard and clearing obstacles toward a satisfying sexual life, decreasing fears, avoidance and assisting in developing a positive response to sexual interactions. Psychological intervention maybe done with an individual or within the couple relationship.

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