



VULVODYNIA

This leaflet has been written to help you understand more about vulvodynia - what it is, what causes it, what can be done about it, and where you can find out more about it. Another leaflet on the 'Information and leaflets' section of the British Association of Dermatologists' website deals with the related condition known as 'Vestibulodynia'.

What is vulvodynia?

The rather awkward name for this condition can be explained as follows:

- The *vulva* is the genital area in women. It consists of the pubic mound, the outer hair-bearing lips and the inner lips.
- Adding '*-odynia*' to the end of a word such as vulva (thereby creating the word vulvodynia) means that the condition affecting that area is a painful one.

Many conditions affecting the vulva may be painful (e.g. infections such as "thrush" or "herpes", skin diseases such as eczema etc) In **vulvodynia** pain is felt in the vulva when there is no obvious visible cause for it and other diagnoses have been ruled out by examination and investigation.

What causes vulvodynia?

Vulvodynia has no single cause. Some people may have a tendency to develop it, as it occurs more often in those who have other problems with pain and its perception, for example with pain from shingles, migraine etc. Their nervous systems may work in a different way: the superficial nerve endings in the vulva seem to become over-sensitive and to react abnormally, sending painful messages to the brain.

Is vulvodynia hereditary?

No.

What are the symptoms of vulvodynia?

Pain occurs in the vulva, and occasionally involves the bottom or even the inner thighs. It is typically felt as a burning, stinging or raw discomfort and may be constant or intermittent. It is often worse when sitting and partly relieved by lying down or standing up.

What does vulvodynia look like?

The skin of the vulva looks normal. This is important as other skin problems, such as infections, cause the vulva to look abnormal as well as feel sore. These conditions must be looked for, and treated if found.

How will vulvodynia be diagnosed?

Your doctor will make the diagnosis by listening to your story and then examining you to exclude other causes of pain in the area. Certain tests (such as taking swabs or even a biopsy - a tiny bit of skin to check under the microscope) may occasionally be needed.

Can vulvodynia be cured?

There is no simple cure, but most patients will respond to one or more of a variety of treatments, to the point at which it is no longer a problem.

How can vulvodynia be treated?

Various treatments can be tried. Some of them may suit some women better than others; and so it is worth trying different things to see which will help you personally.

The following are sensible lines of treatment:

1. Avoid soap, bubble baths, shower gels, shampoos, special wipes and deodorants in this area. Wash with a soap substitute, as this will keep your skin soft and provide a barrier against irritation. Aqueous cream and emulsifying ointment are good soap substitutes, and can be bought over the counter. Use vaseline to protect the area from chlorine when you are swimming.

2. A local anaesthetic ointment can be used to numb the area, reducing discomfort, and “re-educating” the over-sensitive nerve endings. 5% Lidocaine ointment can be bought over the counter from your chemist. It may sting a little when first applied, but this will settle. Those with mild symptoms can use it as and when it is required. Those with more severe symptoms can apply it more regularly. The ointment may also be applied 10 minutes before intercourse but must be wiped off fully if a condom is being used as it can interfere with its protective ability.

3. If these measures do not give you enough relief, then oral medication may be needed to damp down pain appreciation by the central nervous system. Three types are commonly used:

- a. *Amitriptyline*. This was developed as an anti-depressant but is now used for many pain problems (e.g. for migraine and post-shingles neuralgia). The dose should start at 10mg at night, and gradually increase each week by an extra 10mg per night. The effective dose varies from patient to patient but is

usually between 20 and 80mg. Once the effective dose has been reached, you should stay on it for 3 months before gradually reducing it.

b. *Gabapentin*. This is an anti-epileptic drug, which is also used for pain. The dose should start at 300mg at night and gradually increase to 300mg three times a day. If necessary it can be increased to 600mg, 3 times daily.

c. *Pregabalin*. This is similar to Gabapentin but is used at the dose of 75-300mg, taken twice daily.

What can I do?

Do not worry, as this condition is not dangerous or contagious. Follow the guidelines given above, and find what works best for you. Look at the stresses in your life (e.g. from your job, family, money, or partner) and try to reduce them as far as possible. High levels of stress will increase pain. Occasionally referral by your doctor to a "Pain clinic" may be helpful. If intercourse is painful this may have emotional and psychological effects on your relationships. It is important to understand this, and to communicate fully with your partner, discovering techniques that are comfortable and suit you both. Occasionally psychosexual counselling from an expert may help.

Where can I find out more about vulvodynia?

There are many websites for vulvodynia and vestibulodynia but the information there is not always reliable.

In the UK: Vulval Pain Society
PO Box 7804
Nottingham
NG3 5ZQ
Website: <http://www.vulvalpainsociety.org/>

British Society for the Study of Vulval Disease

Website: <http://www.bssvd.org/>

In the USA: International Society for the Study of Vulvovaginal Disease

Website: www.issvd.org/

National Vulvodynia Association

Website: <http://www.nva.org/>