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VULVODYNIA AND ITS IMPACT ON WOMEN'S QUALITY OF LIFE

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ABSTRACT

Introduction: Vulvodynia is defined as chronic vulvar pain or discomfort lasting for at least three months without a clear somatic, infectious or neurological cause. Despite growing interest in the field of chronic pain in gynecology, vulvodynia remains poorly recognized and frequently marginalized in clinical practice.
Material and methods: This article is based on a review of scientific literature available in databases such as PubMed and Scopus covering publications from 2000 to 2024 on vulvodynia and its impact on women's quality of life. The analysis includes original studies, systematic reviews and clinical guidelines by the International Pelvic Pain Society (IPPS) and the International Society for the Study of Vulvovaginal Disease (ISSVD).
Aim of study: The aim is to present the current state of knowledge on vulvodynia with a focus on its impact on women's quality of life, including mental health, sexual functioning, social relationships and work activity.
Conclusion: Vulvodynia remains a significant and underdiagnosed health problem with serious consequences for women's quality of life. Increasing awareness and education among healthcare professionals are essential to improve diagnosis and management of vulvodynia. Promoting further research, expanding access to interdisciplinary care and integrating medical, psychological and physiotherapeutic interventions may contribute to more effective treatment, improved functioning of affected women and reduction of the broader socioeconomic burden associated with the disease.

KEYWORDS

Vulvodynia, Chronic Pain, Women's Health, Quality of Life, Interdisciplinary Care

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Introduction

Characteristics Of Vulvodynia

Vulvodynia is defined as chronic vulvar pain lasting for at least three months, not attributable to any specific somatic, neurological or infectious cause [1-3]. The condition may present as either spontaneous or provoked pain. Triggers include sexual intercourse, tampon insertion, gynecological examination or physical activity [3]. It is estimated that vulvodynia affects 8 - 16 % of women in the general population, though the actual prevalence may be considerably higher due to diagnostic underrecognition [4 - 6]. Vulvodynia may manifest in a localized form - vestibulodynia - or in a generalized form. Symptomatology varies and includes burning, stinging, itching, tingling or stabbing pain in the vulvar region. In the localized variant, pain is typically confined to the vestibule and provoked by contact, whereas in generalized cases, pain may be spontaneous and involve the entire vulva [1, 3, 7]. Many patients also report secondary symptoms such as pelvic floor muscle tension, urinary or bowel dysfunction, sleep disturbances and fatigue [8, 9]. Diagnosis of vulvodynia is often difficult due to the subjective and multifactorial nature of symptoms. The condition is frequently misdiagnosed as fungal infections, lichen sclerosus or neuropathy [3, 4, 10]. Although its etiology remains unclear, current research suggests a multifactorial origin involving neurological, immunological, hormonal, microbiological and psychosocial components [11].

Diagnostic Criteria

Diagnosis of vulvodynia is primarily based on the exclusion of other potential causes and clinical assessment. It follows criteria established by the International Pelvic Pain Society (IPPS) and the International Society for the Study of Vulvovaginal Disease (ISSVD) [12]. Key components of the diagnostic process include a detailed medical history - focusing on the location, duration, distribution and triggering factors of the pain - and thorough physical examination, which encompasses visual inspection of the vulva and the cotton swab test [13]. In addition, palpation of the pelvic floor muscles may be performed to assess for muscular involvement [14]. It is essential to exclude

conditions that may present with similar symptoms such as chronic infections (e.g. candidiasis), dermatological diseases, neuropathies, urological disorders and endometriosis [15]. Standardized instruments such as Visual Analogue Scale (VAS), McGill Pain Questionnaire and Female Sexual Function Index (FSFI) are used to assess pain intensity and the impact of symptoms on quality of life [16 - 18].

State of Knowledge

The Impact of Vulvodynia on Women's Quality of Life in The Following Aspects:

1. Mental and emotional health
2. Sexuality and Intimacy
3. Physical Activity
4. Occupational and Social Functioning
5. Interactions with healthcare professionals and access to medical care
6. Economic aspects

1. Mental and Emotional Health

Vulvodynia has been associated with the development of secondary mental health disorders. Numerous studies indicate a strong correlation between chronic vulvar pain and symptoms of depression, generalized anxiety disorder, adjustment disorders and even post-traumatic stress disorder (PTSD) [19, 20]. Affected women frequently report feelings of isolation, helplessness and frustration. In many cases, patients experience a lack of understanding and support from their social environment, which results in a phenomenon known as double stigmatization: on one hand they endure persistent physical pain and on the other they face reluctance from others to acknowledge or discuss their condition [21, 22]. Over time, psychological distress may contribute to the perpetuation of physical symptoms, reinforcing the pain experience through mechanisms such as central sensitization - an increased responsiveness of the central nervous system to stimuli. This neurophysiological phenomenon causes minor sensory inputs to be perceived as intense pain, thereby exacerbating the clinical presentation and complicating therapeutic interventions [22, 39].

2. Sexuality and Intimacy

It has been demonstrated that vulvodynia exerts a profoundly detrimental impact on women's sexual lives. Patients often experience pain even during attempts at penetration - dyspareunia, which can lead to anxiety surrounding sexual intercourse and significant limitations in sexual activity [9, 28]. In a study conducted by Brotto et al. (2015), 38.1% of women with provoked vestibulodynia actively avoided intimate situations, while 40.7% refrained from engaging in activities that elicited sexual arousal [23]. Affected women frequently develop feelings of guilt, alienation and frustration, which significantly influence their self-esteem and sexual identity. Research by Kocur (2012) found that women suffering from vulvodynia were more likely to identify with traditionally feminine psychological gender roles, potentially shaping their perception of sexuality [24]. In women engaged in stable relationships, vulvodynia also affects their partners, who may experience helplessness, resulting in relational tension and in some cases the dissolution of the relationship [25]. Among single women, the condition may serve as a barrier to forming intimate relationships, ultimately contributing to social isolation [25, 26].

3. Physical Activity

The hallmark symptoms of vulvodynia - burning, stinging, stabbing pain or pressure in the vulvar region - may be exacerbated during physical activities involving direct pressure on the perineum or increased pelvic floor muscle tension [27, 28, 29]. This is particularly evident in activities such as cycling, running, aerobic exercises and workouts requiring high physical exertion, as well as the use of tight fitting sportswear [29, 30]. Women suffering from vulvodynia frequently withdraw from physical activity, recreational pursuits or even occupational responsibilities, which can contribute to the development of a so-called pain cycle. Avoidance of movement results in a deterioration of both physical and psychological health, which in turn may exacerbate pain perception [31, 32].

4. Occupational and Social Functioning

Vulvodynia exerts a significant impact on women's ability to perform professional roles. Persistent discomfort may lead to difficulties in concentration, impaired sleep quality and reduced psychophysical capacity, all of which secondarily affect occupational performance. According to the available literature, some patients are compelled to reduce their professional activity or even resign from employment due to the severity of symptoms and their detrimental effect on daily functioning [4, 33]. The presence of vulvodynia also indirectly impairs patients' interpersonal relationships. Women affected by this condition often experience mood disturbances, anxiety and depressive symptoms, which may result in social withdrawal and isolation [34]. Studies have shown that vulval pain correlates negatively with self-worth and the subjective sense of femininity [35].

5. Interactions with Healthcare Professionals and Access to Medical Care

Numerous studies underscore communication challenges between patients with vulvodynia and healthcare providers, which may adversely affect the therapeutic process [36]. The lack of standardized diagnostic criteria, coupled with persistently low clinical awareness often leads to delayed diagnosis and consequently undermines patients' trust in the medical system [37]. The symptoms of vulvodynia are frequently trivialized, which can intensify feelings of misunderstanding and exclusion experienced by affected individuals in interactions with healthcare personnel [38]. Many patients report challenges in engaging in open communication about intimate symptoms with healthcare providers [39]. In relationships with physicians patients frequently experience increased emotional tension, mistrust and avoidance of contact with medical staff [39, 40]. In numerous cases this leads to discontinuation of treatment or frequent changes of specialists, resulting in a lack of continuity of care and diminished effectiveness of therapeutic interventions [41,42].

6. Economic Aspects

Vulvodynia constitutes a burden not only for patients' health but also generates significant economic costs at both individual and systemic levels. The therapeutic process for vulvodynia typically involves medical consultations, differential diagnostics, pharmacotherapy, physiotherapy, psychological support and alternative treatment modalities [42, 46]. A study conducted in the United States demonstrated that healthcare-related expenditure for a patient with vulvodynia can exceed USD 8,000 over a six-month period, of which 68% were direct costs and 26% were indirect costs [44, 45]. The diagnostic process for vulvodynia is often prolonged and challenging, which contributes to additional financial burdens. Women typically consult between three and seven different specialists before an accurate diagnosis is established with the diagnostic period lasting up to 24 months in some cases [46]. Indirect costs are primarily associated with reduced occupational productivity and work performance [46]. Further economic strain arises from psychiatric comorbidities commonly observed in patients with vulvodynia, including depression, anxiety disorders and post-traumatic stress disorder (PTSD), which often necessitate separate treatment and exacerbate both functional impairments and financial burdens [44, 47, 48]. Insufficient awareness of vulvodynia among healthcare professionals along with lack of standardized diagnostic criteria contributes to the escalation of therapeutic costs. Patients are frequently referred to multiple specialists - such as dermatologists, neurologists and urologists - resulting in inefficient utilization of healthcare system resources [12].

Treatment of Vulvodynia

The therapy of vulvodynia remains a significant clinical challenge and requires a multidisciplinary approach. Current guidelines emphasize individualized therapy based on the biopsychosocial model of pain [19]. Pharmacological management typically involves the use of tricyclic antidepressants (e.g. amitriptyline) and anticonvulsants (primarily gabapentin). These agents have demonstrated efficacy in alleviating pain symptoms by modulating neural transmission within the central nervous system [12, 49]. In cases where vulvodynia coexists with tactile allodynia, the application of topical lidocaine preparations has shown to be effective [50]. Adjunctive pelvic floor physical therapy is implemented to enhance muscle flexibility and reduce myofascial tension, contributing to symptom relief [51]. Increasing attention has been directed towards psychological interventions, particularly cognitive-behavioral therapy (CBT), which supports patients in managing chronic pain and its emotional consequences [52, 53]. When conservative treatment fails to yield satisfactory outcomes, invasive procedures such as neuromodulation or surgical intervention, including vestibulectomy - surgical excision of the vulvar vestibule - may be considered [54]. Effective management of

vulvodynia is grounded in a multidisciplinary model that integrates medical treatment, physiotherapy and psychological support. Therapeutic programs combining these modalities have been associated with improvements in sexual functioning and reduction in pain intensity among affected patients [55].

Conclusions

Vulvodynia represents a significant yet underdiagnosed women's health issue, characterized by complex symptomatology and a multifactorial etiology that remains insufficiently understood. Although theoretically confined to the genital area, the condition has profound implications for psychological well-being, social and occupational functioning and overall sexual quality of life. Diagnostic challenges, the absence of specific biomarkers and low clinical awareness among healthcare professionals contribute to delays in accurate diagnosis and implementation of effective treatment. An optimal therapeutic approach must incorporate interdisciplinary strategies that address somatic, psychological and social components. Current literature clearly demonstrates that vulvodynia constitutes a considerable burden on women's mental health, markedly limiting their physical, professional and social activities, while also negatively impacting intimate relationships. Affected individuals frequently experience feelings of isolation, helplessness and lack of understanding - both in personal relationships and within the healthcare system. Therefore, increasing awareness and education among medical professionals - particularly gynecologists, urologists, dermatologists and primary care physicians - is essential. There is a pressing need for continued development of comprehensive treatment programs that integrate pain management, psychological support and sexual therapy. Further research into the pathophysiological mechanisms underlying vulvodynia is critical to development of targeted therapeutic interventions. Vulvodynia should be recognized as a chronic condition with significant public health implications. Effective diagnosis and personalized treatment require not only medical expertise, but also empathy, an appreciation of the disorder's scope and willingness to engage in open, patient-centered communication.

Disclosure

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