Vaginismus

Dr.Marjan Akhavan Amjadi
PhD in Sexual & Reproductive Health
Assistant professor
Member of the sexual health clinic of Avicenna Infertility Center

Diagnostic and Statistical Manual of Mental Disorders,
Fifth Edition (DSM-5)

Genito-Pelvic Pain/Penetration Disorder

Dr.Marjan Akhavan Amjadi

Diagnostic Criteria

A. Persistent or recurrent difficulties with one (or more) of the following:

1. Vaginal penetration during intercourse.
2. Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts.
3. Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during or as a result of vaginal penetration.
4. Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration.

B. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months.

C. The symptoms in Criterion A cause clinically significant distress in the individual.

D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of a severe relationship distress (e.g., partner violence) or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

Specify whether

- **Lifelong:** The disturbance has been present since the individual became sexually active.
- **Acquired:** The disturbance began after a period of relatively normal sexual function.

Specify current severity

- Mild: Evidence of mild distress over the symptoms in Criterion A.
- Moderate: Evidence of moderate distress over the symptoms in Criterion A.
- Severe: Evidence of severe or extreme distress over the symptoms in Criterion A.

Diagnostic Features

- 1) difficulty having intercourse
- 2) genito-pelvic pain
- 3) fear of pain or vaginal penetration
- 4) tension of the pelvic floor muscles(Criterion A).

Associated Features Supporting Diagnosis

- 1) partner factors (e.g., partner's sexual problems, partner's health status);
- 2) relationship factors (e.g., poor communication, discrepancies in desire for sexual activity);
- 3) individual vulnerability factors (e.g., poor body image, history of sexual or emotional abuse), psychiatric comorbidity (e.g., depression, anxiety), or stressors (e.g., job loss, bereavement);
- 4) cultural/religious factors (e.g., inhibitions related to prohibitions against sexual activity; attitudes toward sexuality);
- 5) medical factors relevant to prognosis, course, or treatment. Each of these factors may contribute differently to the presenting symptoms of different women with this disorder

Prevalence

- It r is unknown
- Approximately 15% of women in North America
- the 43–73% found in Turkey
- the prevalence of 8–30% among Iranian women

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Risk and Prognostic Factors

- **Environmental**: Sexual and/or physical abuse
- **Genetic and physiological**: superficial pain during sexual intercourse often report the onset of the pain after a history of vaginal infections

- **Culture-Related Diagnostic issue:** , inadequate sexual education and religious
- **Gender-Related Diagnostic Issues: There is relatively new research concerning urological chronic pelvic pain syndrome in men, suggesting that men may experience some similar problems.**
- **Functional Consequences of Genito-Pelvic Pain/Penetration** Disorder Functional difficulties in genito-pelvic pain/penetration disorder are often associated with interference in relationship satisfaction and sometimes with the ability to conceive via penile/vaginal intercourse

Other Factors

- History of disease, surgery and medical interventions
- conservatism of parents
- Fear of pregnancy

PC muscle group

- Major role in sexual and urinary function and defecation in women
- Pubococcygeal muscle retraining is the key to treating vaginismus(Mind and body training)

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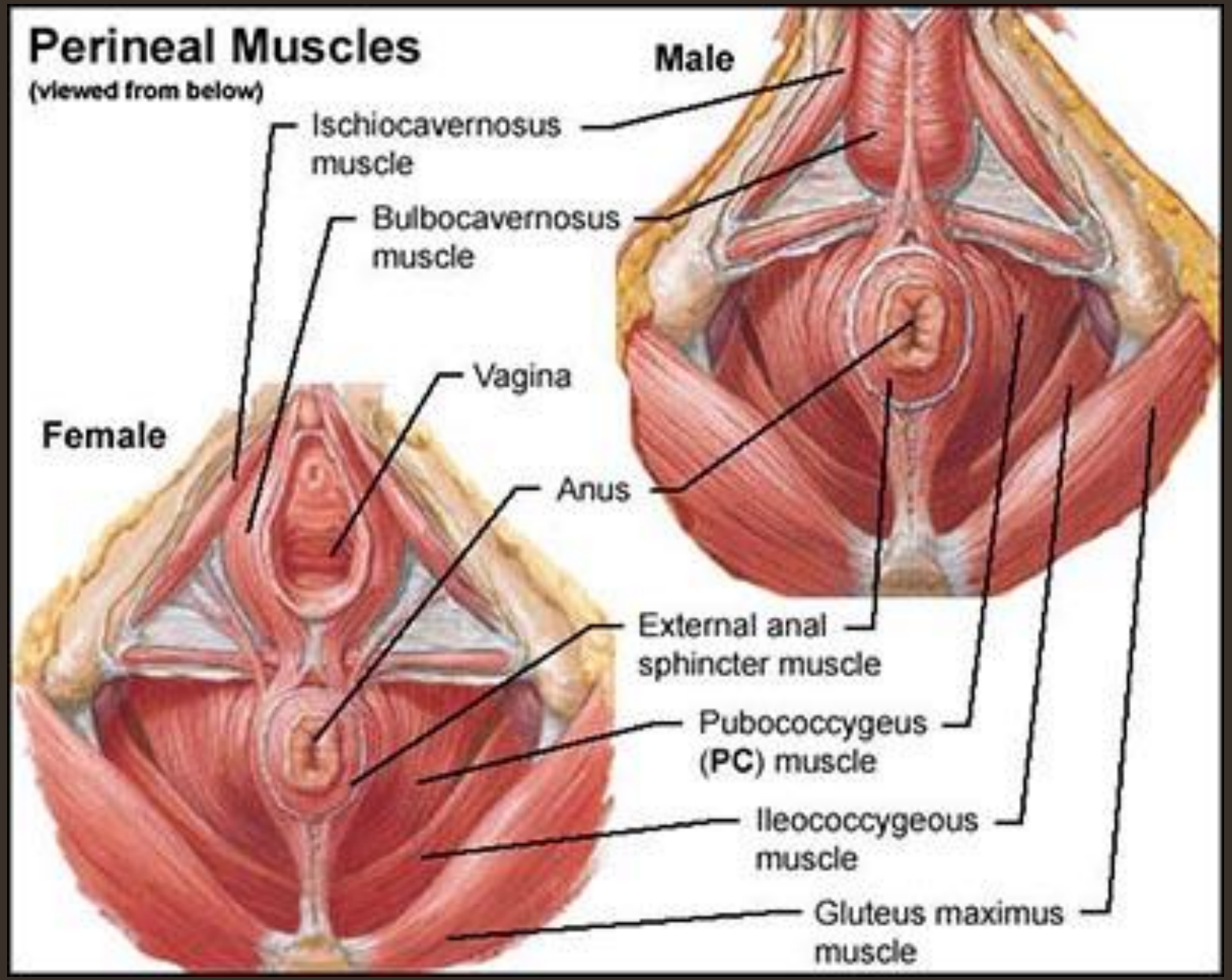

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Differential Diagnosis

- **Another medical condition:** **L**ichen sclerosus, endometriosis, pelvic inflammatory disease, vulvovaginal atrophy
- **Somatic symptom and related disorders**
- **Inadequate sexual stimuli**
- **Comorbidity :**interstitial cystitis, constipation, vaginal infection, endometriosis, irritable bowel syndrome

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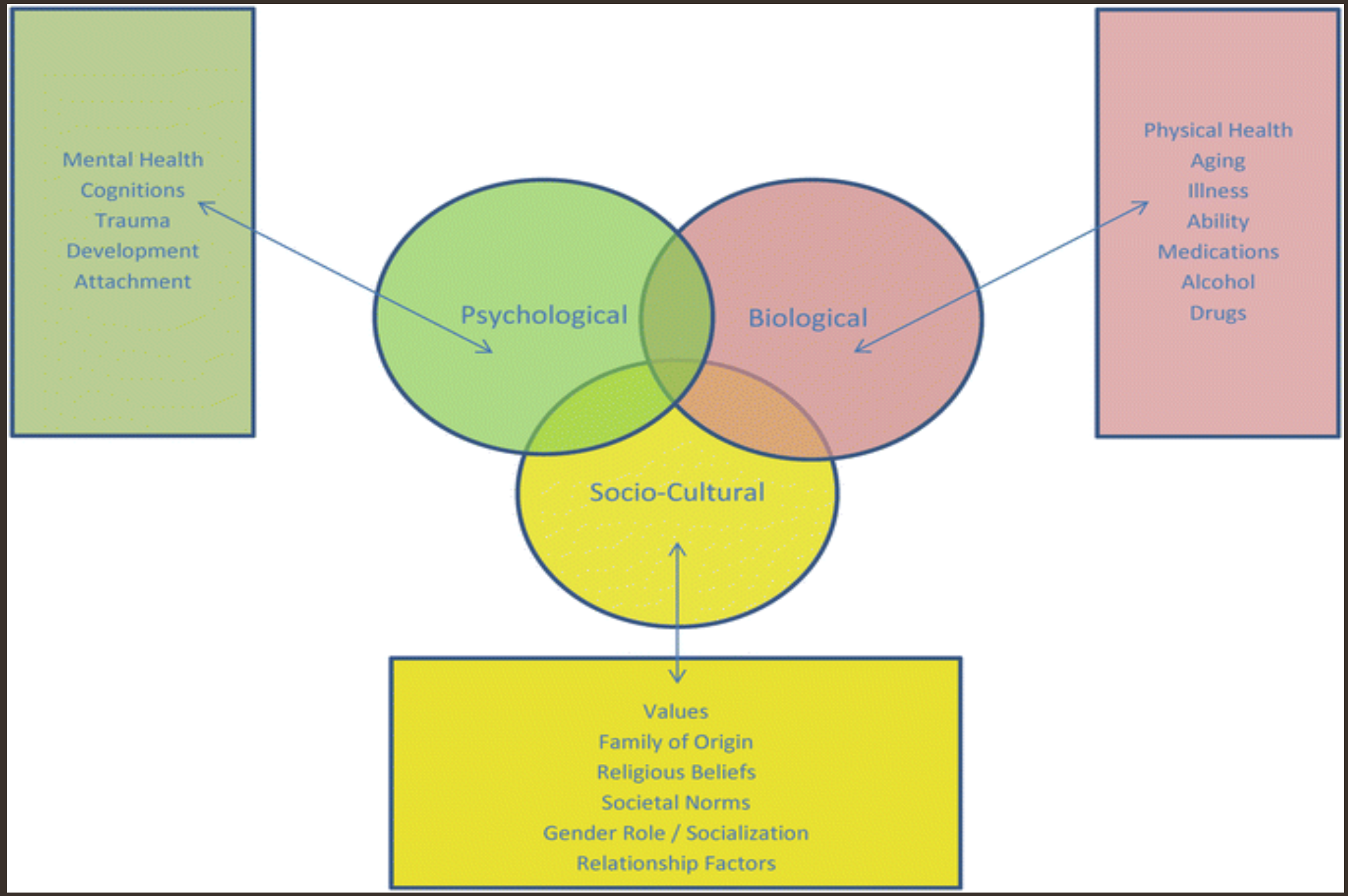
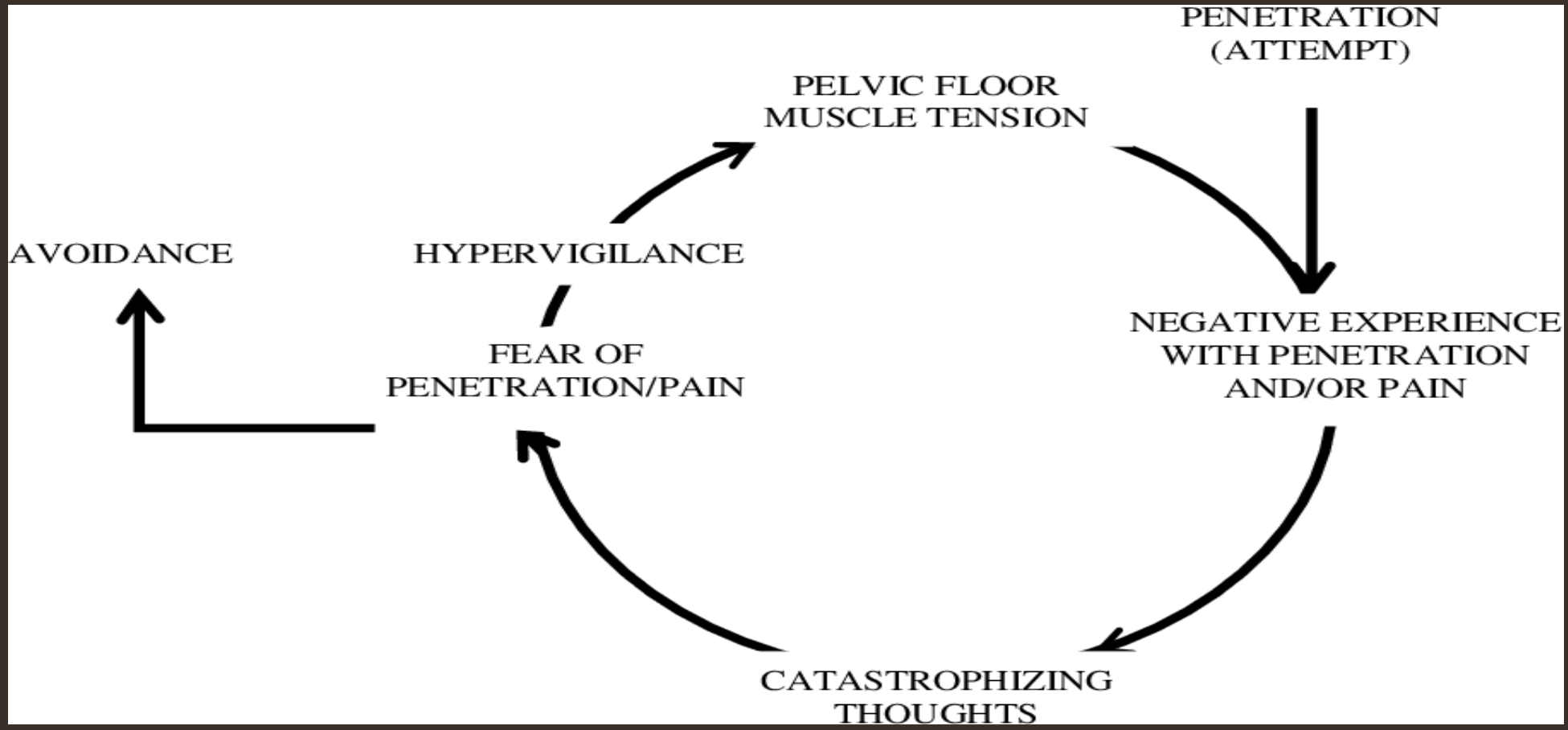
biopsychosocial


Mental Health
Cognitions
Trauma
Development
Attachment
Psychological
Biological
Socio-Cultural
Physical Health
Aging
Illness
Ability
Medications
Alcohol
Drugs
Values
Family of Origin
Religious Beliefs
Societal Norms
Gender Role / Socialization
Relationship Factors

Switch-off



The vicious cycle of vaginismus

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patient assessment

Marked pelvic pain during vaginal intercourse

- gynecological disease
- Pain threshold
- stage of physical annoyance
- feelings about sexual activity
- sexual partner behavior
- Sexual partner's reaction to her pain

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Vaginismus Diagnostic Questionnaire

- **(VPCQ)Vaginal Penetration Cognition Questionnaire, Klaassen & Ter kuile, 2009**

1. Control cognition
2. Catastrophic and pain cognition
3. Self image
4. Positive cognition
5. Genital Incompatibility

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Vaginismus Diagnostic Questionnaire

- **(MVPDQ): Multidimentional Vaginal Penetration Questionair, Molaee nejad et al,2013, 72 items and 9 dimensions:**

1. Catastrophic cognitions
2. Tightening, helplessness,
3. Maritaladjustment ,
4. Hypervigilance,
5. Aavoidance ,
6. Penetration motivation,
7. Sexual information,
8. Genital incompatibility,
9. Optimism

Management

- The most important goal is to establish painless and satisfactory penetration
- CBT(cognitive behavioral therapy)
- Desensitization treatments
- botax injection
- Biofeedback

Duration of treatment

- 3-6 w
- Sometimes 2 w

Factors affecting the treatment of vaginismus

- Spouse support
- Continuation of treatment
- Motivation of treatment
- Therapist support
- Patient health
- Comorbidity with other diseases
- Individual concerns
- Emotional barriers
- Education

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VAGINISMUS CURE

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