

# Office of Research on Women's Health



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Science Series

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## Vulvodynia

Understanding Vulvodynia and Planning for Future Research

### An Overview of Vulvodynia

Vulvodynia is chronic discomfort or pain of the vulva, which is the area around the outside of the vagina. This discomfort has been referred to as “the pain down there” or also as “feminine pain.” Burning is the most common symptom, with stinging, irritation, and stabbing pain reported by many women. There is no apparent infection or skin disease that could cause these symptoms. Treatment can include advice on vulvar skin care, oral and/or topical medications, biofeedback, physical therapy exercises, or even surgery in specific cases. No single treatment is effective for all women with vulvodynia; experts often recommend an individualized combination of treatments to improve the quality of life for vulvodynia sufferers.

### Why Vulvodynia is a Problem

Results from research on the epidemiology (the study of the distribution and causes) of vulvodynia have helped to clarify the magnitude of the problem. A large, population-based study in ethnically diverse Boston neighborhoods, by Harlow and Stewart, revealed that chronic burning, knifelike pain, or pain on contact that lasted at least 3 months or longer in the lower genital tract occurred frequently.<sup>1</sup> These symptoms were reported by White, African American, and Hispanic women of all ages, and nearly 40 percent of these women chose not to seek treatment. Of the women who sought treatment, 60 percent saw three or more doctors.

These researchers estimate that up to 18 percent of women will experience symptoms consistent with vulvodynia in their lifetimes.<sup>2</sup> In addition, the incidence of symptom onset is highest between the ages of 18 and 25, and lowest after age 35. These findings highlight the reality that vulvodynia may affect many women in the U.S. Anecdotal evidence suggests that vulvodynia may in many cases make sexual intercourse, tampon insertion, or even wearing clothing, such as undergarments or pants, difficult or impossible. When women do choose to seek care, the lack of health care provider education about the diagnosis and treatment of vulvodynia may lead to multiple office visits with different providers before a correct diagnosis and the appropriate intervention are determined.

### What the NIH is Doing about Vulvodynia

Research today continues to explore better clinical definitions of vulvodynia, better methods of identifying conditions that coexist with vulvodynia, and more comprehensive clinical management tools. Findings from NIH-funded research have led to several active research program announcements.

One program announcement, published by the National Institute of Child Health and Human Development (NICHD) and co-sponsored by the NIH Office of Research on Women's Health (ORWH), *Vulvodynia—Systematic*

*Epidemiologic, Etiologic or Therapeutic Studies (R01)* (<http://grants.nih.gov/grants/guide/pa-files/PA-07-182.html>), is designed to promote interdisciplinary research, with the goal of reducing the burden of this disease and ultimately improving the quality of life for women affected by this disorder. Other active program announcements have been released by the National Institute of Nursing Research on behalf of the NIH Pain Consortium for R01, R03, and R21 funding mechanisms to stimulate research in the field of pain and share the title, *Mechanisms, Models, Measurement, & Management in Pain Research*. The Web site for the R01 program is <http://grants.nih.gov/grants/guide/pa-files/PA-07-282.html>.

In addition to funding scientific research on this disorder, the NIH has supported several workshops on vulvodynia. A recent publication, *Vulvodynia: A State-of-the-Art Consensus on Definitions, Diagnosis and Management*, from a workshop in which NIH participated, describes findings and recommendations, such as key topics and issues needing further study, including the role of inflammatory mechanisms and genetic factors.<sup>3</sup>

## Models for Future Research

For research on vulvodynia to progress, definitions should be standardized for the terms that describe vulvodynia and the conditions that are associated with it. The terms and procedures used to characterize the pain associated with vulvodynia should also be standardized. Many biologic mechanisms are currently being investigated, including inflammatory and infectious disease processes, stress factors, neurologic and genetic factors, and the relationships between these processes and hormonal and immune system changes. Establishing the natural progression of vulvodynia will contribute toward a better understanding of the role of etiologic factors (causes).

## Methodological and Other Issues To Be Resolved

The NIH will continue to foster and support research focusing on basic, clinical, translational, and/or behavioral studies that expand our knowledge of vulvodynia, and to coordinate educational efforts for patients and physicians based on research and scientific evidence. To further outreach efforts, the NIH is working with the National Vulvodynia Association, the American College of Obstetricians and Gynecologists, and other professional organizations to explore the development of a national educational program for primary health care providers, patients, and the general public regarding vulvodynia's symptoms, diagnosis, and treatment options. The NICHD, the National Institute of Neurological Disorders and Stroke, the NIH Pain Consortium, and other agencies in the U.S. Department of Health and Human Services are collaborating with the ORWH on these efforts aimed at advancing research and education on vulvodynia.

## References

- <sup>1</sup> Harlow BL, Stewart EG. A population-based assessment of chronic unexplained vulvar pain: have we underestimated the prevalence of vulvodynia? *J Am Med Womens Assoc.* 2003;58:82-88.
- <sup>2,3</sup> Bachmann GA, Rosen R, Pinn VW, et al. Vulvodynia: a state-of-the-art consensus on definitions, diagnosis and management. *J Reprod Med.* 2006;51(6):447-56.