MANAGEMENT OF THE PATIENT WITH VULVODYNIA

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DISCLOSURES

None

DISCLAIMERS

Medications discussed in this lecture are not FDA approved for vulvodynia. There are no medications approved for vulvodynia.

The therapies are based on series, open label studies and the experience of vulvologists.

WEBSITE for handouts, etc
WWW.libbyedwardsmd.com
Most common mistake in the care of vulvovaginal pain is the over diagnosis of:

- Yeast
- Bacterial vaginosis
VULVODYNIA

Vulvodynia = chronic burning, rawness, pain, stinging, soreness (not itching) in the absence of explainable causes

No relevant skin disease, infection, specific neuropathy

Therefore, treatment with topical steroids, other anti-inflammatory agents, or anti-infectives is not useful
VULVODYNIA

Divided into subsets for research purposes

Divided into subsets because surgery is useful for localized vulvodynia only
Vestibulodynia – pain that never extends beyond the vestibule (formerly vestibulitis, vestibular adenitis). Pain to q-tip only in vestibule.

Generalized vulvodynia – pain that is not localized or is migratory

Several studies show that these often exist on a spectrum. I believe they are probably the same pathophysiology. However, surgical excision of painful skin is a treatment only for vestibulodynia
VULVODYNIA MANAGEMENT

Summary

- Educate patient, handouts, minimize irritants, refer for counseling
- Lidocaine jelly 2%
- Pelvic floor evaluation and PT
- Oral medications for neuropathic pain
- Specific topical therapies
- Botulinum toxin
- Counseling/cognitive behavioral therapy
- Then surgery for vestibulectomy
- Pain clinic
GENERAL MEASURES for all vulvar diseases

• Patient education regarding the nature and prognosis of vulvodynia

• Written material/handouts. You can download these from ISSVD.org, or use mine and modify as you want at libbyedwardsmd.com
GENERAL MEASURES for all vulvar diseases

- Suggest patients join the National Vulvodynia Association (NVA.org)
- I am not a fan of support groups for vulvodynia – these attract patients who are not doing well, and once patients are doing well, they are give up the group
GENERAL MEASURES

- Counseling (including sex therapy, couple-counseling, cognitive behavioral therapy). Think of it first, but discuss it last.
- Vulvar care measures - avoidance of irritants; over-medication, especially with topical therapies; over-washing; some panty liners
- Color and fabric of panties unimportant
- Laundry detergent unimportant
- Frequent washing and drying with hair dryer detrimental if anything
GENERAL MEASURES

- Xylocaine (lidocaine) jelly 2% or ointment 5% prn
- Avoid benzocaine/resourcinol (Vagisil®)
- Most other topical anesthetics are irritating and burn
PELVIC FLOOR THERAPY - BACKGROUND

My favorite single therapy, if I only had one arrow in my quiver

(Fortunately we have more than one arrow, since there are several targets)

Doubles as counseling and sex therapy with many physical therapies
PELVIC FLOOR THERAPY - BACKGROUND

Vulvodynia normally associated with pelvic floor muscle dysfunction
  - High resting tension
  - Irritability and tenderness of muscles
  - Poor contractibility
• Co-existing irritable bowel syndrome, urinary tract symptoms common
PELVIC FLOOR Physical Therapy

- By women’s health physical therapists with specific training to evaluate and treat vulvodynia.

- After a careful evaluation and patient education, PT and oral medication for neuropathy are by far my most beneficial intervention.
PELVIC FLOOR Physical Therapy

- Myofascial release, soft tissue mobilization
- Joint manipulation
- Exercises to strengthen muscles
- Desensitization/dilator therapy
- Sometimes surface EMGs and biofeedback
- Sometimes E-stim
- Emotional support
PELVIC FLOOR Physical Therapy

• Most cities have women’s health care PTs who understand and treat vulvodynia
• Check with local PT who work with incontinence for referral
ORAL RX

- The oral medications all come from one of two broad groups of medications for neuropathic pain
  - Some antidepressants
  - Anticonvulsants
- I prefer a medication from the antidepressant class because
  - These help with associated anxiety and depression
  - Once a day dosing
  - I don’t refer to them as antidepressants, but as medication for neuropathy from the antidepressant class
ORAL RX

- Start with a low dose
  - Women with vulvodynia typically experience side effects with medications
  - Handouts
- Titrate up to an effective dose; don’t under treat
- Expect weeks for effect
ORAL RX

in order of my preference in most women

- **Duloxetine (Cymbalta®)**
- Venlafaxine (Effexor®)
- Gabapentin (Neurontin®)
- Pregabalin (Lyrica®)
- Tricyclic medications (amitriptyline, desipramine, nortriptyline)
- Topiramate (Topamax®)
- Lamotrigine (Lamictal®)
ORAL RX
duloxetineine (Cymbalta®)

- No published data on vulvodynia
- FDA approved for neuropathic pain
- 20 mg/day for a week, then 40/day for a week then 60/day
- Very well tolerated, occasional AE’s include nausea, dry mouth, constipation, decreased appetite, insomnia, fatigue, sexual side effects
ORAL RX

- Duloxetine (Cymbalta®)
- **Venlafaxine (Effexor®)**
- Gabapentin (Neurontin®)
- Pregabalin (Lyrica®)
- Tricyclic medications (amitriptyline, desipramine, nortriptyline)
- Topiramate (Topamax®)
- Lamotrigine (Lamictal®)
ORAL RX

Venlafaxine (Effexor®)

- No published data on vulvodynia
- Related to duloxetine
- Start at 37.5 mg XR, increase weekly to 150 mg XR after 3 weeks once a day
- AE’s include nausea, drowsiness, insomnia, dizziness, dry mouth, sexual side effects
- Withdrawal syndrome can be difficult
ORAL RX

- Duloxetine (Cymbalta®)
- Venlafaxine (Effexor®)
- **Gabapentin (Neurontin®)**
- Pregabalin (Lyrica®)
- Tricyclic medications (amitriptyline, desipramine, nortriptyline)
- Topiramate (Topamax®)
- Lamotrigine (Lamictal®)
Oral Gabapentin

- Two case reports, three retrospective studies, two non-randomized prospective studies and one open-label pilot trial study
- One rat study
- Success 50-82%
- Methodologic weaknesses

ORAL RX
Gabapentin (Neurontin®)
my method

• Start at 100 mg, increase by 100 mg/day until comfortable, unacceptable side effects or 3600 mg/d in 3-4 divided doses, whichever occurs first

• AE’s dizziness, somnolence, peripheral edema, fuzziness
ORAL RX

- Duloxetine (Cymbalta®)
- Venlafaxine (Effexor®)
- Gabapentin (Neurontin®)
- **Pregabalin (Lyrica®) – no generic**
- Tricyclic medications (amitriptyline, desipramine, nortriptyline)
- Topiramate (Topamax®)
- Lamotrigine (Lamictal®)
ORAL RX
pregabalin (Lyrica)

- Retrospective chart review in my office of 28 women on pregabalin for vulvodynia.
  - 12 reported improvement averaging 62%
  - 10 discontinued due to AEs
  - 4 had no improvement
  - 2 with vestibulodynia had not tested their pain

Aranda J, Edwards L: presented at the 2007 ISSVD World Congress
ORAL RX
pregabalin (Lyrica)
my method

- Start at 50 mg 2-3 times a day, may increase up to 300 mg bid
- AE’s include dizziness, peripheral edema, weight gain, somnolence; may be less well tolerated than gabapentin
- May be faster in onset
ORAL RX

- Duloxetine (Cymbalta®)
- Venlafaxine (Effexor®)
- Gabapentin (Neurontin®)
- Pregabalin (Lyrica®)
- **Tricyclic medications** (amitriptyline, desipramine, nortriptyline)
- Topiramate (Topamax®)
- Lamotrigine (Lamictal®)
ORAL RX
Tricyclic Medications
my method

• Amitriptyline or desipramine
  – I begin at 5 mg (half of a 10 mg) two hours before bedtime and increase up to 150, until comfortable, or intolerable AE’s – low dose is ineffective

• Nortriptyline
  – I start at 25 bid for a week, then 25 bid for a week, then 75 bid
284 women on tricyclic medication for vulvodynia were analyzed. 49% of those on medication at follow-up were improved by at least 50%, as compared to 30% of women who were no longer on medication.

112 women evaluable women into four arms; desipramine (median 105 mg) or placebo with lidocaine or placebo. No difference in these groups.

ORAL RX
Tricyclic Medications

• Antidepressant
• Antihistaminic AEs
  – Drowsy (amitr > desip) or
  – Jittery (desip > amit), tachycardia
  – Dry mouth, eyes
  – Increased appetite
  – Constipation
NEW, EVEN MORE ANECDOTAL MEDICATIONS

- Topiramate (Topamax®) - used for migraines, no data for vulvodynia
- Lamotrigine (Lamictal®)

Both can interfere with hormonal contraception
Lamotrigine is a high risk medication for toxic epidermal necrolysis
Open-label trial of lamotrigine focusing on efficacy in vulvodynia

- 31 of 43 patients finished open label trial
- There was a “robust” decrease in pain and improved mood at 8 weeks

TOPICAL THERAPIES

• Xylocaine (lidocaine) ointment 5% applied to the vestibule under cotton ball occlusion overnight to break pain cycle
• Avoid benzococaine (Vagisil, Vagicaine) diphenhydramine (Benadryl) – allergy, irritant
TOPICAL THERAPIES

- Topical estrogen (possibly decreased estrogen receptors)
- Capsaicin (Zostrix) – agent that makes red pepper hot. Careful!
- Nitroglycerin
- Amitriptyline 2%/baclofen 2% in aqueous base
- Gabapentin, 2-6%
- Diazepam suppositories 5-10 mg to relax pelvic floor muscles
- Amitriptyline cream
Open label trial of women with vulvodynia showed 56% of patients responded to amitriptyline cream

TOPICAL THERAPIES

Not

- Testosterone not effective and often irritating (Goldstein)
- Corticosteroids – ineffective
- Anti-candidal medications – ineffective unless documented yeast
LOCAL INJECTABLE RX in occasional patients

- Alpha interferon – not useful
- Corticosteroids – into trigger points if present
- Nerve blocks
- Botulinum toxin
SPECIFIC INJECTABLE RX

- Alpha interferon
- **Corticosteroids**
- Nerve blocks
- Botulinum toxin
INTRALESIONAL RX – corticosteroids

- Occasionally useful for trigger points (my opinion)
- Discrete trigger points are uncommon
- No data
- Triamcinolone (Kenalog 10) .2-.3 cc into trigger point
- If beneficial, may repeat at 4 wks
INJECTABLE RX

- Alpha interferon
- Corticosteroids
- Nerve blocks
- Botulinum toxin
INJECTABLE RX

- Alpha interferon
- Corticosteroids
- Nerve blocks
- **Botulinum toxin**
INTRALESIONAL RX – botulinum toxin (Botox)

- Theories: minimize vaginismus, relax levator ani muscle; direct pain effect?
- Also, reports of improvement in vaginismus and pelvic pain
- Over 1400 reports of botulinum toxin for pain
- None regarding vulvodynia since 2011
Efficacy of high doses of botulinum toxin A for treating provoked vestibulodynia

- 20 patients received 50 units bilaterally in bulbospongiosus muscle under electromyographic monitoring
- 80% improved; mean VAS 8.37 to 2.57 at 3 months
- 13 of 18 patients who were not intercourse-active were able to be sexually active

Botulinum toxin type A-a novel treatment for provoked vestibulodynia? Results from a randomized, placebo controlled, double blinded study.

- 67 women treated with botulinum toxin A or saline, 20 units
- 64 finished the study
- No difference in visual analog scale

PSYCHOSOCIAL THERAPIES

- Couple counseling
- Cognitive-behavioral therapy
- Psychotherapy
A randomized clinical trial for women with vulvodynia: Cognitive-behavioral therapy vs. supportive psychotherapy.

Women with vestibulodynia were randomized to treatment with surgery, pelvic floor biofeedback, and cognitive-behavioral therapy.

All patients experienced long-lived improvement.

Surgery produced twice the degree of pain relief of the other therapies.

MANAGEMENT OF VULVODYNIA

- Newer or less well reported/studied measures/believed therapies
  - Acupuncture
  - Hypnotherapy
  - Calcium citrate orally with low oxalate diet – popular anecdotal therapy with no evidence of benefit
SURGICAL RX
Vestibulectomy

- Only useful for patients with vestibulodynia (vulvar vestibulitis syndrome)
  - Vestibular pain only
  - Best for provoked pain
SPECIFIC SURGICAL RX
Vestibulectomy

- Area of pain mapped by q-tip pressure before anesthesia
- Excision removes the painful area of the vestibule, extending to include the hymeneal ring
- Vaginal skin undermined and externalized to cover defect
SPECIFIC SURGICAL RX
Vestibulectomy

• Early success was about 60%
• Recent reports show 85%
• Some data suggests better outcome in combination with pelvic floor rehabilitation
• In our office, we believe better outcome in combination with psychotropic med and PT
GENERAL MEASURES

Remember

- Counseling (including sex therapy, couple-counseling). Think of it first, but discuss it last. Physical therapy is very useful psychologically.
VULVODYNIA MANAGEMENT

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Thank you!