

# Pain evaluation in vulvodynia patients using the McGill Pain Questionnaire

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## Introduction and aims

Vulvodynia is a vulvar discomfort in the absence of gross anatomical and neurological findings, corresponding to idiopathic pain of at least 3 months' duration, without clear identifiable cause but with potential associated factors. It affects near 16% of women in the general population and is associated with significant interference in many life domains, including psychologic adjustment and quality of life.

## Methods

This was a retrospective cross-sectional observational pilot study of patients aged<sup>3</sup> ≥18 years with idiopathic vulvar pain of at least 3 months. Patients were selected through a simple random probability sampling (N = 110) from women who attended in an outpatient dermatology clinic between 2000 and 2015. All patients fulfilling the inclusion criteria and that accepted to fill the questionnaires, were invited to participate. The primary variable was pain, and secondary variables included Socio-demographic data, clinical data, quality of life, and therapy.

## Results

### Socio-demographic and clinical results

Socio-demographic characteristics and clinical data of the sample are shown in Table 1 and Figure 1, respectively. The most prevalent symptoms reported were stinging, burning, pain, itching, and dyspareunia.

### Anxiety, depression and quality of life

The HAD questionnaire reflected abnormal punctuation in the items related to anxiety, and normal punctuation in the items related to depression. 61.7% women reflected anxiety, and 24.7% revealed depression. In contrast, the values obtained in the HAM-A questionnaire evidenced mild severity. Finally, the DLQI questionnaire reflected impairment in quality of life associated with the impact of vulvodynia.

Table 1. Socio-demographic characteristics of the sample.

Age (y)		Pain duration (mo)		Employment status, n (%)		Yeast inf. test, n (%)		Comorbidities, n (%)				Treatment, n (%)	
43.4 ± 13.5		32.8 ± 40.4				94 (85.5)							
≤ 40 years, n (%)	53 (48.2)	3 – 12, n (%)	52 (47.3)	Active	87 (79.1)	Positive	39 (41.5)	Previous surgeries	64 (58.7)	Interstitial cystitis	9 (8.2)	Topical agents	108 (98.2)
> 40 years, n (%)	57 (51.8)	13 – 60, n (%)	41 (37.2)	Inactive	23 (20.9)	Negative	55 (58.5)	Known allergies	45 (41.3)	Fibromyalgia	5 (4.5)	Antidepressant drugs	80 (72.7)
		> 60, n (%)	17 (15.5)					Psychiatric comorbidities	41 (37.3)	Irritable bowel syndrome	3 (2.7)	Analgesic drugs	12 (10.9)
								Lichen simplex	14 (12.7)	Orofacial pain	0	Antiepileptic drugs	2 (1.8)
												Physical therapy	6 (5.5)

### Pain evaluation

Pain scores reported by patients in the EVID scale reflected moderate to intense pain, and EVA scores evidenced severe pain. SV-MPQ gave a value of 23.1 out 53 in the sensory category, 4 out 9 in the affective category, and 3.1 out 4 in the evaluative category, being the final score of 30.2 out 66. NWC for each descriptor is shown at Figure 2.

### Correlation analyses

Correlations were found between pain (SV-MPQ) and anxiety (HAM-A),  $r = 0.818$  ( $p < 0.01$ ), and between anxiety levels (HAD) and a major impairment in quality of life (DLQI),  $r = 0.659$  ( $p < 0.01$ ). Fear in the SV-MPQ showed statistically significant differences in women > 40 years as 1.5 versus in women ≤ 40 years as 0.7 ( $p = 0.021$ ).

Figure 1. Clinical data reported by patients.

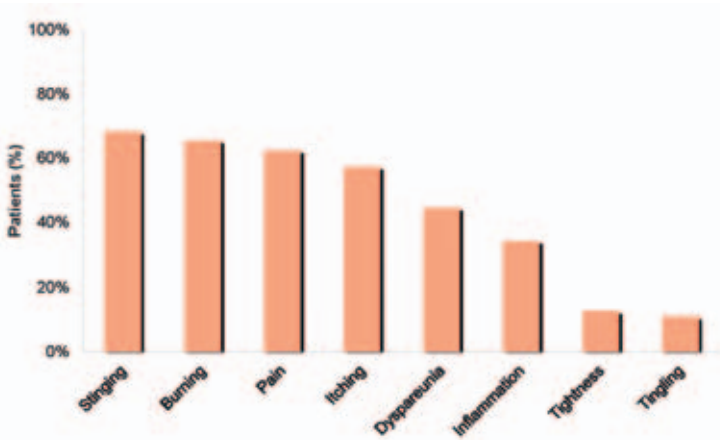
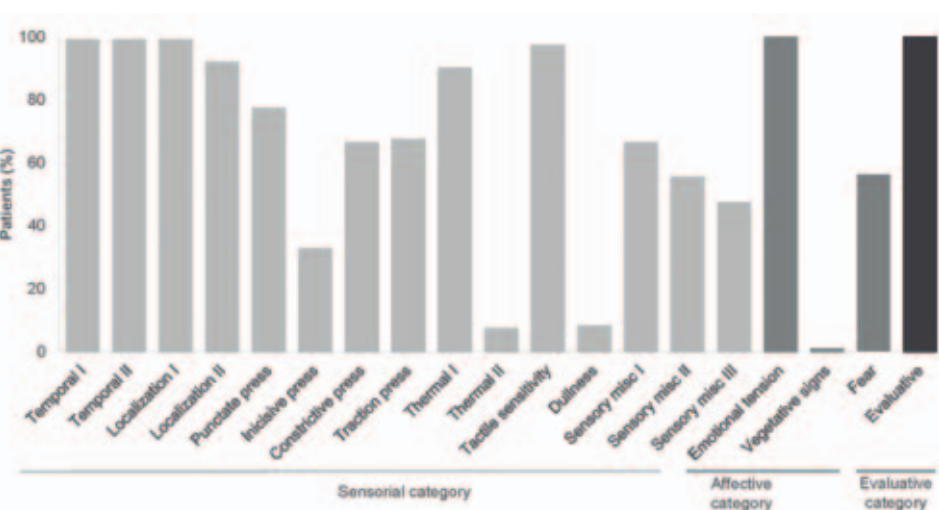


Figure 2. NWC for each descriptor of the SV-MPQ.



## Conclusions

- HAM-A and HAD questionnaires scored high levels of anxiety and depression in most women with vulvodynia.
- The correlation between the presence of pain and high levels of anxiety suggests its importance for the patients, although it is not clear whether it is an antecedent risk factor or a consequence of pain.
- The impact on quality of life correlates with higher anxiety levels.
- Pain characteristics and intensity reflect the presence of clinical subtypes that can be related with specific causes and/or pathophysiological mechanisms. Clinical subtypes may help to adapt treatment to each patient's needs.

## References

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