



THE AMSTERDAM MULTIFACETTAL APPROACH OF SEXUAL PAIN DISORDERS AIMING AT RESTORING SEXUAL PLEASURE

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Introduction. Dyspareunia and Vulvodynia are common but underrecognized problems in which one-track treatments often fail. In these sexual pain conditions a lack of sexual pleasure, a lack of arousal and pelvic floor overactivity are important causal, precipitating and maintaining factors. Most treatments are aiming at restoring the possibility of sexual intercourse and are either biomedical or psycho-sexual. In the Academic Medical Centre in Amsterdam we treat these problems by means of a partner oriented multifacettal bio-psycho-socio-sexual approach in which both bio-medical (pain, vulvar skin, pelvic floor), psycho-sexual and relational aspects are addressed. The main objective of the treatment protocol is not to facilitate sexual intercourse but to restore (ore more often discover for the first time) sexual pleasure.

Aim. To establish the success rate of a comprehensive multifaceted, bio-psychosexual treatment of sexual pain and the contribution of different aspects of this multi-track treatment.

Methods. Retrospective analysis of case histories of vulvodynia patients treated from 2002 to 2012. From these files, we extracted the treatment ingredients that patients had received, and analysed the treatment outcome. On these data, we performed a logistic regression.

Main outcome measures. We focused on the five treatment ingredients, the dropout rate and recovery of the patients.

Results. A total of 200 out of 224 patients who finished the treatment improved significantly in terms of more sexual pleasure and less pain. Therefore, the success rate of the treatment as offered at the AMC is 89.3%. The most important predictor for recovery is whether a patient finished the treatment or dropped out.

Conclusions. We argue that a multifaceted, bio-psychosexual treatment of vulvodynia aimed and sexual pleasure is preferred over surgery and/or single track approaches, since the bio- psychosexual approach is less intrusive, is aimed at more than coitus only and acquires at least equal success rates. Increasing awareness of the individual requirements of a woman for sexual arousal and desire, enhancing her knowledge about sexual anatomy and physiology, and gaining assertiveness in partnered sex are important ingredients of the treatment protocol.

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