

Sex Therapy for Vaginismus/GPPPD

Sheryl A. Kingsberg, PhD

First Visit: Presenting Complaints

- Sharon indicates that she has been experiencing difficulties with sexual intercourse:
 - Tightening of vaginal muscles, making penetration painful or impossible
 - Little motivation for sexual activity due to associating intercourse with pain
 - Reduction in sexual desire
- She states that the sexual problems are having a detrimental effect on her relationship with her husband

First Visit: History

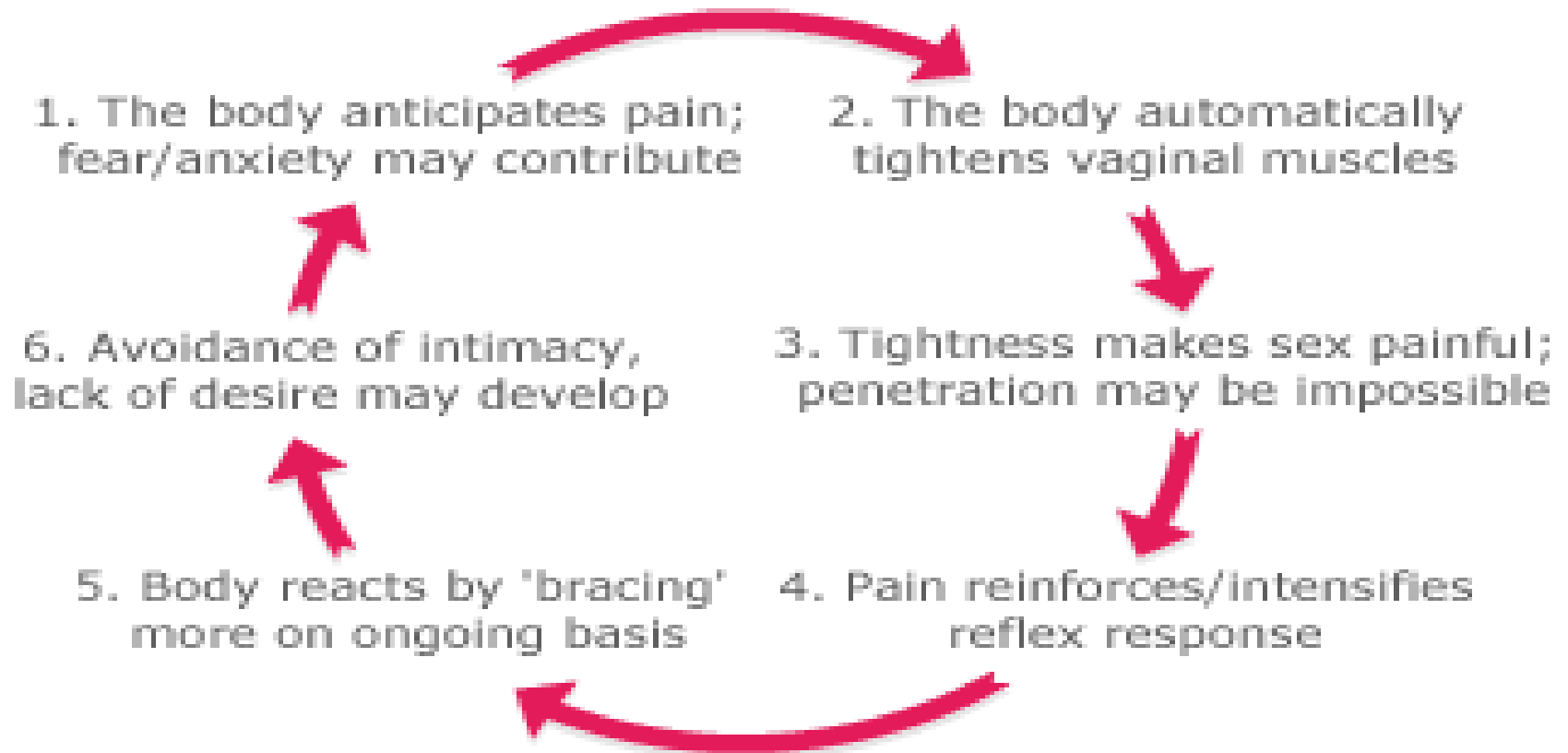
- Vulvar vestibulitis diagnosed 18 months ago; onset of pain with intercourse
- Unsuccessful attempts at seeking effective treatment from 2 different gynecologists over 1 year
- Effectively treated by third gynecologist for past 6 months with local corticosteroid plus low-dose tricyclic antidepressant
- No resolution of pain with intercourse
- Vaginismus diagnosed by gynecologist

First Visit: History (cont)

- No history of sexual difficulties prior to diagnosis of vulvar vestibulitis
 - Easily aroused and reliably orgasmic with intercourse or manual clitoral stimulation
 - No problems with sexual desire or motivation for sexual activity
 - Frequency of intercourse: 1 to 2 times per week (mutually satisfactory for patient and husband)
- No history of sexual abuse, other forms of abuse, depression, or substance abuse
- Not currently using contraception

Vaginismus Cycle of Pain

Cycle of Pain



Management Plan for Vaginismus and HSDD

- Behavioral therapy
 - Exposure to vaginal dilators in graduated sizes
 - Patient to progress at own pace
- Relaxation therapy
- Cognitive therapy



Instructions for Use of Vaginal Dilators

- Begin with smallest dilator; work with only 1 size at a time
- Use sufficient lubricant
- Practice 5 minutes at a time, 5 times a week
- Stop at any sign of tensing, anxiety, or pain; wait a few minutes and try again
- Start by simply touching dilator to vulva
- When comfortable with this step, try inserting dilator one-half inch into vagina
- When comfortable with previous step, try inserting dilator another half inch
- Continue until completely comfortable with total insertion of dilator, then progress to next size

Which of the following is a characteristic of vaginismus?

- A. Primarily occurs in postmenopausal women
- B. Predominantly seen in younger women
- C. Typically confined to sexual intercourse as opposed to other forms of vaginal penetration
- D. Always results in the inability to experience orgasm

Answer

- B. Primarily seen in younger women

What aspects of this patient's presentation support a secondary diagnosis of HSDD?

- A. Dyspareunia
- B. Sexual arousal disorder
- C. Marked interpersonal difficulties with her husband due to her reduced interest in sex
- D. All of the above

Answer

- C. Marked interpersonal difficulties with her husband due to her decreased interest in sex

Second Visit: Follow-Up (2 Weeks After Initial Consultation)

- Sharon has successfully practiced with first dilator and is now entirely comfortable with its use
- A few days ago, she tried to start using the second dilator, but experienced trepidation
 - Intimidated by the size of the dilator
 - Occurrence of pain on touching dilator to vulva
 - Afraid of experiencing pain on insertion
- She is advised to resume use of first dilator and progress more slowly to ensure continuing comfort with each successive step
- Instructions for proper use of dilators are again reviewed along with relaxation methods and cognitive techniques

Which of the following describes proper use of vaginal dilators?

- A. Plan on progressing to each larger dilator at 1-week intervals
- B. Practice with dilator at least one hour each day
- C. If pain occurs, try to “push through” it until full penetration is achieved
- D. Continue to use a dilator until penetration is completely comfortable before moving on to the next larger size

Answer

- D. Continue to use a dilator until penetration is completely comfortable before moving on to the next larger size

Third Visit: Follow-Up (4 Weeks After Previous Visit)

- Sharon reports that she has been able to progress through the graduated dilators and is now comfortable using the largest one
- She can insert the dilator without experiencing any anxiety, tensing, or pain
- She is advised that she can proceed to transition to sexual activity
 - The same process will be used as with the dilators
 - She has explained the dilator process to her husband and believes he will be supportive about using the same approach to resuming sexual activity

Fourth Visit: Follow-Up (4 Weeks After Previous Visit)

- Linda reports that her husband has been patient and cooperative in using the step-by-step process to sexual activity
- At each step, the couple stopped if Linda began experiencing discomfort
- Linda is now able to have intercourse without pain
- Her sexual desire has returned
- The stress in her marriage has been relieved

Why did this patient's HSDD resolve?

- A. HSDD had been misdiagnosed; she only met 1 of the criteria—marked distress or interpersonal difficulties
- B. Use of the dilators trained her to regain sexual arousal
- C. HSDD was secondary to vaginismus and therefore resolved with successful treatment of the latter condition
- D. None of the above

Answer

C. HSDD was secondary to vaginismus and therefore resolved with successful treatment of the latter condition

Case Summary

- Vaginismus is characterized by involuntary tightening of the vagina during attempted penetration, making sexual intercourse painful or impossible
- A detailed history allows vaginismus to be differentiated from conditions such as dyspareunia and female sexual arousal disorder
- The *DSM-IV* specifies diagnostic criteria for vaginismus and DSM 5 specifies criteria for GPPPD
- Vaginismus may give rise to secondary HSDD
- Vaginismus can be successfully treated with behavioral therapy involving the use of graduated dilators, in conjunction with relaxation and cognitive techniques
- Resolution of vaginismus is likely to resolve secondary HSDD