

PHYSICAL AND SOCIAL REPERCUSSIONS GENERATED IN WOMEN WITH VULVODYNIA: A BIBLIOGRAPHICAL REVIEW

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Abstract: Vulvodynia directly interferes with the quality of life of patients, affecting their self-esteem, in addition to having physical, psychological and social impacts. Physiotherapeutic treatment consists of evaluating and treating such pathology, in order to, together with the multidisciplinary team, restore a dignified sex life to those with this disease. The present study seeks to analyze the main physical and social repercussions generated in women with vulvodynia, and how physiotherapy can act on this sexual dysfunction. This study consists of a literature review and was carried out using data retrieved from digital platforms: SciELO, GOOGLE ACADÊMICO and PEDro. With regard to physical and social repercussions in patients with vulvodynia, pain complaints disturb emotional balance, work performance and interpersonal relationships, due to irritability, anhedonia, anguish and anxiety caused by the clinical condition. Impacts on the marital, work and personal life of these women were evidenced, such as low self-esteem, irritability, anguish and anxiety

Keywords: Vulvodynia; Physiotherapy; Consequences.

INTRODUCTION

Any type of sexual pain can interfere with the individual's physical, psychological and interpersonal relationships. In the clinical case exposed by Macedo (2016), in the Revista Portuguesa de Medicina Geral e Familiar, the patient showed significant concern about the cause of her symptoms and their repercussions, fearing a rare and serious disease. The symptoms impaired their emotional balance, work performance and interpersonal relationships, due to irritability, anhedonia, anguish and anxiety promoted by the clinical condition. She presented repercussions on her marital relationship, mentioning a withdrawal by her partner,

despite her apparent understanding.

Exposing the problem, it is important to emphasize that these are disorders that go beyond physical changes, therefore, they must be treated with a multidisciplinary team so that the patient receives a treatment that involves a gynecologist, physiotherapist and psychologist. Physical therapy treatment can use various resources and approaches for treatment (MORAES, et al, 2019).

Vulvodynia is a disorder that goes beyond sexual dysfunction, as it interferes with a woman's daily activities, as well as her sex life. She refers to a disorder in the vulva, the external part of the female genitalia, and the discomfort can go beyond the sexual act and make everyday tasks difficult, such as: Riding a bicycle or wearing tight clothes. (MORAES, et al, 2019).

METHODOLOGY

In this bibliographic review study, a survey was carried out with the objective of evaluating the physical and social repercussions in patients with vulvodynia. The studies that served as a theoretical basis were searched in electronic databases: SciELO, GOOGLE ACADÊMICO and PEDro. Inclusion criteria were: Be in Portuguese, contain the keywords of this study in the title or abstract (Vulvodynia-physiotherapy-Consequences), and the year of publication of the study, between 2015 and 2021. The descriptors used in the databases were the keywords: "Vulvodynia", "Physiotherapy", "Consequences", in order to obtain more results on the subject. As criteria for exclusion of articles were established: The year of publication outside the determined time interval, which were not published in Portuguese and those that did not have content relevant to the subject of this study.

DISCUSSION

According to Souza et al. (2020),

vulvodynia can be understood as a common vulvar discomfort, characterized as a burning pain. This pain is associated with local hypersensitivity of the vulva, which can be generated spontaneously or by direct contact. It is the most common cause of pain during intercourse in young women. Its classification depends on the location and type of pain (generalized or localized, irritatingly unprovoked or mixed) (LATORRE et al, 2015).

The etiology of vulvodynia is still unknown, presenting several factors, such as: physiological problems (muscle dysfunction of the pelvic floor, neuropathic and psychosocial pain) and sexual issues (anxiety and sexual dysfunction). Although it is a common syndrome, physiotherapeutic treatment is still little known among women (BEN-AROYA, 2015). Bergeron, Wesselmann, Bohm, (2020) raises the association between childhood sexual abuse and vulvodynia as a possible cause.

The incidence of vulvodynia increases due to factors such as: advancing age, decreased estrogen, surgeries, religion, sexual dysfunction of the partner, unemployment, drug and alcohol use and reduced quality of life, pregnancy, chronic diseases and disuse of the pelvic floor musculature (TEXEIRA, 2017).

In the vulvar inspection, one must look for changes suggestive of some other pathology (dermatoses or malignant lesions and be attentive to signs of infection and atrophy). Speculum examination can be helpful in ruling out associated fungal infections and other inflammation of the vagina and cervix. The physical examination must also include the search for vaginismus, a condition commonly associated with vulvodynia. The diagnosis of vulvodynia is one of exclusion and, although not mandatory, it can be established with a positive swab test, in which the patient grades

the pain felt when touching the external genitalia with a swab (MORAES et al, 2019).

Considering the multifactorial and chronic character of this syndrome, the treatment of vulvodynia represents a great challenge for patients and their attending physicians, who must include multidisciplinary assistance, such as: gynecologists, physiotherapists, dermatologists, psychologists, among other professionals. Treatment can be time-consuming and frustrating, and the patient's understanding of her condition and what the goals of her treatment are are fundamental (MORAES, et al, 2019).

With regard to physical and social repercussions in patients with vulvodynia, pain complaints disturb emotional balance, work performance and interpersonal relationships, due to irritability, anhedonia, anguish and anxiety caused by the clinical condition. There are also impacts on marital relationships, and the partner may withdraw, despite apparent understanding. During the anamnesis, open questions can be used, giving the patient free speech, opting for a calm, little intrusive and paused intonation, which encourages empathy, confidence and does not show excessive concern. With this communication approach, there are no signs of psychosocial dysfunction or psychiatric pathology that may be at the root of the described symptoms (MACEDO, 2016).

The main physical consequences for women with vulvar pain are intense vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts; intense fear or anxiety of vulvovaginal or pelvic pain during or as a result of vaginal penetration; marked tension or contraction of the pelvic floor muscles during attempts at vaginal penetration. (TEXEIRA, 2017).

Bergeron, Wesselmann, Bohm, (2020) brings notes consonant with those of Latorre regarding the objectives of the treatment, he

also establishes some techniques that can be used similar to other studies, such as: desensitization of the painful vulva, use of vaginal dilators, use of biofeedback, manual therapy and electrotherapy.

Latorre (2015) states that treatment success is linked to a multidisciplinary team in which one area complements the other. Among the therapies involved he cites: Physical therapy in strengthening the pelvic floor, and improving vascular function, pharmacological, sex therapy and pain education. This same study brought literary findings that pointed to the success of electroanalgesia, TENS (transcutaneous electrostimulation), Radiofrequency, and muscle relaxation therapies through active awareness of muscle function in these cases. Since it signals the possibility of vulvodynia it is linked Hyperactivity of the superficial pelvic floor muscles, decreased flexibility and relaxation property.

Some hygiene measures can influence the relief of some symptoms of vulvodynia, namely: the use of soap with a pH between 3.5 and 5.5, use of cotton underwear, avoiding vulvar irritants such as deodorants and scented creams, lubricants at propylene glycol base must be replaced by glycerin or vegetable oils (TRONCON, 2017).

Physiotherapeutic treatment aims to reestablish the function of the pelvic floor muscles. Specific interventions include: self-relaxation and anxiety management techniques that consist of improving body awareness and breathing control techniques; desensitization: aims to promote self-knowledge, since the woman is encouraged to visualize and identify the clitoris, labia majora, labia minora and vaginal introitus through a mirror and to touch these regions, passive stretching of the adductor muscles of the thigh performed within the normal range of motion with mild intensity and prolonged

time bilaterally (TRONCON, 2017).

The perineal massage or intravaginal massage is performed with the woman in a gynecological position, with the aim of relaxing the pelvic floor muscles, improving local blood circulation and deactivating trigger points. The same is done through muscle stretching from the origin to the insertion of the pelvic floor muscles (MAPs), in the direction of the muscle fibers, with tolerable pressure for five minutes on the right side and five minutes on the left side. This technique is beneficial for the rehabilitation of these muscles, in addition to being a low-cost procedure, it can be performed by the partner after guidance from the physiotherapist (TRONCON, 2017).

FINAL CONSIDERATIONS

With the end of this research, it is concluded that, despite the importance of disseminating information about vulvodynia, it became clear that this issue is still rarely discussed and addressed. In addition, it is worth emphasizing the importance of treatment performed by a multidisciplinary team to obtain better results efficiently and effectively, given that its causes involve different areas: psychological, physical, social, neurological, among others. Impacts on the marital, work and personal life of these women were evidenced, such as low self-esteem, irritability, anguish and anxiety. Vulvodynia is a disorder that has the ability to subtract from the quality of life of these women, interfering with activities of daily living and their sex life, since the latter aspect is considered a contributing factor to quality of life according to the WHO. Thus, more studies must be carried out in order to offer treatments that allow for faster healing or relief.

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