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History of Abuse in Women with Vulvar Pruritus, Vulvodynia and Asymptomatic Controls

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Abstract

Objective—Chronic vulvar pruritus and vulvodynia are common vulvar diseases. The aim of this study was to compare gynecological and sexual and physical abuse histories from patients with these diagnoses, and from healthy controls.

Materials and Methods—Questionnaires were self-completed by patients diagnosed with vulvar itch-scratch (n= 93), vulvodynia (n= 232), and patients presenting for annual gynecological examinations (n= 104) at the University of Michigan Hospitals, Ann Arbor, Michigan.

Results—Patients who came for annual examinations were less likely to report past gynecological infections ($p < 0.05$) and indicated higher interest in and more frequent sexual activity than the other two groups ($p = 0.003$). Vulvodynia patients had the highest scores on the McGill Pain Questionnaire ($p < 0.001$). Subjects with either vulvar disorder were more likely to self-report a history of gynecologic infections than annual examination controls. Rates of sexual ($p = 0.78$) and physical abuse ($p = 0.12$) were similar for all three groups.

Conclusions—Patients with vulvar pruritus and vulvodynia report similar rates of sexual and physical abuse.

Keywords

Vulvodynia; Pruritus Vulvae; Sexual abuse; Genital Tract Infections

Introduction

Vulvar pruritus and vulvodynia are two of the most common vulvar diseases encountered by vulvar specialists.[1-8] The etiologic factors for the development of these two conditions are enigmatic. Many hypotheses were suggested throughout years of research, including atopy and eczema for chronic pruritus [9], and infection, inflammation and chronic neuropathic

pain for vulvodynia [7,10,11-17]. The role of psychologic factors and stress in the etiology of both diseases was also discussed in previous papers.[18-20]

There have been several studies suggesting that patients with vulvodynia are not more likely to have suffered previous sexual or physical abuse [21-23]. However, no studies, to our knowledge, have looked for a possible correlation between vulvar pruritus and a past trauma of sexual or physical abuse. In this paper, we compared gynecological and general health background, and a history of physical and sexual abuse, collected from questionnaires from patients with chronic vulvar pruritus, vulvodynia, and healthy patients presenting for routine annual gynecologic examinations. We aim to test the hypothesis that women with chronic vulvar pruritus report similar rates of past sexual and/or physical abuse as controls with vulvodynia or women presenting for routine annual examinations.

Materials and Methods

Every new patient presenting for evaluation and treatment in the University of Michigan Center for Vulvar Diseases in Ann Arbor, Michigan, completes a questionnaire which is de-identified. These questionnaires contain closed questions regarding their symptoms, their general medical and gynecological history, the McGill Pain Questionnaire, and questions regarding sexuality and sexual relations. When examined at the clinic, diagnosis is made by the health care provider based on the symptoms, course of disease and findings in the physical examination. Approval was obtained from the University of Michigan Institutional Review Board. All available completed questionnaires from patients with itch-scratch (I-S) and vulvodynia (V) were included in this study.

A convenience sample of women aged 18 and over presenting for annual gynecologic examinations at the University of Michigan Obstetrics and Gynecology Clinic between March and August, 2012 were recruited as healthy controls (A-E). These women completed a subset of questions (relevant for this study) from the Center for Vulvar Diseases new patient questionnaire.

Responses from the questionnaires were entered into electronic databases using REDCap, and exported for analysis in SPSS version 19.0 (SPSS, Inc., IBM Corporation, Armonk, New York). Appropriate standard descriptive statistics (Mann-Whitney U, Kruskal-Wallis, Chi-squared, and Fisher's exact tests) were used. p values < 0.05 were considered significant.

Results

Ninety-three questionnaires were collected from the itch-scratch patients, 232 from the vulvodynia patients, and 104 from the annual gynecologic exam patients. Age, race, marital status, proportion having had at least one vaginal delivery, and history of elective abortion were not significantly different in the three groups (Table 1). By contrast, the highest level of education completed, gravidity, and parity were significantly different when comparing the three study groups. There was a trend toward different parity amongst the three groups, but this did not reach statistical significance at the 0.05 level with our sample sizes.

Bivariate analysis confirmed that patients from the annual exam group were more likely to have obtained college or post-graduate degrees than patients from either the itch-scratch or vulvodynia groups, whereas the itch-scratch and vulvodynia groups had similar distributions of educational attainment (Table 1). The highest gravidity was found amongst the itch-scratch group, followed by the vulvodynia patients, with the lowest rates in the annual exam patients. The itch-scratch patients similarly had higher parity than either of the other two groups, but there was no significant difference in parity when comparing the vulvodynia patients to those presenting for annual examinations. There was a similarly higher proportion of itch-scratch patients than vulvodynia patients who had ever had a vaginal delivery, but bivariate comparisons of the annual examination group to the itch-scratch and vulvodynia groups did not identify significant differences in this proportion.

The vulvodynia group reported the highest total McGill pain score when comparing all three groups together or through bivariate analyses (Table 2). The itch-scratch group had significantly higher McGill pain scores than the annual exam groups. Similar relationships were identified when comparing the number of categories on the McGill Pain Questionnaire selected and for the four subscales on the survey.

We queried the patients about a history of several gynecological problems (Table 3). Data regarding syphilis and AIDS or HIV infection were also collected, but there were too few subjects responding affirmatively to allow for meaningful statistical analysis. There were no significant differences (either across all three groups, or with bivariate analyses) when comparing rates of trichomoniasis or pelvic inflammatory disease (PID). The itch-scratch and vulvodynia groups had similar proportions reporting a history of all of these gynecological infections. The annual exam group was less likely to report ever having had all of the gynecologic infections (except trichomoniasis and PID), with two notable differences. There was no significant difference in the proportion of vulvodynia and annual exam control groups reporting a history of herpes, although a significantly higher proportion of itch-scratch patients reported herpes than the annual exam patients. By contrast, fewer of the annual exam patients reported a history of cervical dysplasia than the vulvodynia patients, whereas the proportions of itch-scratch and annual exam controls reporting cervical dysplasia were not significantly different.

Table 4 contains data regarding sexual history and attitudes about sex. There were no significant differences in the proportion of patients having ever been sexually active or in the importance ascribed to vaginal sexual activity. Patients from the annual exam group were significantly more likely than the vulvodynia and itch-scratch groups to have had sexual relations within the past six months, to have high interest in sex, and to have a positive sexual self-identity. The vulvodynia and itch-scratch groups did not differ significantly when compared to each other.

Subjects were asked about a variety of past negative sexual experiences, including,

“Has anyone ever exposed the sex organs of their body to you when you did not want it?

Has anyone ever threatened to have sex with you when you did not want it?

Has anyone ever made you touch the sex organs of their body when you did not want to?

Has anyone ever forced you to have sex when you did not want to?

Have you had any other unwanted sexual experiences not mentioned above?"

No significant differences were identified when comparing the responses of the three groups to any/all of these questions (Table 5). When compared in a bivariate fashion, the only result that reached statistical significance was that vulvodynia patients were more likely to affirm that they had "... other unwanted sexual experiences not mentioned above ..." at any age (17.5%, 37/212) than the annual exam control patients a 7.7%, 7/91) (p value = 0.03). If the patients from the vulvar clinic were compared as a group to the annual gynecologic examination group, a similarly higher proportion of the vulvar patients (16.6%, 50/301) reported a history of "other unwanted sexual experiences" than the controls (7.7%, 7/91; p = 0.03).

All patients were asked, "Does sexual activity bring up negative thoughts and remind you of past trauma?" Affirmative responses were provided by 5.4% (5/92) of the itch-scratch patients, 12.1% (27/223) of the vulvodynia patients, and 7.4% (7/95) of the annual exam controls. This comparison approached significance when comparing all three groups (p = 0.06), and was significantly higher for the vulvodynia group than the itch-scratch group (p = 0.05). By contrast, there were no significant differences in these proportions between the vulvodynia and annual exam (p = 0.10) or itch-scratch (p = 0.87) patients.

In review of other general physical symptoms across all three groups, vulvodynia patients were more likely to suffer from sleep disturbances and weight loss than the annual exam and itch-scratch groups (71.7%, 134/187) vs. 63.2%, 36/57, and 51.9%, 42/81, respectively, p value = 0.007 for sleep disturbances, and 13.9% 26/187, vs. 8.8%, 5/57, and 3.7%, 3/81, p value = 0.04 for weight loss).

Discussion

In this study of women with chronic vulvar itch-scratch and vulvodynia presenting to a tertiary referral vulvar care center, and healthy patients being seen for annual gynecologic exams, we find similar rates of self-reported histories of physical or sexual abuse in all three groups. To our knowledge, this is the first study to directly compare traumatic life events in women with chronic vulvar pruritus and vulvodynia. These data suggest that disorders of altered vulvar sensation likely have no association with these events.

Several studies have examined the relationships between vulvodynia and stressful life events in general, including sexual or physical abuse [13,15,21,24-26]. The results from these studies are conflicting, with some reporting higher proportions of subjects with vulvodynia reporting traumatic histories, whereas other studies suggest similar rates in women with vulvodynia and control groups. The results from our study expand this literature, and suggest that differences amongst these studies may be due, in part, to selection of comparison groups.

Much like our study, Sadownik reported data derived from 300 questionnaires completed by vulvodynia patients [27]. It is notable that the self-reported prevalences of numerous genital infections in that study, including yeast, herpes, trichomoniasis, and chlamydia, were surprisingly similar to those from our patients. Other studies have similarly found high rates of self-reported genital infections in women with vulvodynia [10, 15,16]. Nguyen et al. documented that not only do women with vulvodynia report higher incidents of past genitourinary infections, but that those infections precede the onset of vulvodynia and the risk of developing vulvodynia increases substantially when more than one type of infection (urinary tract infection, yeast infection and sexually transmitted infection) had occurred [10]. However, recall bias must be considered in interpreting these results as women with chronic vulvar conditions may be more aware and pay more attention to other vulvar symptoms, and/or may ascribe causality for their disease to past infections. For example, 51.2% of patients with vulvar pain indicated candida infection as one of the factors they believed to have contributed to their condition [25].

Strengths of this study include its large sample sizes, all of the vulvar disease subjects were diagnosed by a limited number of specialists, and the broad range of historical health states and life experiences investigated. Furthermore, all of our subjects self-completed these questionnaires in private, rather than through face-to-face interviews, which has been reported to increase reporting of sensitive histories and behaviors [28-30]. We must also acknowledge several limitations. As discussed earlier, all analyses based on self-reported histories are subject to potential recall bias. Furthermore, this may be exacerbated by the retrospective nature of our study. With the exception of the McGill Pain Questionnaire, our patient surveys were not validated questionnaires, which may limit generalizability. For example, we hypothesize that the statistically-significant increase in affirmative responses from the vulvodynia group to the question about “other unwanted sexual experiences” results from subject confusion about how this question was worded, rather than an actual difference in the patients histories. Finally, generalizability may be further restricted as our patient population is largely homogeneous and the vulvar patients were recruited from a tertiary referral vulvar care clinic.

Conclusions

Although women with chronic vulvar pruritus and vulvodynia express different types of vulvar discomfort, similar proportions report a history of negative sexual experiences and physical abuse. Women with chronic vulvar pruritus, vulvodynia and those presenting for routine annual gynecologic examinations self-report similar histories of past negative experiences and/or physical abuse. These data suggest that these vulvar conditions are not a result of past trauma.

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Table 1
Demographics and obstetrical history

	Itch-Scratch	Vulvodynia	Gyn Annual Exams	p value
Age (y)	41.5 (31.0-51.0; 16-78)	40.0 (30.3-51.0; 19-90)	43.0 (29.0-53.0; 20-75)	0.92
Race				0.93
<i>Am. Indian / Alaskan Native</i>	0	0.4 (1/230)	1.0 (1/103)	
<i>Asian</i>	2.2 (2/92)	3.5 (8/230)	3.9 (4/103)	
<i>Black /African American</i>	7.6 (7/92)	5.7 (13/230)	5.8 (6/103)	
<i>White</i>	88.0 (81/92)	86.5 (199/230)	85.4(88/103)	
<i>Middle Eastern</i>	6.5 (6/92)	0.9 (2/230)	1.0 (1/103)	
<i>More than 1 race</i>	0	3.0 (7/230)	2.9 (3/103)	
Marital Status				0.09
<i>Single</i>	19.4 (18/93)	24.8 (57/230)	33.7 (35/104)	
<i>Married</i>	65.6 (61/93)	67.8 (156/230)	53.8 (56/104)	
<i>Separated</i>	1.1 (1/93)	0.4 (1/230)	2.9 (3/104)	
<i>Divorced</i>	12.9 (12/93)	5.7 (13/230)	8.7 (9/104)	
<i>Widowed</i>	1.1 (1/93)	1.3 (3/230)	1.0 (1/104)	
Education				0.008
<i>Grade School</i>	3.3 (3/92)	1.7 (4/232)	1.9 (2/104)	
<i>Completed High School</i>	9.8 (9/92)	10.3 (24/232)	1.9 (2/104)	
<i>Some College</i>	28.3 (26/92)	26.3 (61/232)	16.3 (17/104)	
<i>Associate Degree</i>	8.7 (8/92)	12.9 (30/232)	7.7 (8)	
<i>Bachelor's Degree</i>	25.0 (23/92)	27.2 (63/232)	32.7 (34/104)	
<i>Post-Graduate Degree</i>	25.0 (23/92)	21.6 (50/232)	39.4 (41/104)	
Gravidity	2 (1-3; 0-9)	2 (0-3; 0-8)	1 (0-2; 0-4)	<0.001
Parity	2 (1-2; 0-8)	1 (0-2; 0-7)	1 (0-2; 0-3)	0.001
Ever had vaginal delivery	82.4 (61/74)	68.8 (106/154)	78.9 (45/57)	0.06
Reports ever having had an abortion	18.9 (14/74)	14.9 (23/154)	8.8 (5/57)	0.27

Data presented as median (interquartile range; total range) or % (n/N). p values derived from Kruskal Wallis (medians) or Chi-Squared tests (percentages). Delivery and abortion data analyzed only for women reporting ever having been pregnant.

Table 2
McGill pain scale

	Itch-Scratch	Vulvodynia	Gyn Annual Exams	p value
Total McGill Score	11 (1-23; 0-59)	24 (16-34; 0-69)	0 (0; 0-55)	<0.001
Number of Categories Selected from McGill	5 (1-10; 0-19)	10 (7-13; 0-20)	0 (0; 0-20)	<0.001
Total McGill Sensory Subscale Score	7 (1-13; 0-31)	14 (9-20; 0-40)	0 (0; 0-32)	<0.001
Total McGill Affective Subscale Score	0 (0-2; 0-11)	1 (0-4; 0-12)	0 (0; 0-9)	<0.001
Total McGill Evaluative Subscale Score	1 (0-3; 0-5)	3 (2-4; 0-5)	0 (0; 0-4)	<0.001
Total McGill Supplementary Subscale Score	1 (0-5; 0-14)	5 (2-8; 0-14)	0 (0; 0-11)	<0.001

Data displayed as median (interquartile range; total range). p values derived from Kruskal Wallis tests.

McGill Subscales: Sensory – Categories 1-10; Affective – Categories 11-15; Evaluative – Category 16; Supplementary – Categories 17-20

Table 3
History of gynecologic infections

	Itch-Scratch	Vulvodynia	Gyn Annual Exams	p value
Yeast infections	80.6 (75/93)	76.7 (178/232)	51.9 (54/104)	<0.001
BV	24.7 (23/93)	28.4 (66/232)	10.6 (11/104)	0.002
Chlamydia	8.6 (8/93)	6.0 (14/232)	1.0 (1/104)	0.05
Herpes	17.2 (16/93)	9.9 (23/232)	5.8 (6/104)	0.03
Trichomonas	3.2 (3/93)	5.6 (13/232)	2.9 (3/104)	0.44
Frequent UTIs	21.5 (20/93)	24.1 (56/232)	7.7 (8/104)	0.002
Chronic Vag D/C	11.8 (11/93)	10.8 (25/232)	0	0.002
PID	3.2 (3/93)	3.0 (7/232)	1.9 (2/104)	0.82
HPV	25.8 (24/93)	16.4 (38/232)	7.7 (8/104)	0.003
Cervical Dysplasia	19.4 (18/93)	20.3 (47/232)	10.6 (11/104)	0.09

Data presented as % (n/N). p values derived from Chi-Squared tests.

Table 4
Sexual history

	Itch-Scratch	Vulvodynia	Gyn Annual Exams	p value
Ever Sexually Active	94.6 (88/93)	95.7 (221/231)	98.0 (97/99)	0.47
Sex in Last 6 Months	69.4 (59/85)	68.5 (148/216)	87.2 (82/94)	0.002
Interested in Sex				0.003
1 (<i>No interest</i>)	13.2 (12/91)	16.2 (37/229)	1.0 (1/96)	
2	13.2 (12/91)	12.7 (29/229)	5.2 (5/96)	
3	23.1 (21/91)	22.7 (52/229)	27.1 (26/96)	
4	27.5 (25/91)	22.7 (52/229)	36.5 (35/96)	
5 (<i>High interest</i>)	23.1 (21/91)	25.8 (59/229)	30.2 (29/96)	
Feel About Yourself as a Sexual Person				<0.001
1 (<i>Very negative</i>)	11.1 (10/90)	15.7 (34/217)	2.1 (2/97)	
2	16.7 (15/90)	18.0 (39/217)	5.2 (5/97)	
3	33.3 (30/90)	27.2 (59/217)	24.7 (24/97)	
4	18.9 (17/90)	25.8 (56/217)	40.2 (39/97)	
5 (<i>Very positive</i>)	20.0 (18/90)	13.4 (29/217)	27.8 (27/97)	
Vaginal Sexual Activity is Important to Me				0.24
1 (<i>Not important</i>)	12.1 (11/91)	7.6 (17/224)	3.2 (3/95)	
2	6.6 (6/91)	8.0 (18/224)	4.2 (4/95)	
3	16.5 (15/91)	12.5 (28/224)	25.3 (24/95)	
4	31.9 (29/91)	29.5 (66/224)	33.7 (32/95)	
5 (<i>Very important</i>)	33.0 (30/91)	42.4 (95/224)	33.7 (32/95)	

Data presented as % (n/N). p values derived from Chi-Squared tests or Kruskal Wallis tests. Proportion of women sexually active in last 6 months assessed only in women ever sexually active.

Table 5
Negative sexual experiences and physical abuse

	Itch-Scratch	Vulvodynia	Gyn Annual Exams	p value
Unwanted sex <13 y.o	4.9 (4/81)	9.8 (19/193)	3.7 (3/81)	0.13
Unwanted sex >14 y.o	10.5 (9/86)	10.3 (20/194)	4.5 (4/89)	0.24
Unwanted sex any age	14.6 (13/89)	17.5 (37/212)	7.7 (7/91)	0.09
Negative sex experiences <13 y.o	21.1 (19/90)	22.1 (48/217)	17.2 (15/87)	0.64
Negative sex experiences >14 y.o	25.6 (23/90)	30.0 (65/217)	26.9 (25/93)	0.70
Negative sex experiences any age	33.3 (31/93)	37.4 (86/230)	35.4 (34/96)	0.78
Any Physical Abuse <13 y.o	16.3 (15/92)	22.1 (50/226)	16.3 (15/92)	0.34
Any Physical Abuse >14 y.o	16.1 (15/93)	20.4 (46/225)	18.1 (17/94)	0.65
Any Physical Abuse any age	24.7 (23/93)	31.7 (72/227)	21.1 (20/95)	0.12

Data presented as % (n/N). p values derived from Chi-Squared tests.