

Retrospective Analysis of Vaginismus Patients Referred to Psychiatric Outpatient Clinic in a University Hospital

Bir Üniversite Hastanesinde Psikiyatri Polikliniğine Başvuran Vaginismus Hastalarının Retrospektif Analizi

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Abstract

Background: In this study, we have aimed to reveal the socio-demographic characteristics of vaginismus patients and to determine the underlying causes. In addition, we have also aimed to examine the contribution of group therapy to vaginismus treatment.

Materials and Methods: The participants of this study consist of 30 patients who came to the outpatient psychiatry clinic of Harran University Medical Faculty between December 2014 and August 2016 and who were diagnosed with vaginismus. These patients were composed of patients who received vaginismus group psychotherapy in groups of 5 people on average. Patients' files were reviewed retrospectively and socio-demographic data were obtained. For statistical analysis, a Windows-compatible IBM SPSS 23.0 (Chicago, USA) package program was used. Dates were calculated as mean \pm standard deviation (SD).

Results: The mean age of the patients included in the study was found to be $23,1 \pm 4,02$. Eight of the patients were younger than 20 years (26.7%), 15 were between 21-25 years (50%), and 7 were 26 years or older (23.3%). The youngest patient was 17 and the oldest was 31 years old. Only two patients had a child (6.7%). All patients underwent gynecological examination (100%). In our study, there were 3 patients (10%) who received vaginismus therapy in the external center and discontinued the treatment. Eighteen of the patients were primary school graduates; housewife (60%). The remaining 12 patients were university graduates; (40%). All of the patients in our study were primary vaginismus; never had penile penetration before (100%). In our study, there were 4 women with an additional psychiatric disease (13.3%). Three of the patients had sexual dysfunction in their husbands (10%). The mean marriage duration of the patients included in our study was $8,8 \pm 9,3$ months.

Conclusion: Since vaginismus can affect many aspects of marriage, it is important to diagnose and treat this sexual dysfunction as early as possible. According to our clinical observations, vaginismus group psychotherapy has been significantly easier and faster than individual psychotherapy. If diagnosis and treatment are made in the time of vaginismus, we can help more patients to overcome this kind of disease.

Keywords: Vaginismus, Vaginismus group therapy, Vaginismus comorbidity

Öz.

Amaç: Bu çalışmada, vajinismus hastalarının sosyodemografik özelliklerini, alta yatan etyolojik faktörleri ve grup terapisinin, vajinismus tedavisine katkısını incelemeyi amaçladık.

Materyal ve Metod: Bu çalışmaya, Aralık 2014 ile Ağustos 2016 tarihleri arasında Harran Üniversitesi Tıp Fakültesi psikiyatri polikliniğine gelen ve vajinismus teşhisi konan 30 hasta dâhil edilmiştir. Bu hastalar, ortalama 5 kişilik gruplar şeklinde, vajinismus grup psikoterapisi alan hastalardan oluşturulmuştur. Hastaların dosyalarını retrospektif olarak incelenerek, sosyodemografik veriler elde edildi. İstatistiksel analiz için Windows uyumlu IBM SPSS 23.0 (Chicago, ABD) paket programı kullanıldı. Veriler, ortalama \pm standart sapma (SD) olarak hesaplandı.

Bulgular: Çalışmaya dahil edilen hastaların ortalama yaşı $23,1 \pm 4,02$ bulundu. Hastaların 8'i 20 yaş altı (%26,7), 15'i 21-25 yaş (%50), 7'si 26 yaş ve üzeri (% 23,3) idi. En genç hasta 17, en yaşlısı 31 yaşında idi. Sadece iki hastanın (%6,7) çocuğu vardı. Hastaların tümü jinekolojik muayeneye gitmişlerdi (%100). Çalışmamızda dış merkezde vajinismus tedavisi gören ve tedaviyi yarım bırakan 3 hasta bulunmaktadır (%10). Hastaların 18'i ilköğretim mezunu olup; ev hanımıydı (%60). Geriye kalan 12 hasta ise üniversite mezunu olup; bir iş yerinde çalışmaktaydı (%40). Çalışmamızdaki hastaların hepsi primer vajinismus olup; daha önce hiç penis penetrasyonu olmamıştı (%100). Çalışmamızda ek bir psikiyatrik hastalığı olan 4 kadın bulunmaktadır (%13,3). Hastaların üçünün eşinde cinsel işlev bozukluğu mevcuttu (%10). Çalışmamıza dâhil edilen hastaların ortalama evlilik süresi $8,8 \pm 9,3$ ay olarak bulundu.

Sonuç: Vajinismus evliliğin birçok yönünü etkileyebileceğinden, bu cinsel işlev bozukluğunun mümkün olduğu kadar erken tanı ve tedavisi büyük önem taşımaktadır. Klinik gözlemlerimize göre, vajinismus grup psikoterapisi, bireysel psikoterapiye göre belirgin bir şekilde hem daha kolay hem de çok daha kısa sürede başarıya ulaşmıştır. Ayrıca zamanında teşhis ve etkin tedavi ile, %100'e yakın bir oranda tedavi edilebilen bir hastalıktır.

Anahtar kelimeler: Vajinismus, Vajinismus grup terapisi, Vajinismus komorbiditesi

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Geliş tarihi / Received:

11.12.2019

Kabul tarihi / Accepted:

23.12.2019

DOI: 10.35440/hutfd.657932

This article was presented in 9th International Psychopharmacology Congress & 5th International Child and Adolescent Psychopharmacology Symposium as an oral presentation in Antalya at 26-30 April 2017.

Introduction

For some women, the vaginal muscles contract involuntarily and persistently when they attempt vaginal intercourse. Vaginismus is a disorder characterized with involuntary contraction of the smooth muscle of pelvic and 1/3 of the vagina outside. Although it was first described over a hundred years ago, it has still remained up to date. It is a widespread fact that when it compared to other sexual disorders such as notably desire and orgasm disorders in terms of treatment, it seems that vaginismus treatment has the greatest potential in terms of success of treatment.

Although incidence and prevalence studies of vaginismus are very limited, it is reported that the incidence of vaginismus is between 5% and 17% (1-3). Vaginismus is a global health problem. While the population estimate is 0.5-1%, the frequency of referral to specialists and the clinical setting can be as high as 4% to 42% (4). Although the prevalence of vaginismus is not known precisely, it is reported that in different countries, between 1% and 6% of women in the society have this problem (5,6). It has been reported that the disease is seen more frequently in the eastern countries, including Turkey, than in the western countries (7,8). It is thought that eastern societies encourage virginity, premarital sexual relations are prohibited and sexual education in these countries is inadequate. All these factors are effective in this difference (9,10). It is suggested that the husband has an important place in symptom formation. Partner of patients with vaginismus are in a weak, passive, addictive, overly indulgent and unconscious agreement with their partners. Spouses are afraid of each other's aggression. Researchs has also revealed that there is role of spouses of vaginismus patients on the emergence or continues of the disease. These researches reported that spouses of women with vaginismus are passive dependent, over-protective and have avoiding sexual behavior (11-13). Some authors have also reported high sexual dysfunction in the husbands of vaginismus patients (13-15). Moreover, there are also reports in the literature that the incidence of erectile dysfunction and premature ejaculation in husbands of vaginismus patients is high (14). However, there are other studies reporting the opposite to the this argue (16-18). In addition, some research based on clinical observations have reported that problems such as erectile dysfunction and premature ejaculation of spouses of vaginismus patients have disappeared after treatment of vaginismus (1,19,22).

Materials and Methods

The participants of this study consist of 30 patients who visited the outpatient psychiatry clinic of Harran University Medical Faculty between December 2014 and August 2016 and who were diagnosed with vaginismus. The patients were first taken to individual psychotherapy. Then, as the number of patients increased, groups of 5 were formed

and patients who received vaginismus group psychotherapy were formed. Patients' files were reviewed retrospectively and socio-demographic data were obtained.

For statistical analysis, a Windows-compatible IBM SPSS 23.0 (Chicago, USA) package program was used. Dates were calculated as mean \pm standard deviation (SD).

Results

According to our clinical observations, vaginismus group psychotherapy has been significantly easier and faster than individual psychotherapy. Because only one vaginismus patient was allocated 45-50 minutes on average, whereas in group psychotherapies an average of 5 people were treated in the same duration.

Table 1. Socio - Demographic Data of Vaginismus Disease (N = 30)

		Average	Percent %	Frequency
Previous vaginismus therapy?	Yes		10	3
	No		90	27
Have child?	Yes		6,7	2
	No		93,3	28
Educational status	Primary school		60	18
	College		40	12
Previously referred clinic before psychiatry application	gynecology		100	30
Vaginismus type	Primary		100	30
Additional psychiatric diagnosis?	Yes		13,3	4
	No		86,7	26
The partner has a sexual problem?	Yes		10	3
	No		90	27
Age	<20		26,7	8
	21-26	23,1 \pm 4,02	50	15
	>26		23,3	7
Marriage duration		8,8 \pm 9,3 (month)		

Only three patients had previously received vaginismus therapy at the external center, but they failed to complete the treatment. (Table 1).

The mean age of the patients included in the study was found to be 23,1 \pm 4,02 (Table 1). Eight of the patients were younger than 20 years (26.7%), 15 were between 21-25 years (50%), and 7 were 26 years or older (23.3%). The youngest patient was 17 and the oldest was 31 years old. Only two of the patients had a child (6.7%) (Table 1). They

reported that there was ejaculation on the vulva and delivery stories with caesarean section in their anamnesis.

All of the patients were previously referred to gynecology clinic (Table 1) and were directed to our psychiatry clinic with a diagnosis of vaginismus (100%). While 29 of these patients reported only story of examination of external genitals in the gynecology clinic, only one patient stated that a speculum examination was performed and sperm sample taken, because she had a story of rape.

Eighteen patients were primary school graduates who were housewives and the remaining 18 patients were university graduates who were working lady (Table 1) who were housewives (40%).

All the patients in our study were primary vaginismus patient (Table 1) and had never penetrated a penis before.

There were 4 people with an additional psychiatric disorder in our study (13,3%) (Table 1). One of these patients was diagnosed with obsessive-compulsive disorder, one with generalized anxiety disorder and the other two with major depressive disorder.

Spouse of three of patients had sexual dysfunction (10%) (Table 1). Two of these people had premature ejaculation and one had performance anxiety.

The average duration of marriage was 8.8 ± 9.3 (months) (Table 1) of the patients included in our study.

Discussion

We did not find in the literature, many articles suggesting group therapy in vaginismus. This may be because this problem is relatively rare. However, in a study of Yargic I and Kayir A group therapy is an advantage in centers where the number of therapists is low, it is also stated that the group environment has an effect that accelerates this treatment and increases the motivation of the patients (21). Likewise, According to our clinical observations, vaginismus group psychotherapy has been significantly easier and faster than individual psychotherapy. Because only one vaginismus patient was allocated 45-50 minutes on average, whereas in group psychotherapies an average of 5 people were treated in the same duration.

As such, if there is a sufficient number of patients, group therapy may be preferred to individual psychotherapy, as both time saving and treatment can be easier and faster. In our study the mean age of the patients included in the study was found to be $23,1 \pm 4,02$. In a study conducted by Doğan and et al. the mean age of the patients was $25,20 \pm 3,99$ (22). In another study conducted at Trakya University, the average age was $23,72 \pm 3,44$ (23). As it is seen, our work is similar to other studies.

Our study shows that two of the patients had one child (6.7%). They had a pregnancy story with ejaculation on vulva and give birth with caesarean section. In a study conducted by Mutlu et al. with 36 patients, it is reported that none of the patients had children (22). As it is seen in our

study too, it can be said that vaginismus is not an obstacle to pregnancy and that women with vaginismus may become pregnant (unless there is not any other gynaecological obstacles). But, as it seen in our study, in patients with vaginismus, the chance of pregnancy is much lower than that of a normal sexual intercourse. Women who become pregnant with ejaculation on the vulva, prefer caesarean birth to normal breeding, probably due to fear of vaginismus-related problems. Similarly, the patients in our study also had cesarean delivery.

In our study, eighteen patients were primary school graduates who were housewives and the remaining 18 patients were university graduates who were working lady. However, In a study by Mutlu EA, 70.2% of participants were housewives (22). In another study, half of the patients were working (21). Our study also affirms the fact that vaginismus prevalence in educated people is less.

All of the patients were previously referred to a gynaecologist and were directed to our clinic with a diagnosis of vaginismus (100%). In the differential diagnosis of vaginismus, organic causes must first be excluded. Therefore, we think that it is important that all patients be examined by a gynaecologist before psychiatric treatment.

There are 4 people with an additional psychiatric disorder in our study (13,3%). One of these patients was diagnosed with obsessive-compulsive disorder (3,33%), one of these patients had generalized anxiety disorder (3,33%) and two patient had major depressive disorder (6,66%). In a study, patients with major depressive disorder and anxiety disorder were examined for vaginismus co-morbidities. In this study while no vaginismus was initially reported in any of the 69 patients, vaginismus was observed in twenty-five of these patients later on (36.2%). In this study vaginismus was observed in 45.8% (11/24 patients) of the patients with major depressive disorder and 31.1% (14/45) of the patients with anxiety disorder (24). In our study, contrary to other studies, the presence of additional psychiatric diagnosis in women with vaginismus was not found to be higher than the normal population. The reason of this, may be in our study the marriage duration of the patients was not very long. Namely, our patients came to the psychiatric clinic earlier period may be.

Three of the women's spouses had sexual dysfunction (10%). two of these people had premature ejaculation (6,66%) and one of these people had performance anxiety (3,33%). In our study, sexual dysfunction was not frequent in the spouses of vaginismus patients. One reason for this may be that men do not say that they have sexual function, a matter of shame. However, there are many researchers who emphasize that the presence of vaginismus, its duration, and the success of treatment depend on the frequency of sexual dysfunction in the husbands of vaginismus patients (22-25). But the results of the studies done in this

issue differ. For example Dogan et al. reported that the prevalence of premature ejaculation in the spouses of vaginismus patients was 50% and the incidence of erectile dysfunction was 28%, and they also claim that sexual problems were common in the husbands of vaginismus women. They have reported that women's spouses may be the cause or result of vaginismus because of their sexual dysfunction (26). However, this study has not a control group and when the high rates of sexual dysfunction in society are taken into account, it can be argued whether the values found differ from the average population. However, in two previous studies (200 patients in one and 30 in the other), sexual problems were not reported at high rates in the spouses of vaginismus patients (16,19). Tugrul and Kabakci concluded that, in the study they performed, the problems of erectile dysfunction and premature ejaculation were not common in relation to the spouses of vaginismus patients (17). However, sexual dysfunction was found in 65.6% of men in a study conducted by Doğan S. and Doğan M. In this study, the partners of vaginismus women were assessed according to DSM-IV TR criteria and the sexual problem existence and severity were determined with Golombok Rust Inventory of Sexual Satisfaction (GRISS) (26). When the marriage times of the patients in our study are examined, it is seen that they are very short compared to other studies. Namely, the patients in our study are treated soon after marriage. The reason for this may be that our region is culturally more oppressive in terms of incomplete marriage than other regions.

Conclusion

Since vaginismus can affect many aspects of marriage, early diagnosis and treatment of this sexual dysfunction is of great importance. Correct diagnosis and treatment can be done with a multidisciplinary approach.

Declaration of interest; The authors report no declarations of interest.

Financial Disclosure; No financial support was received.

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