MAPPING A COURSE:

Predicting outcomes of two treatments for women who have pain during sex

New publication!



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Predictors and moderators of provoked vestibulodynia treatment outcome following a randomized trial comparing cognitive-behavioral couple therapy to overnight lidocaine

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Scroll to the next slide, we'll break down the findings!



What is provoked vestibulodynia (PVD)?

PVD is a type of chronic pain that occurs around the vaginal opening in response to touch or pressure. It is the most common cause of pain during sex, affecting up to 10% of people with vulvas.

Remember our PVD treatment study?

We found that cognitive-behavioural couple therapy (CBCT) was as effective as a common medical treatment (topical lidocaine) for treating women's PVD pain intensity.



CBCT was even more beneficial than lidocaine for reducing the emotional aspects of pain and the negative impacts of pain on couples' lives.

Bonus points if you checked out our original IG and blog posts!



WE DID WE WANT TO KNOW NEXT?

Do all couples benefit in the same way from the two treatments (CBCT or topical lidocaine), or does one treatment work better for some women and their partners?

This information could help healthcare providers personalize a treatment path for people who have pain during sex.

WHAT DID WE DO?

We assessed the same 108 women and their partners from our randomized clinical trial.

Before receiving CBCT or topical lidocaine, we asked about factors that could help or hinder the effects of treatment:

Demographic

- Women's age
- Couples' relationship duration

Clinical

- Women's pain duration
- Women's anxiety
- Partners' anxiety

Relational

- Partners' responses to women's pain
- Couples' motives for engaging in sexual activity

The treatment outcomes were women's:

pain intensity (strength of the pain experience)

pain unpleasantness (emotional suffering associated with pain)

sexual function (sexual desire, arousal, orgasm, satisfaction)

WHAT DID WE FIND?

For **CBCT**, couples who started out with more problems that were addressed by couple therapy (e.g., higher anxiety, having sex to avoid negative outcomes) benefited more in their sexual function from this treatment.





For both treatments, **relationship factors**(e.g., partners' responses to women's pain, couples' reasons for having sex) were important to treatment success.

This supports including couples in our research and treatment of PVD.

WHAT DOES THIS ALL MEAN?

This study and the results of our randomized clinical trial show that CBCT and topical lidocaine are suitable as **first-choice interventions** for people with PVD.



Combining both treatments may help to target multiple parts of PVD, but we don't have enough research yet to say that this would be better than trying one treatment at a time.



WHY DOES THIS MATTER?

For people with PVD, the study results are good news. There are multiple paths to enhance sexual well-being!



This is a summary of our published article:

Rosen, N. O., Vaillancourt-Morel, M.-P., Corsini-Munt, S., Steben, M., Delisle, I., Baxter, M.-L., & Bergeron, S. (2021). Predictors and moderators of provoked vestibulodynia treatment outcome following a randomized trial comparing cognitive-behavioral couple therapy to overnight lidocaine. *Behavior Therapy*. https://doi.org/10.1016/j.beth.2021.05.002



