



# Cognitive-behavioral couple therapy and lidocaine for the treatment of provoked vestibulodynia: A randomized clinical trial

## Study goals

To assess the efficacy of **cognitive-behavioral therapy for couples** in which the woman suffers from provoked vestibulodynia by comparing it to a standard medical treatment (**lidocaine**: local anesthetic applied daily).

## Participants

108 couples in which the woman suffers from provoked vestibulodynia, randomly assigned to one of these two types of treatment for a period of 12 weeks.

## Method

Data collected through a structured interview and self-report questionnaires 1) before the treatment, 2) immediately after the treatment and 3) six months after the end of the treatment.

## Improvements following treatment...

Women from **both treatment groups** reported a significant decrease in the **intensity**, in the **degree of unpleasantness** and in the **severity** of their pain.

Women randomized to cognitive-behavioral couple therapy reported:

- A greater ↓ in the degree of the pain's unpleasantness;
- A ↓ in anxiety related to pain and catastrophizing;
- A ↓ in their sexual distress;
- A global ↑ in their sexuality;
- and they were more satisfied with the treatment received.

Partners from **both treatment groups** reported improvements in **sexual function**, **sexual distress**, **catastrophizing**, and the **feeling of self-efficacy**.

Partners randomly assigned to couple therapy reported however:

- being more satisfied with the treatment received;
- and a greater improvement of their overall sexuality.



## What explains why cognitive-behavioral couple therapy is more effective than the lidocaine medical treatment?

The **feeling of self-efficacy** and **catastrophizing** as mechanisms of change:

- Therapy was not more effective in increasing the feeling of self-efficacy than lidocaine. The feeling of self-efficacy would therefore not be a mechanism of change specific to couple therapy.
- The greatest decrease in pain catastrophizing in women and partners assigned to therapy rather than lidocaine explains the improvements in the pain's intensity, distress and sexual function. The reduction of catastrophizing would therefore be an active ingredient of couple therapy explaining its effectiveness in reducing pain and improving couples' sexuality.

### Pain self-efficacy



Level of confidence that the woman has in her capacity to find effective pain management strategies. For the partner, it refers to his/her perception of the woman's level of self-efficacy.

### Pain catastrophizing



Negative and exaggerated thoughts related to painful, real or anticipated experiences. These thoughts can represent an amplification of the danger that pain, ruminations about pain or despair represents.

### Sexual function



Includes desire, arousal, frequency of orgasms and frequency of sexual intercourse.

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