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A longitudinal study of coping strategies in women with vulvovaginal pain

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BACKGROUND

Recurrent vulvovaginal pain is a common problem with evident negative effects on sexual function and -satisfaction, as well as on overall quality of life. Despite these consequences little is known about how women with vulvovaginal pain actually cope with sexual activities and the subsequent pain.

In other pain populations, avoidance- and endurance strategies of coping with pain inflicting activities have been shown to be important for the development and the maintenance of chronic pain. Regarding vulvovaginal pain some guidance exists from qualitative research where three main coping strategies have emerged: avoidance, endurance and alternative coping.

AIMS

- To examine patterns of coping in women with vulvovaginal pain.
- To compare groups with different patterns of coping with regards to their psychological and sexual health.
- To predict pain over time based on coping patterns.

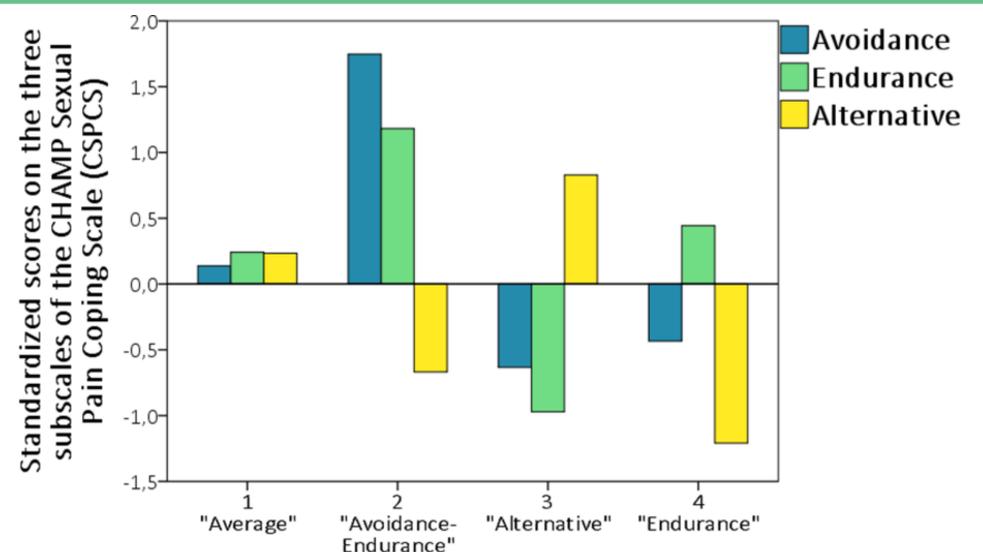
METHOD

Women, aged 18-35, reporting recurring vulvovaginal pain at baseline and at follow-up after five months ($N=153$) answered a survey at two time points. Subgroups were created using cluster analysis based on their patterns of coping at baseline.

Subgroups were then compared on: pain intensity, sexual function (FSFI), sexual satisfaction (GMSEX), anxiety (HADS-A) and depression (HADS-D), at baseline and follow-up.

Logistic regression analysis was used to predict pain at follow-up based on cluster membership at baseline.

RESULTS



The cluster analysis resulted in four distinct clusters explaining 64 % of the total variance; an *average* cluster (1), an *avoidance-endurance* cluster (2), an *alternative* cluster (3), and an *enduring* cluster (4), which are displayed in the figure.

When comparing the clusters on the outcome variables, the "*avoidance-endurance*" cluster showed significantly higher pain intensity as well as significantly lower sexual function and sexual satisfaction when compared to the "*alternative*" cluster at both baseline and at the five months follow-up. Moreover, the "*avoidance-endurance*" cluster reported significantly higher symptoms of anxiety than the "*alternative*" cluster at follow-up.

The logistic regression, used to assess the probability of experiencing pain after five months based on cluster membership, was significant ($\chi^2(3)=13.88$, $p=.003$, $r^2=.13$). In comparison to the "*alternative*" cluster, a member of the "*avoidance-endurance*" cluster was 6.19 times more likely to experience pain after five months while a member of the "*average*" cluster was 4.03 times more likely.

MAIN CONCLUSIONS

- Women in the "*avoidance-endurance*" cluster had the worst outcomes regarding their psychological and sexual health, both at baseline and at follow-up, especially when compared to the women in the "*alternative*" cluster.
- Cluster membership at baseline predicted pain at follow-up, where women in the "*avoidance-endurance*" cluster were 6 times more likely to experience pain after five months.