بسم الله الرحمن الرحيم

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تم رفع هذه الرسالة بواسطة / مني مغربي أحمد

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد

Psychiatric Comorbidity in a Sample of Egyptian Women with Vaginismus

Thesis

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At the going down of the sun and in the morning we will remember them."

Laurence Binyon

Prof. Tarek Asaad
Teacher

Dr. Mohamed Nasr
Friend

Mr. Ashraf Anwar
Father in law

Ali Yehia
Brother

Contents

List of Abbreviations

Abb.	Full term
5HT	5-Hydroxytryptamine (Serotonin)
APA	American Psychiatric Association
Botox	onabotulinumtoxinA
BPD	Borderline Personality Disorder
CBT	Cognitive Behavioral Therapy
DAS	Dyadic adjustment scale
DM	Diabetes Mellitus
Dom.	Domain
DSM	Diagnostic and Statistical Manual of Mental Disorders
EMG	Electromyography
ESP	Erotic Stimulus Pathway
FGM	Female Genital Mutilation
fMRI	Functional Magnetic Resonance Imaging
FSD	Female Sexual Dysfunction
GABA	Gama Amino Butyric Acid
HTN	Hypertension
IBS	Irritable Bowel Syndrome
ICD	International Classification of Diseases
IHD	Ischemic Heart Disease
IVF	In Vitro Fertilization
OCD	Obsessive Compulsive Disorder
OCPD	Obsessive Compulsive Personality Disorder
PD	Personality Disorders
PET	Positron Emission Tomography
QoL	Quality of Life
SCID-1	Structured Clinical Interview for DSM-IV-TR Axis I Disorders
SCID-2	Structured Clinical Interview for DSM-IV Axis II Disorders
SPSS	Statistical Package for the Social Sciences
SSRI	Selective Serotonin Reuptake Inhibitor
STASTA	Software for Statistics and Data Science

Abb.	Full term
TAS20	Toronto Alexithymia Scale
US	United States
WHO	World Health Organization
WHOQOL – BREF	World health organization quality of life questionnaire

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INTRODUCTION

It was 1975 when the World Health Organization (WHO) defined sexual health as "the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love*"* ***(WHO, 2002).***

When sexual health among women is disordered, it includes a variety of problems affecting arousal, orgasm, or causing sexual pain that impairs quality of life for them. This is called Female Sexual Dysfunction (FSD) ***(Buster, 2012)***.

Vaginismus is one of female sexual dysfunctions. It affects the quality of sexual and psychosocial lives of women, influencing the quality of the couple's relationship. The term "Vaginismus" itself was first introduced by *Sims* who described the same previously mentioned definition ***(Sims, 1861)***.

It is defined as the involuntary spasm of the pelvic muscles surrounding the outer third of the vagina, especially the perineal muscles and the levator ani muscles ***(Kaplan, 1974)***.

Available studies showed that the worldwide incidence of vaginismus is ranging 1–7%, with considering

that disorder is more in sexually conservative cultures. However, in clinical settings, the incidence may be as high as 5–17% ***(Lahaie et al., 2010)***.

As for the psychopathology of vaginismus, there were many theories who tried to explain this disorder. Starting by the psychoanalytic schools who consider it a hysterical or conversion symptom due to unresolved psychosexual conflicts in early childhood and considered as a symbolic expression of a specific unconscious intrapsychic conflict ***(Reissing et al., 1999)***. Then the cognitive behavioral schools postulated the fear-avoidance model where pain is maintained by which high levels of fear of pain and anxiety and catastrophization direct attention to pain triggers. This consequently make women suffering from this condition tend to avoid any activity that may trigger or exacerbate pain (i.e. intercourse). Moreover, the muscle misuse will lead to maintained pain and the condition continues ***(Leeuw et al., 2007)***.

However, the biological school suggested that poor general pelvic floor muscle control and hypertonicity of the pelvic floor muscle may play a role ***(ter Kuile & Reissing, 2014)***. Moreover, from the neurobiological aspect, it was found that vaginismus occurs through the internal neural circuit involving an inter-play of at least two-pathway systems, the occipital-limbic-occipital-prefrontal-pelvic-genital and the chronic pain pathways through the genito-spinothalamic-parietal-pre-frontal system. These pathways

interact with the central role of an emotional-regulating amygdala, and other neural loop, i.e. hippocampus and neo-cortex in the core psychopathology of fear, disgust, and sexual avoidance ***(Kadir et al., 2018)***.

Regarding clinical diagnosis of vaginismus, it used to be in a separate entity in DSM-IV-TR. However, currently it is included with dyspareunia under the umbrella of genito-pelvic pain/penetration disorder in DSM 5 ***(Ishak & Tobia, 2013).***

Based upon the patient's history and behavior during a gynecologic examination, vaginismus is graded from grade 1 to grade 5 ranging from mild to severe. The grading system is invented by *Lamont* ***(1978)*** which is furthermore modified by *Pacik* ***(2011)***. Also, vaginismus may be either partial or total according to degree of penetration ***(Engman et al., 2004)***.

However, in Egypt a study was conducted to evaluate the etiology of unconsummated marriage in Egypt. It revealed that the most common factor was psychological disorders, especially performance anxiety, and vaginismus where the latter accounted for 8.4% in cases ***(Badran et al., 2006).***

Since, problems related to sexual functioning affect the sense of personal satisfaction and reduce the quality of life; therefore they have a negative impact on the health of the person. However, unfortunately most of the information

found in this search focused on the physical pathology of the disorder and a limited amount was found regarding the psychiatric and behavioral components of the disorder ***(Brandeburg & Bitzen, 2009)***.

It was found that husbands were twice as likely (26%) to have a sexual dysfunction of their own if their wives had vaginismus rather than an orgasmic dysfunction ***(O'Sullivan, 1979)***.

Meanwhile, studies showed that the most frequently associated psychiatric disorders with sexual issues are Major Depressive Disorder and Anxiety Disorders ***(Reynaert et al., 2010)***. As for personality disorders, more cluster A and C characteristics where noticed than cluster B ***(Grauvogl et al., 2018)***.

Moreover, other factor including Alexithymia is found to be greater in patients with vaginismus than healthy subjects ***(Ciocca et al., 2013)***.

Finally, the study hypothesizes that *vaginismus* is associated with other psychiatric disorders, personality disorders and traits, and associated factors like (alexithymia, marital distress and distorted sexual knowledge and attitude). It also hypothesizes that it is associated with low the quality of life of its patients.

Aim of the work

1- Assessment of the co-morbidity of different types of psychiatric disorders among vaginismus patients.
2- Assessment of different types of personality disorders and traits among vaginismus patients.
3- Assessment of the degree of the disagreement between the patients and their partners.
4- Assessment of alexithymia among vaginismus patients.
5- Assessment of sexual knowledge and attitude of the patients.
6- Assessment of quality of life of the patients.

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