



Commentary on: “Does the addition of electrical stimulation or kinesiotherapy improve outcomes of amitriptyline treatment for women with vulvodynia? A randomized control trial”

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This randomized control trial sought to find out if physical therapy methods, such as electrical stimulation therapy or kinesiotherapy, improve the outcome for women with vulvodynia when combined with amitriptyline. Given its multifactorial aetiology, it can be challenging to manage vulvodynia when trying to achieve symptomatic relief. Subsequently, there is value in determining the effectiveness of these physical therapies, to improve patient outcomes.

A sample size of 86 women with vulvodynia of at least 3 months' duration were included in the trial. Participants were randomized to three different treatment groups, including group 1 (control group) amitriptyline; group 2 amitriptyline and electrical stimulation therapy, or group 3 amitriptyline and kinesiotherapy. Each individual received treatment for 8 weeks and symptoms such as vestibular pain and sexual pain were monitored, as well as their Friedrich score, frequency of vaginal intercourse and overall sexual function. Results illustrated a significant decrease in vestibular pain across all treatment modalities. However, amitriptyline in combination with kinesiotherapy was found to be more effective at reducing sexual pain and improving sexual function when compared with amitriptyline on its own.

This study successfully illustrates the efficacy of combining physical therapies with amitriptyline to manage vulvodynia. It highlights the role they play in reducing pain during sexual intercourse and improving sexual function, within this patient cohort. The trial compares the effectiveness of

combined therapies for up to 1 month post-treatment cessation, and therefore provides valuable information on the longer-term impact of these therapies. However, the study is limited by the demographics of the sample group, which consisted of a relatively young cohort (20- to 29-year-olds) from the same ethnic background (white) with a “high education level” and a “steady partner”. Therefore, it is difficult to determine if these treatments will have the same impact on patients whose demographics vary from the sample group. In addition, the study did not include a treatment arm for physical therapy alone and therefore direct comparisons between amitriptyline and electrical stimulation therapy or kinesiotherapy, as individual treatments, cannot be made.

Overall, this study clearly highlights the benefit of combining physical therapies with amitriptyline, although further research is required to determine the individual efficacy of each treatment.

Declarations

Conflicts of interest None.

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