



MID-CHARLOTTE DERMATOLOGY

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Medications for Vulvodynia

There are several medications that are used for the neuropathic aspect of vulvodynia. There are no good, large scale, blinded studies on the results of any medication in neuropathic doses for vulvodynia. However, caregivers who treat patients with vulvodynia have found that several medications known to be effective for neuropathic pain can be useful for the symptoms of vulvodynia. All medications are begun at a low dose and gradually increased, so that your body can adjust to new doses and potential side effects, and most require up to a month of an adequate dose to produce improvement in symptoms of burning, rawness, or pain.

Tricyclic medications (amitriptyline, desipramine, imipramine, etc.) were the first very effective medications to be used for vulvodynia. There is more research data for these medications than any other. Although originally developed for depression, this class of medications also has been shown to have an independent effect on neuropathic pain. In our clinic, we find more patients deriving benefit from these medications than from medications discussed below. Tricyclic medications are antihistamines, so they tend to produce dry mouth and, sometimes, dry eyes. They tend to produce drowsiness, so we usually give them at bedtime. Some patients experience an increased appetite or a tendency towards constipation, and some patients experience almost no side effects. This medication is extremely inexpensive, and the antidepressant effects are often welcome.

Neurontin (generic name, gabapentin) is a medication that was originally developed for epilepsy, or seizures. Neurontin is now FDA approved for neuropathic pain, and this is its primary use. This medication is taken three times a day, and the most common side effects are those of drowsiness, fatigue, or feeling “spacey” in some patients.

Lyrica (generic name, pregabalin) is a relatively new medication that is only used for neuropathic pain. There are no studies on this medication for use in vulvodynia, but as of March 2007, we have treated over 30 patients, and found about one-third of women to have a good response to this medication. Side effects include drowsiness, fatigue, feeling “spacey,” and swelling of feet and legs, but many people have no problems. An advantage of this medication is that it is taken twice a day, and once a target dose is reached, improvement occurs in about two weeks. (We have samples to start patients on this medication.)

Effexor (generic name, venlafaxine) is a new-generation antidepressant which also has additional effects to help neuropathic pain. It is taken once daily, and side effects include nausea. If started at a very low dose, this is usually not a problem. This medication should not be stopped suddenly, but rather gradually tapered off, since some patients feel sick if it is stopped suddenly. Like the tricyclic medications, the antidepressant effects are welcome.

Cymbalta (generic name, duloxetine) is a new-generation antidepressant closely related to Effexor. It is well tolerated, but it has been used the least of all medications in our office for vulvodynia.

There are many available antidepressants that are quite easy for most patients to take, including Prozac, Paxil, Zoloft, Celexa, etc. Unfortunately, although these are very effective antidepressants, they do not have an effect on neuropathic pain.

The choice of the antidepressant depends upon personal choice, finances, and side effects. For example, a patient with severe constipation may want to avoid the tricyclic medications. Those people who have difficulty sleeping may choose a tricyclic medication since they provide deep, restful sleep.

Very often, the first medication tried is either not beneficial, or produces unacceptable side effects. Fortunately, most patients do well, since we have several medications to try.