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INTRODUCTION

- Vulvar conditions are a frequent cause to visit a healthcare provider[1] and significantly impact the quality of life of women, affecting their daily living, sexuality, relationships and psychological well-being[1,2].
- The prevalence and impact are likely underestimated since many women delay seeking medical advice, and quality of life measurements are rarely documented[2].
- The Vulvar Quality of Life Index (VQLI) is a validated, fast, and reliable tool to measure the global impact of vulvar disease on quality of life[2,3]. It is graded on a 1-4 Likert scale, with 0 = no symptom or complaint, 1 = 'a little', 2 = 'a lot' and 3= 'very much', with a maximum score of 45/45 and a minimum score of 0/45.
- Higher VQLI scores reflect a more severe impact of the disease on quality of life.
- The VQLI Questionnaire:

1. Over the past month how itchy and/or painful and/or stinging and/or burning has your vulvar skin felt?

2. Over the past month, how often have you experienced any of the following: pain when urinating, heat intolerance, vaginal discharge, wetness?

3. Over the last month how embarrassed or self-conscious have you been because of your vulvar skin symptoms?

4. Over the past month how much has your vulvar skin impacted your body image or sense of self? (For instance sense of femininity, feeling isolated, feeling different)?

5. Over the last month how distressed or anxious have you felt because of your vulvar skin problem ?

6. Over the last month how much has your vulvar skin problem influenced your choice of clothing (For instance underwear, jeans, gym clothes)?

7. Over the last month how much has your vulvar skin problem disturbed your sleep?

8. Over the last month how much has your vulvar skin problem made it difficult for you to go shopping, look after yourself or your family, home and garden?

9. Over the last month how much has your vulvar skin problem made it difficult for you to attend social or leisure engagements? (For instance going out for dinner or bars, dating, sport, exercise class, gym)

10. Over the last month how much has your vulvar skin problem interfered with your ability to concentrate on work or study?

11. Over the last month how much has your vulvar skin problem created problems with a partner or precluded you from pursuing a romantic relationship? (For instance maintaining a relationship or finding a partner).

12. Over the last month how much has your vulvar skin problem interfered with your sex life? (For instance decreased libido, decreased frequency of sex, pain with sex and/or enjoyment of sex).

13. Over the last month how often have you felt distressed or worried about sex because of your vulvar skin?

14. How often in the last month have you been worried about long-term health implications of your vulvar skin condition? (For instance concern about developing cancer or difficulties with fertility).

15. Over the past month, how much of a problem has the treatment of your vulvar symptoms been (For instance messy, time consuming, expensive, inconvenient)?

PURPOSE

To determine the impact of implementing a VQLI at vulvar dermatology consultation appointments (new/baseline and follow-up) to better understand the impact of vulvar disease on overall health.

METHODS

- Randomized controlled clinical trial design in vulvar dermatology clinic from September 2022 to June 2023.
- Data were analyzed and expressed as mean and confidence interval, as well as counts and proportions.
- Hypothesis testing was conducted by comparing the means and proportions of study outcomes using student t-tests and Fisher's exact tests as applicable. All statistical tests were two-sided using p-values ≤ 0.05 to determine statistical significance.
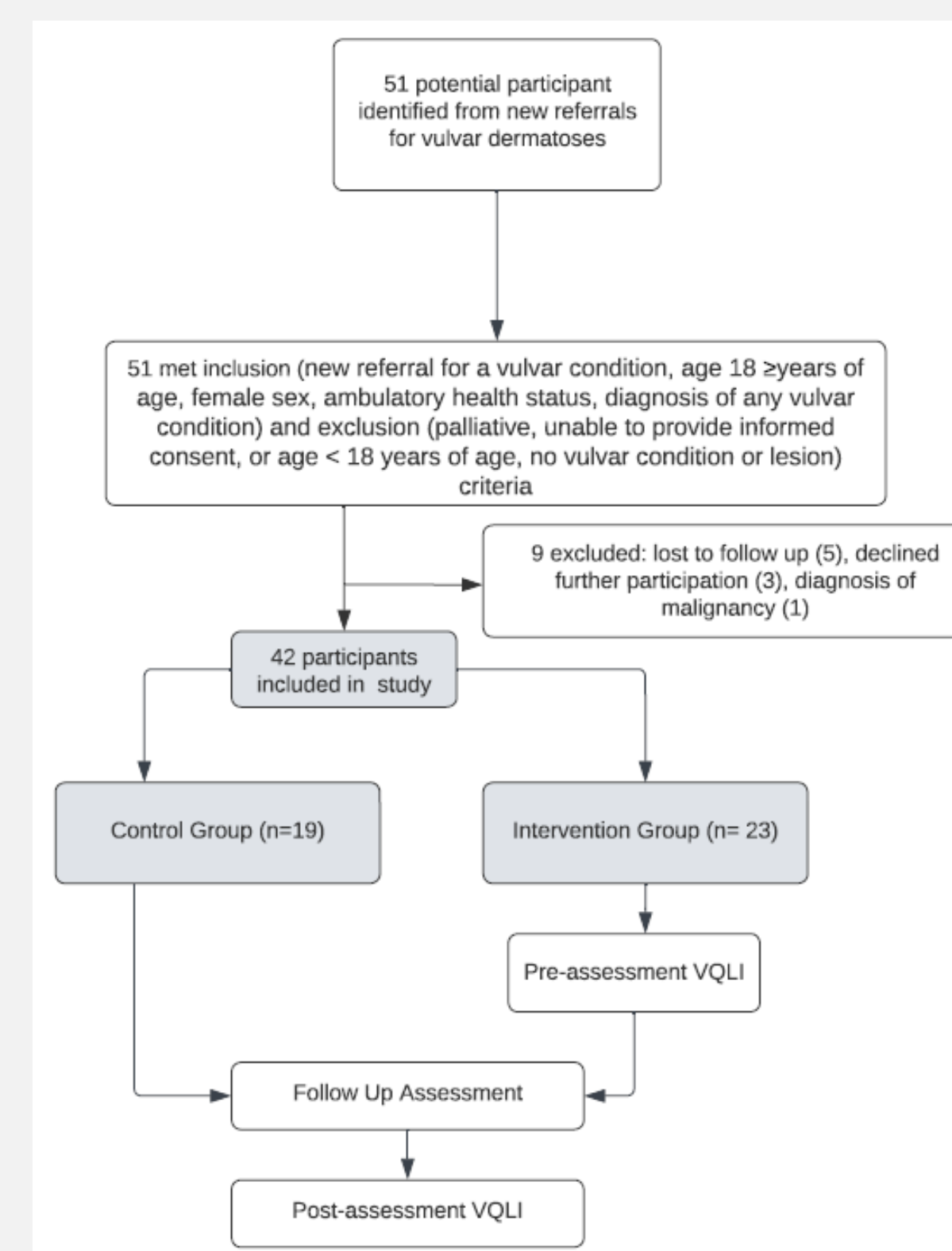

Figure 1. Study flow diagram. Intervention group completed VQLI at initial appointment and follow-up VQLI one to four months later. Control group completed only a follow-up VQLI.

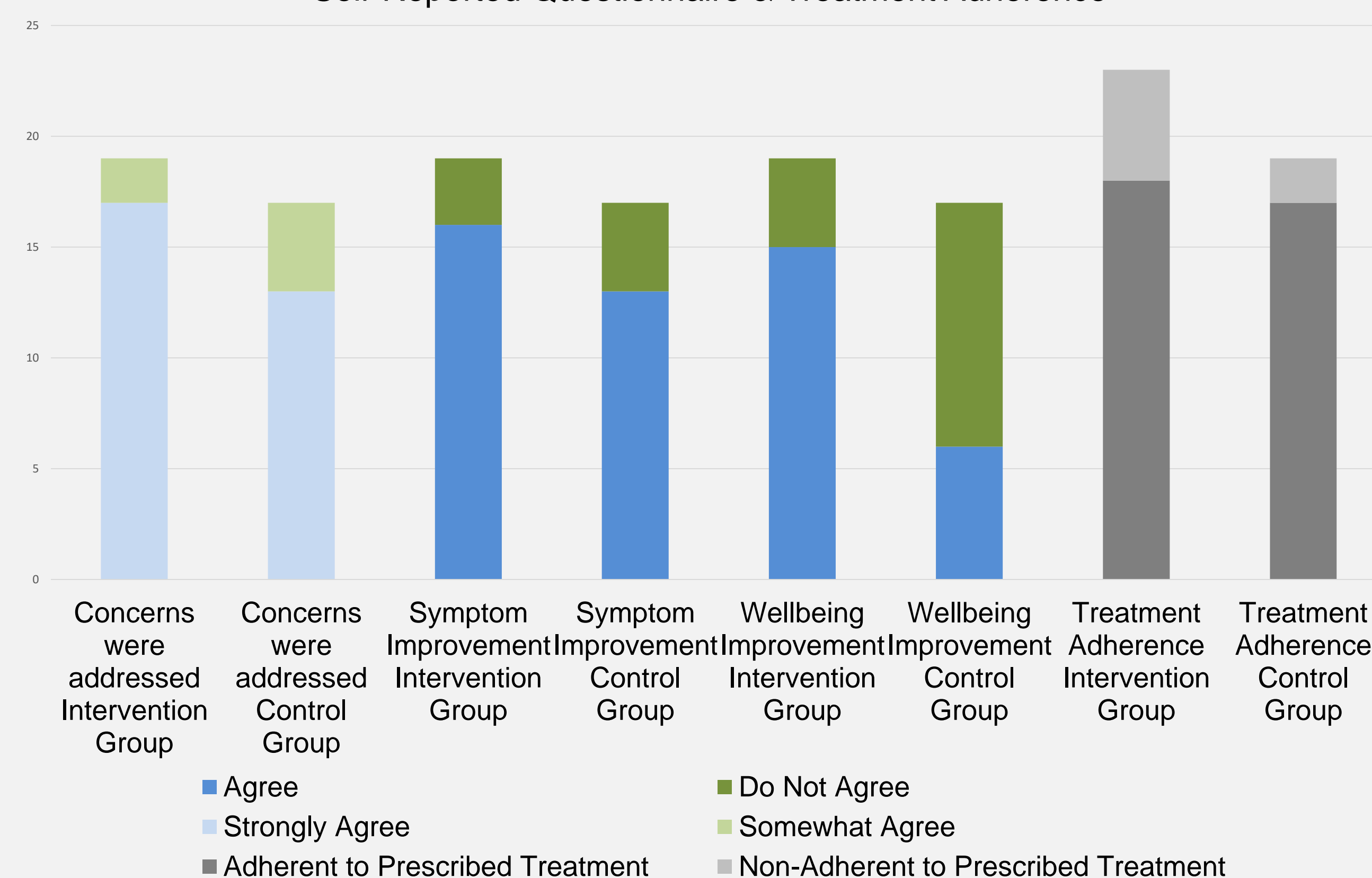## RESULTS

Self-Reported Questionnaire & Treatment Adherence

Figure 2. Self-reported questionnaire on symptom improvement, whether concerns were addressed, and patient well-being. Symptom improvement (p=0.684) and feelings of concerns being addressed (p = 0.391) were statistically similar. Well-being was reported to be statistically significant (p=0.017). Treatment Adherence was statistically similar (p = 0.428).

VQLI	Intervention Group
Baseline score	18 [6, 36]
Follow-up score	8.3 [0, 18]

Figure 3. Comparison of baseline and follow-up VQLI scores in the intervention group with standard deviation. Mean baseline VQLI is 18 [6,36] and 8.3 [0,18] for follow-up. Statistically significant (unequal t-test p-value <0.0001).

VQLI	Intervention Group	Control Group
Follow-up score	8.3 [0, 18]	12.8 [0, 38]

Figure 4. Follow-up VQLI scores in control and intervention groups with standard deviation. Mean follow-up VQLI is 12.8 [0,38] in control and 8.3 [0,18] in intervention group. Not statistically significant (unequal t-test p-value 0.1529).

DISCUSSION

- Both groups were similar regarding demographics, referral and clinical information.
- There was a significant difference in patient self-reported well-being which demonstrates implementation of the baseline VQLI may have an influence on patient perception of their health.
- There was a significant difference between baseline and follow-up VQLI amongst the intervention group which may reflect a global improvement of the impact of vulvar disease on quality of life and response to treatment.
- Completing a baseline and follow-up VQLI can provide information on the improvement of disease.
- Completion of the baseline VQLI resulted in a trend of lower mean follow-up VQLI scores in the intervention group compared to the follow-up scores of the control group, although not statistically significant.
- Self-reported improvement of symptoms and whether patients felt their health-related concerns were addressed were statistically similar in both group, as was treatment adherence.
- Limitations of the study include the sample size, lack of comparison of the change in VQLI scores between groups or the nature of the global assessment in the vulvar dermatology clinics.

CONCLUSIONS

- The VQLI in initial vulvar dermatology assessments has the potential to improve the impact of vulvar conditions on quality of life.
- The VQLI may be considered to improve the patient sense of well-being.
- The VQLI continues to be a standard in monitoring disease, measuring outcomes, and addressing adherence

REFERENCES

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