EDITORIAL

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STRESS, ANXIETY AND SEXUALITY ISSUES IN INDIVIDUALS WITH LICHEN SCLEROSUS. THE IMPORTANCE OF PSYCHOSEXUAL APPROACH

Lichen sclerosus (LS) is a chronic inflammatory autoimmune disease that can affect men, women, and children, though it most commonly affects women. While it can impact skin on other parts of the body, it usually affects the skin of the anogenital area [1]. It may lead to sexual and urinary dysfunction in females and males, however, it may also be asymptomatic. First signs of LS are redness and edema, usually followed by whitening of the genital skin; fissuring, scarring, shrinkage and fusion of structures may occur [2]. Other symptoms of LS, such as intense itching, burning sensations, pain during certain activities (even sitting), dyspareunia, and skin lesions, have a significant impact on quality of life of individuals with LS. Therefore, it is very important to raise awareness of this underestimated condition.

The causes of this disease may vary, and although some recent studies suggest this is an autoimmune-induced disease in genetically predisposed patients, hormonal factors or prior infections are also considered possible determinants [3]. Approximately 60% of women with LS experience some form of sexual dysfunction [4], and 79% suffer from chronic vulvar pain [5,6].

Regarding treatment options, depending on the severity of symptoms, several procedures are currently available: local/topical or intra-lesional steroid therapy, topical calcineurin inhibitors, hormone therapy (topical androgens, progesterone, and estrogens), phototherapy, cryotherapy, laser therapy, and many others [7].

Physical symptoms, combined with the uncertainty of the course of the disease, treatment options, and the disruption of important aspects as sexual life, lead to high levels of stress and anxiety, which can in turn exacerbate some of the symptoms of the disease. Many patients avoid sexual contact due to the pain and discomfort caused by the disease, which negatively affects their intimate lives and self-esteem.

Cognitive Behavioral Therapy (CBT) has demonstrated efficacy in addressing the psychological and sexual difficulties associated with chronic vulvar conditions such as vulvodynia and, by extension, vulvar LS. This approach focuses on identifying, questioning, and modifying thought patterns to improve stress management, regulate emotions, and develop greater psychological flexibility and improve emotional regulation and sexual functioning [8].

Additionally, third-wave therapies—including Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT)—have shown promising results in the treatment of chronic pelvic pain and dyspareunia. ACT is an action-oriented approach to psychotherapy during which patients learn to stop avoiding, denying, and struggling with their inner emotions and to accept their difficult condition [9].

MBCT is a modified form of cognitive therapy that incorporates mindfulness practices that include present moment awareness, meditation, and breathing exercises. The practice of mindfulness helps patients reduce rumination, anticipatory anxiety, and hypervigilance to pain and discomfort during sexual activity. It encourages a deeper connection with one's body and vulnerability, promoting self-acceptance, non-judgmental self-exploration, and assertive communication with partners to increase confidence in sexual contexts [10]. These interventions promote psychological flexibility and support a redefinition of sexuality that is less focused on performance or penetration, and more centered on bodily awareness, sensory connection, and values such as intimacy, self-compassion, and relational presence, thus offering a more inclusive and less distressing framework for patients coping with pain.

Sexual education and psychoeducation are essential in helping patients understand the impact of LS on sexuality, reduce feelings of shame or guilt, and foster a more positive attitude toward sexuality. Gradual exposure to sexuality-related stimuli, combined with relaxation techniques, help reduce anxiety and improve sexual experience.

Learning about more conscious sexuality, incorporating sensual play, and using sensate focus exercises can contribute to a positive reconstruction of the sexual experience by shifting attention

toward pleasure rather than pain, and strengthening intimacy with a partner or sexual connection. Additionally, couple therapy can be beneficial. LS affects not only the diagnosed individual but also the relationship. Promoting open, honest communication of needs and allowing space to express fears within the sexual realm help foster understanding and strengthen the bond [11].

In conclusion, CBT and third-wave therapies offer essential tools for treating stress and anxiety in women with LS. Through acceptance, mindfulness, and emotional regulation, psychological well-being can be enhanced, and adaptation to the sexual challenges imposed by the disease can be significantly improved.

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