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Brief Communication

Barriers to specialty care among patients with vulvovaginal symptoms: findings from a retrospective cohort of vulvovaginal clinic patients

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Vulvovaginal conditions are common among patients in the US, with lifetime prevalence of upward of 16%, and 7%-8% of women experiencing symptoms by age 40.[1] Vulvovaginal conditions include infections and vaginosis (eg, vulvovaginal candidiasis, bacterial vaginosis), dysplasia, dermatoses, pain syndromes (eg, vulvodynia), and structural problems. All these conditions may influence mental health, psychological well-being, and sexual satisfaction and functioning. However, studies suggest that more than half of those who experience vulvovaginal conditions—especially vulvar pain—do not seek care for their symptoms.[2,3]

It is possible that vulvovaginal conditions themselves may prevent patients from seeking care. In one US-based study, women with chronic vulvar pain were more likely to report perceived negative stereotypes about their pain overall, including from doctors, than women without chronic vulvar pain.[3] Perhaps more strikingly, women who sought care for their pain were more likely to report these negative stereotypes from doctors, compared to women who did not seek care.[3] Qualitative explorations of barriers to care for patients with vulvovaginal conditions commonly report barriers to care that include: comorbid mental health conditions, minimization of symptoms from health care providers, and lack of accurate information regarding vulvovaginal conditions for providers and patients alike.[4] Reluctance to seek care, delays in diagnosis and misdiagnoses, and institutional barriers to high-quality or specialty care may prevent patients from receiving adequate treatment and may also exacerbate vulvovaginal symptoms.[4]

In this study, we examined barriers to care among patients receiving care in a vulvovaginal clinic. In exploratory analyses, we sought to understand differences in barriers to care among patients with and without existing mental health disorders, building on existing literature suggesting that patients with both mental health disorders and vulvovaginal symptoms may experience different barriers to specialty care.[4]

This study took place at a single tertiary academic center, which provided vulvovaginal care via a specialized clinic that was held weekly within the obstetrics and gynecology department. Prior to being scheduled for an initial consultation, patients completed a questionnaire summarizing their medical history and current symptoms, which was used during their visit for the purposes of providing clinical care, gathering information, and identifying patients' primary concerns. Non-English-speaking patients and those with limited access to email were excluded from this study. Questionnaires were collected from November 2019 to November 2022, and reviewed retrospectively. Through these questionnaires, we collected demographic and insurance data, as well as specialty of referring provider, referring diagnosis, and patient-reported obstacles to care. Patients also self-reported current medical problems, including depression, anxiety, and other psychiatric problems, indicating responses with a series of checkboxes (depression, anxiety, receipt of psychiatric care) in response to the prompt: "Please mark all current issues/symptoms." This study, including a waiver of consent, was approved by the Institutional Review Board at Beth Israel Deaconess Medical Center. For exploratory analyses, chi-square tests were used to compare barriers to care among patients with and without mental health disorders.

A total of 355 patients were included, one-third of whom were referred for vulvovaginal pain ($n = 140$, 39.4%). Most patients identified as White ($n = 285$, 80.3%), had private or commercial health insurance ($n = 244$, 68.7%), and had at least a college degree ($n = 299$, 84.2%). On average, patients

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had seen 2.58 (SD = 1.85) providers prior to presenting to the vulvovaginal specialized clinic, and most had been referred by a gynecologist ($n = 251$, 71.3%). Most patients were referred for either vulvovaginal dermatoses ($n = 133$, 37.5%) or pain syndromes ($n = 140$, 39.4%). Within this sample, 41.7% ($n = 148$) had a self-reported mental health disorder; more than a third of patients reported a prior diagnosis of anxiety ($n = 131$, 36.9%). See Table S1 for additional patient characteristics.

When asked about their biggest obstacle to care, one-quarter of patients described a lack of specialists ($n = 92$; 25.9%), which was the most frequently endorsed option. Many patients also reported that not knowing where to go for reliable information prevented them from accessing specialty care ($n = 55$, 15.5%). Just as many wrote in their own obstacles ($n = 58$, 16.3%), including having their symptoms dismissed by prior providers, "not getting answers" from prior providers, and prior experiences with ineffective treatments. Only 10 patients (2.8%) reported that they experienced no obstacles to care (Table S2).

Patients with mental health disorders were more likely to endorse not having anyone to talk to about their symptoms compared to patients without mental health disorders (16.9% vs. 6.8%; $P = .005$) and to report not knowing where to find reliable information versus patients without mental health disorders (21.6% vs. 11.1%; $P = .011$). Obstacles to care characterized by unsupportive partners, cost barriers, distance to providers, and lack of specialists were endorsed equally across patients with and without mental health disorders (Table S2).

Overall, patients seeking specialty care for vulvovaginal conditions endorse substantial institutional barriers to receiving care. Despite most patients being referred to specialty care by a gynecologist, the most frequently endorsed barrier to specialty care was a lack of specialists. Patients who wrote in their own obstacles to care often described poor experiences with prior providers or ineffective treatments. That these obstacles rise to the top of the list among patients receiving care in a tertiary academic medical center and who have substantially higher educational attainment demonstrates the critical need to increase access to specialty care. Efforts to educate providers in recognizing and treating vulvovaginal conditions may also reduce barriers to care by facilitating the delivery of high-quality care without the need for patients to see a specialist at all.

Furthermore, exploratory analyses indicate that patients with and without mental health disorders experience distinct pathways to accessing specialty care, including challenges of social isolation and lack of reliable information for patients who report mental health disorders, highlighting the value and importance of multidisciplinary care. Keeping these barriers in mind, healthcare providers may want to consider providing patients with adjunctive therapies to address behavioral health specific to vulvovaginal disorders, as well as resources where legitimate and accurate information can be found regarding their diagnosis.

Limitations of this study include limited generalizability to all patient populations, particularly non-English speaking patients. Additionally, most patients were White (80.3% of the sample) and were from Massachusetts. Respondents were asked to self-report their psychiatric diagnoses, which limits insight into chronicity and severity of mental health conditions and may challenge interpretability of these findings. Finally, this study may have not been adequately powered to evaluate differences in barriers to care among patients with and without mental health disorders.

This study demonstrates and reinforces substantial barriers to specialty care for patients with vulvovaginal conditions. In addition to attending to individual barriers that may prevent patients from accessing specialty care—for example, unsupportive partners or financial concerns—these findings highlight the importance of addressing provider availability and provider education, as well as increasing the availability of high-quality, accurate information about vulvovaginal conditions for general audiences.

Supplementary material

Supplementary material is available at *The Journal of Sexual Medicine* online.

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Conflicts of interest

The authors have no conflicts of interest to disclose.

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