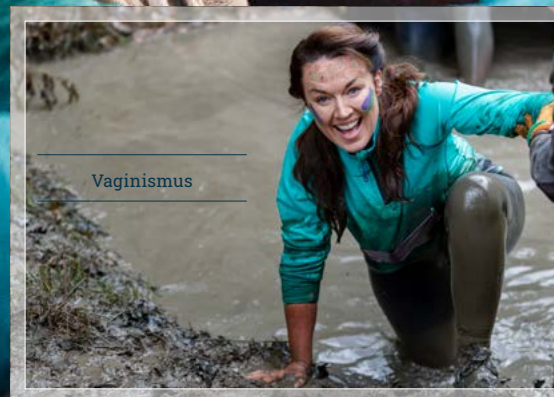


Women's Health Matters 2021

Join the critical conversation about 10 of the most common gynaecological health conditions in the UK

BMI Healthcare
- Part of Circle Health Group -



Women's Health Matters:
vaginismus

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Foreword

Circle Health Group Chief Nursing Officer, Liz Adair



Millions of women in the UK suffer the often-distressing effects of a gynaecological condition.

Gynaecological conditions such as endometriosis, adenomyosis and interstitial cystitis often go undiagnosed or misdiagnosed for years. This can have life-changing consequences.

Infertility, debilitating chronic pain, the onset of associated conditions and severe depression are common effects of living with a gynaecological condition without access to the right care.

Yet despite this, education and awareness around women's health is lacking. Millions of women in the UK continue to suffer in silence, unsure of how best to manage their pain or seek help.

As yet the scientific community hasn't been able to identify exactly what causes many gynaecological conditions, or how to definitively diagnose them. More work needs to be done on raising awareness of these conditions, as well as how to place women at the centre of their health and care.

It is for this reason that BMI Healthcare (part of Circle Health Group) are joining this conversation with this report. And we are grateful to the 10,000+ people who took part in the survey on which it is based.

These often candid and honest responses on the impact and experience of living with often debilitating symptoms will not only help us improve the services we offer, but also help highlight the need for better education and understanding among healthcare professionals, employers, loved ones and society as a whole.

With the right support, women suffering from these often hidden illnesses can achieve a better quality of life and the burden these conditions place on them can be eased.

A handwritten signature in black ink that reads "Liz Adair". The signature is fluid and cursive, with the first letters of "Liz" and "Adair" being larger and more prominent.

Liz Adair
Chief Nursing Officer at Circle Health Group

Foreword



Wellbeing of Women Chief Executive Officer, Janet Lindsay



We welcome BMI Healthcare's Women's Health Matters report that highlights the impact that women's health issues have on both a woman's physical and mental health.

In 2021, no woman should be held back by her reproductive or gynaecological health. However, the reality is that women are struggling to find the information they need to ask the right questions about their health and regularly meet barriers when they attempt to book routine appointments to access basic health needs.

Many women's health issues remain taboo and shrouded in secrecy leading to women feeling stigmatised. This stigma and taboo are helping to fuel the gender imbalance that exists in healthcare, and these taboos appear at all points on a women's life course from puberty to menopause and beyond.

As a society we need to tackle these taboos and ultimately redress the imbalance.

Led by women's voices, Wellbeing of Women improves health and wellbeing through research, education and advocacy. Improving women's healthcare and empowering

women to make the best possible choices when it comes to their health is at the very heart of what we do. We are delighted to be supporting BMI Healthcare's report that shines a spotlight on women's health and highlights the impact on women's lives.

A handwritten signature in black ink, appearing to read 'Janet Lindsay'.

Janet Lindsay
Chief Executive at Wellbeing of Women

*Janet will be referred to as Lindsay for the duration of this report

Our gynaecological treatment options

We understand that gynaecological health conditions can be devastating to manage, both physically and emotionally. However, **it is important to acknowledge that these problems do not mean a lifetime of pain and suffering.**

There are many treatment options available to help ease the symptoms of gynaecological conditions, helping people manage their pain effectively and live normal, high-functioning lives.

We offer a variety of effective diagnostic tests and treatment options for gynaecological problems. These are just some that are available:

Diagnostic testing

A hysteroscopy is a procedure used to examine the inside of the womb (uterus). It can be used to investigate and diagnose several health issues, including heavy periods, uterine fibroids, vaginal bleeding and chronic pelvic pain.

Laparoscopy (keyhole surgery) allows a Consultant to access the inside of the abdomen (tummy) and pelvis. It can be used to investigate and diagnose several health issues, including endometriosis and certain types of cancers.

Treatment options

Pelvic health physiotherapists are trained to assess and treat a range of conditions that cause pelvic problems, such as incontinence of the bladder or bowel, or chronic pelvic pain.

We offer a range of treatment options for urinary incontinence, including medication, bladder injections and specialist forms of physiotherapy.

Endometrial ablation is a procedure to remove the lining (endometrium) of the womb (uterus). One common reason for having endometrial ablation is to experience relief from symptoms of endometriosis.

Laparoscopic myomectomy is keyhole surgery to remove uterine fibroids. During this surgery, fibroids are detached with instruments through small incisions in the abdomen.



Our gynaecological treatment options

A laparoscopic ovarian cystectomy is a form of keyhole surgery to remove ovarian cysts, which can sometimes cause chronic pelvic pain.

An oophorectomy is the surgical removal of the ovaries. It is often performed as part of a hysterectomy, but may be carried out alone.

Posterior repair for vaginal prolapse aims to tighten the support tissues between the vagina and bowel and remove any bulge in the vagina.

A hysterectomy is an operation to remove the womb (uterus) through the vagina. The common reasons for having a vaginal hysterectomy include uterine prolapse, heavy periods and uterine fibroids.

Total laparoscopic hysterectomy is a keyhole hysterectomy, also performed to remove the womb (uterus) through small incisions in the tummy with modern instruments to minimise tissue damage.

A person's treatment pathway depends entirely on the condition they suffer from, combined with other important factors, such as their most prevalent symptoms.

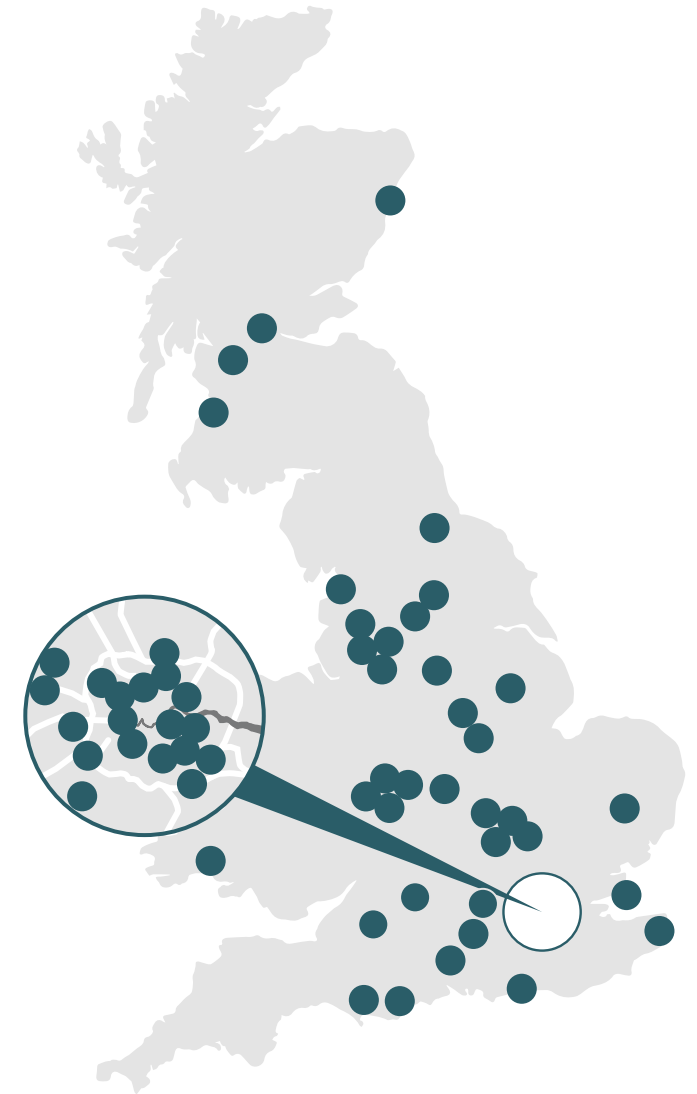
Having a private consultation with a specialist can help an individual reach a diagnosis and access appropriate care.

We have a large network of [Consultant Gynaecologists](#) dedicated to helping people manage their gynaecological health. They work in collaboration with our clinical specialists, such as physiotherapists to provide the best treatment options on a personalised basis. To find out more about our network of Consultants and other gynaecological services we offer, you can:

Call us to find out more: 0808 274 5396

Book a consultation online:
www.bmihealthcare.co.uk/find-an-appointment

Our hospital coverage across the UK



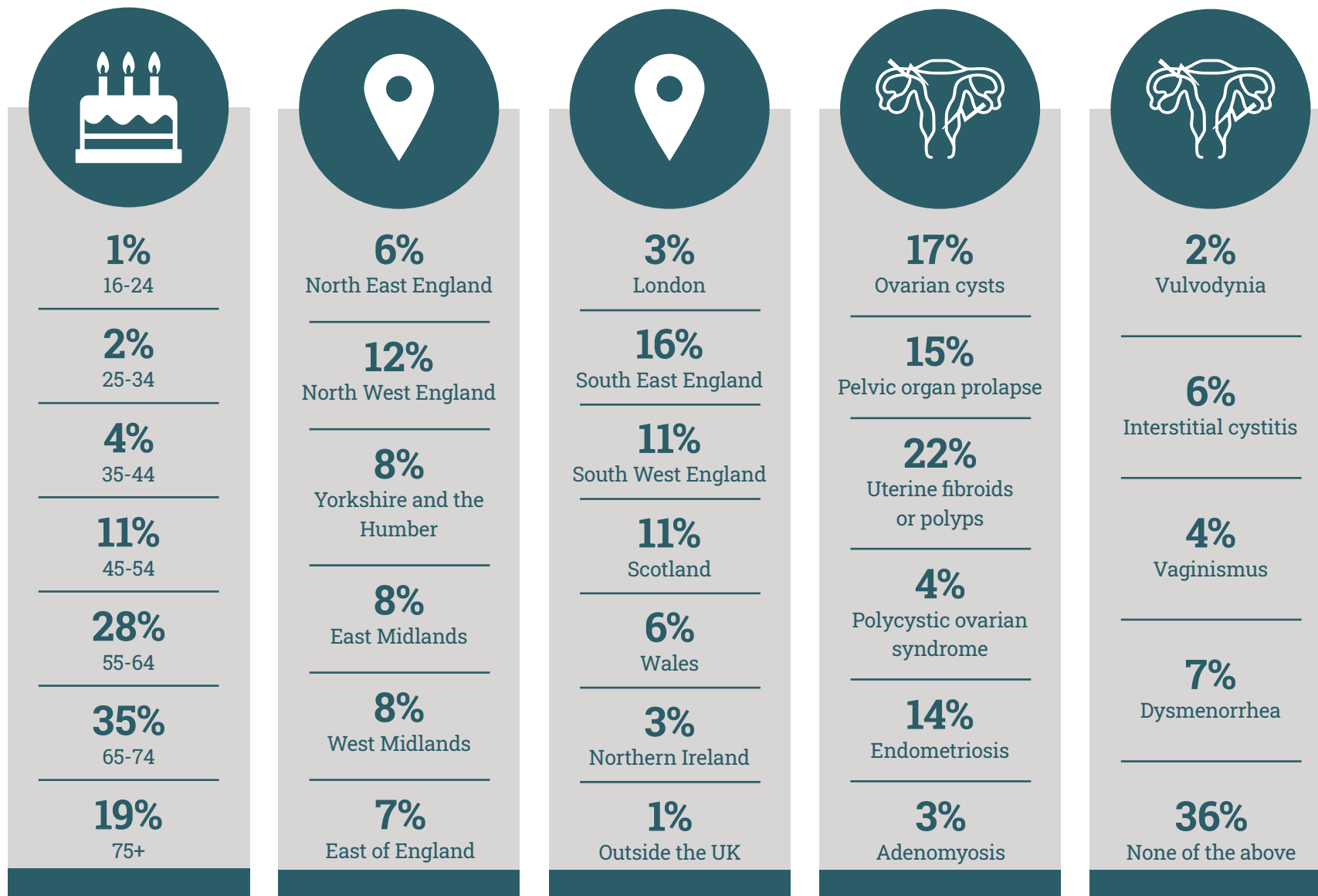
Executive summary

Who are our respondents? We talk a bit more about them, where they live and the conditions they suffer with.

Method

We asked 10,360 women from the ages of 16-75+ many questions through an anonymous online survey, 'Women's Health Matters', published on www.bmihealthcare.co.uk. The survey featured a combination of closed and open-ended questions in order to gather a combination of statistics and more qualitative data.

The largest segment of respondents were aged 65-74 and the most common condition reported is uterine fibroids.



Women's health:
an overview



Understanding women's health: an overview

Gynaecological health conditions can go undiagnosed for years, often causing chronic, debilitating pain and understandably deeply rooted psychological problems. Janet Lindsay, Chief Executive from Wellbeing of Women says: "Pelvic pain and gynaecological conditions can impact all aspects of a woman's everyday life. If you are in a constant state of pain and discomfort, it can weigh you down emotionally and physically. One in 10 women have experienced severe reproductive health symptoms in the past 12 months. This is a huge number of women at any one time experiencing debilitating symptoms."

Endometriosis

Endometriosis affects one in 10 women in the UK. One of the condition's biggest issues is that it is very difficult to diagnose, taking an average of seven and a half years. Endometriosis causes severe pelvic pain, pain during sex and, often, infertility, as well as many other symptoms.

Adenomyosis

Adenomyosis affects one in 10 women in the UK. According to the NHS, adenomyosis can also take years to diagnose. Symptoms of adenomyosis include, but aren't limited to, heavy, painful or irregular periods and severe pelvic pain.

Interstitial cystitis

According to The Urology Foundation, interstitial cystitis (IC) affects approximately 400,000 people in the UK, 90% of whom are female. IC is often diagnosed through process of elimination, which can take a long time, causing feelings of hopelessness and exhaustion. IC has many symptoms, including severe pelvic pain, as well as frequent urination and urgency.

Vulvodynia

It is not clear exactly how many women suffer from vulvodynia in the UK. The condition causes many symptoms, including a constant painful burning sensation in your vagina, as well as pain during sex.

Vaginismus

One study by The British Journal of Obstetrics and Gynaecology (BJOG) suggests that one in 10 women find sex painful. Vaginismus can take a long time to diagnose because it is often overlooked as being natural nerves experienced before sex. Vaginismus causes your vagina to tighten before penetration due to intense fear of pain, making sex unusually challenging and painful.

Polycystic ovarian syndrome (PCOS)

Studies show that around one in 10 women suffer from PCOS. There is no definitive diagnostic test for PCOS, so it can take time to diagnose through a process of elimination. PCOS can lead to disrupted menstrual cycles and difficulty getting pregnant. It also causes excessive hair growth and weight gain, which can take an upsetting toll on self-confidence and body image.

Ovarian cysts

According to The Royal College of Obstetricians and Gynaecologists, most women will be unaware that they have an ovarian cyst(s), because they are often asymptomatic. However, up to one in 10 women may need surgery for an ovarian cyst at some point in their lives. If you do have symptoms, you will likely experience pelvic pain, pain during sex and unusually heavy periods.

Uterine fibroids


According to The National Center for Biotechnology Information, most women will develop one or more uterine fibroids during their reproductive lifespan. Uterine fibroids can lead to heaviness and pressure across your pelvic area. If left untreated, uterine fibroids will continue to grow.

Dysmenorrhea

The symptoms of dysmenorrhea may look like those of other conditions. This can make it difficult to diagnose. If you suffer from dysmenorrhea, you will likely experience excruciating period pain during your period and painful stomach cramps before, during and after your period.

Pelvic organ prolapse

According to NICE, in primary care in the UK, 8.4% of women reported a vaginal bulge or lump, and on examination prolapse is present in up to 50% of women. If you're experiencing pelvic organ prolapse, you will likely feel pressure and heaviness across your pelvic area.



Gynaecological
diagnosis delay
damages mental health

Gynaecological diagnosis delay damages mental health

“I just want to be believed and not treated like a hypochondriac. Or be told it’s something women have to put up with.”

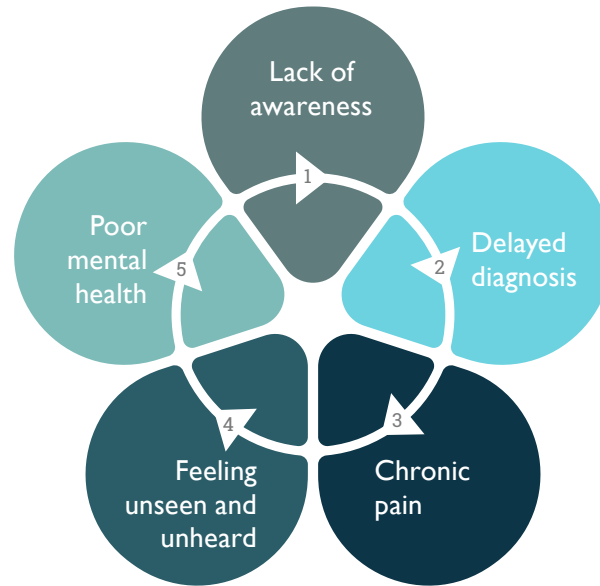
The voice of one respondent to our survey resonates widely with the endemic problem faced by millions of women – the need for better understanding and diagnosis of gynaecological conditions.

While diagnosis times vary by condition, our survey shows that women can wait years for a correct diagnosis and treatment. In the case of endometriosis, 27% of respondents waited 10 years or more to get diagnosed.

Not only that, across all conditions, between 10% and 20% of respondents haven’t been diagnosed, despite being sure of what condition they have.

All the conditions covered by our survey can cause pain. Other symptoms of the conditions covered in the survey include infertility, heavy bleeding, weight gain and facial hair growth. All of which can affect mental health.

As one respondent says: “Pain can just wear a person down on a daily basis. It’s hard when people don’t understand what type of pain you can be in. One day I can walk and the next I can’t. It doesn’t make sense to me, let alone my family. It’s a daily struggle.”



1. Lack of awareness: limited education and understanding around women’s health as a result of long-lasting taboos

2. Delayed diagnosis: a lack of research and funding, which poorly affects the quality of women’s healthcare and diagnosis times

3. Chronic pain: a lack of access to suitable treatment or pain management to match an individual’s needs

4. Feeling unseen and unheard: living in chronic pain without knowing where to access the right emotional and medical support

5. Poor mental health: the distressing impact of poor physical health

Wellbeing of Women invests in research into women’s health and has partnered with BMI Healthcare (part of Circle Health Group) on our Women’s Health Matters report. Janet Lindsay, CEO of Wellbeing of Women says: “Some gynaecological conditions are harder to diagnose than others. Symptoms can be vague, generic, or misleading. These generic symptoms can make it harder to know exactly what the cause is.”

Our survey data also shows a link between time taken for diagnosis and the impact on mental health. Combining data across all conditions about diagnosis times with questions about the impact on mental health, the survey shows a steady rise in impact from a rating by respondents of 3 out of 5 at a diagnosis time of less than a year to 4 rating out of 5 at ten years or more.

Lindsay says: “There’s been little research into the connection between a person’s gynaecological health and their mental health, but it is unsurprising that a link exists. It is reported that up to half of endometriosis sufferers have had suicidal thoughts, a statistic which further supports the connection. When women are left feeling dismissed or in pain, it can affect all areas of their lives including their mental health.”

While this data isn’t fully comprehensive, the trend is there and is also reflected in the comments one respondent said: “Had I known of what was really wrong with me, I may have been able to handle my condition better and managed the bad spells with rest and support from my GP. Instead, I self-medicated and thought I was just anxiety prone. Now, as a woman in my 30s, I am mentally able to cope with the ups

Gynaecological diagnosis delay damages mental health

and downs of my condition. I know when I am having a flare up and how to manage this. However, more support would be great for women with this condition.”

One area of focus for Wellbeing of Women is on better education, both among women to empower them to discuss their gynaecological health, but also among healthcare professionals.

Lindsay says: “We need to improve and normalise the conversation around reproductive and gynaecological health throughout the life course. We know our own bodies better than anyone else, and if women and girls have a better understanding of their gynaecological health, they are more likely to be able to spot symptoms, understand when something isn't normal and be more confident in communicating with healthcare professionals.”

The need for better understanding among GPs in particular is again reflected in respondents' comments. “I feel that I am battling with my GP surgery rather than being supported by them,” says one respondent. “This has caused a disproportionate amount of damage to my physical and mental health. I just want to be believed, listened to and have an intelligent discussion about my illness.”

Another explains: “It helps when a professional actually listens to all of your issues (mental as well as physical) and takes them seriously.”

Dr Lucky Saraswat, a Consultant Gynaecologist at BMI Albyn Hospital in Aberdeen, agrees. She says: “I feel this is due to

a lack of awareness and information about these conditions. It's about educating GPs and other healthcare professionals about these conditions. If they know what to look out for, it can be diagnosed.”

On a more positive note, awareness of these conditions among healthcare professionals has increased significantly in recent years, helping GPs identify symptoms early.

Elias Kovoov, Consultant Gynaecologist for BMI Chelsfield Park Hospital, Orpington, comments: “Over the last five years, there has been a massive increase in endometriosis

awareness, education and training for everyone, including primary care doctors and non-specialists in gynaecology. These healthcare professionals all know about it and whether someone with endometriosis potentially needs to be referred to a specialist clinic.”

This increased awareness among healthcare professionals will benefit thousands of women each year, helping them access treatment as quickly as possible. Continuous research by charities such as Wellbeing of Women will also drive increased awareness around menstrual health more generally, resulting in more education in primary care.



Vaginismus



Women's Health Matters: vaginismus



Vaginismus is an automatic reaction that causes the muscles in the vagina to tighten up in response to some or all forms of vaginal penetration.



4% of our respondents have been diagnosed with or suspect they're suffering from vaginismus



73% of respondents have been diagnosed with depression



Vaginismus affects **one in 500** women in the UK [1].



31% of these respondents said that pain from vaginismus prevents them from sleeping most of the time



38% of respondents said that vaginismus affects their ability to function

Vaginismus is a sexual pain disorder that can significantly affect intimate relationships and a person's quality of life. Although vaginismus is a common sexual problem that affects around one in 500 or 67,500 women in the UK, relatively little is known about this condition [2].

Vaginismus can affect women and girls of a childbearing age, regardless of race, ethnicity, or a person's gender at birth. This condition causes the muscles around the vagina to tighten in response to penetration. This causes the vaginal entrance to automatically spasm, which can result in intense and debilitating pain. In sexual relationships, vaginismus can lead to a loss of sexual desire if intimacy becomes associated with pain. Pain during or after sexual intercourse is also known as dyspareunia [3].

Vaginismus doesn't only occur in response to sexual penetration. Women might experience symptoms while

trying to insert a sanitary product or during important gynaecological examinations, such as cervical screening tests. Vaginismus can also cause the vaginal muscles to tighten in response to many forms of physical touch.

One survey respondent remarked: "I have only visited a GP about my vaginismus. Although she was a great doctor, there is not a great deal of knowledge about this condition. If vaginismus was a condition that affected men, it would have been cured centuries ago."

Another respondent added: "During my healthcare experience, my vaginismus was viewed as something not to worry about. I felt that my condition was seen as trivial."

Possible theories behind why vaginismus occurs include:

- A traumatic injury to the vagina, for example, an injury experienced during childbirth;
- An unpleasant first sexual experience or medical examination resulting in trauma, and
- A painful medical condition, such as thrush.

Vaginismus can affect women who have enjoyed painless sex before. Other possible causes of vaginismus include

inflammation of the vagina, pelvis or bladder, and vaginal dryness. The NHS states in some women traumatic instances, such as sexual abuse, assault or rape can also cause vaginismus [5].

The BMJ notes there is a higher prevalence of vaginismus in cultures where a woman's virginity is deemed important [6]. Social taboos surrounding the discussion of sex can hinder women's access to adequate sex education, leading to anxiety and false ideas about sex.

The impact of vaginismus

Women with vaginismus can experience an intense fear of pain from penetration. Living with this fear can have a serious impact on a person's mental health. Vaginismus can affect sexual relationships and if penetration is difficult or impossible, it can also affect a woman's ability to conceive naturally. This can lead to further emotional distress.

78% of respondents with vaginismus said that their condition had affected their romantic relationships. 67% of respondents said their condition affected their self-esteem, 52% said it interfered with their ability to plan ahead, and 90% of respondents with vaginismus said their mental health has been

Women's Health Matters: vaginismus

affected. 73% of our respondents with vaginismus have been diagnosed with depression, and 66% suffer from anxiety. These statistics reflect the impact of vaginismus on everyday life.

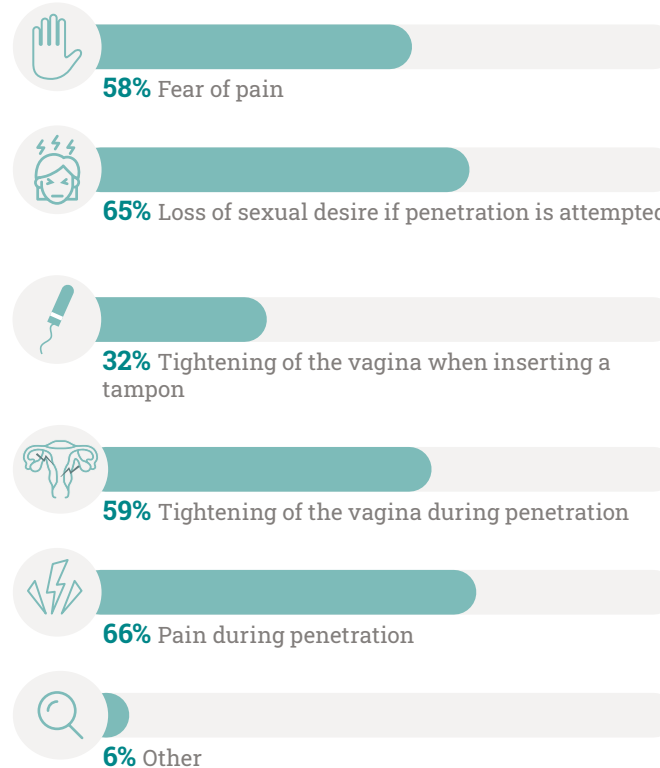
“

My friends have never discussed sexual intimacy. As a result, I would not take the risk of discussing this with them and making them feel uncomfortable. But, I do feel there is a need for problems around sexual intimacy to become more widely known.

”

43% of respondents felt ashamed or embarrassed to talk about vaginismus with friends or family. 85% of respondents with vaginismus said they felt ashamed to talk about their condition. These statistics reflect a need for openness when discussing sexual intimacy and sexual dysfunction, which can be obscured by social taboos around sex and gynaecological health.

Symptom overview



Vaginismus affects an estimated 1 in 500 women and many people are not aware of the condition. It involves an involuntary contraction of the vaginal muscles when penetration is attempted, such as sexual intercourse or the insertion of a tampon. It is often connected to fear or anxiety.

Although many women struggle with vaginismus, it is not widely talked about in society, making it even more difficult for those who are impacted by the condition to be aware of the condition and access support available.

It can be a complicated condition to diagnose, but treatment options are available, including psychosexual therapy and physical techniques. By raising awareness, and speaking more openly about the condition, we can encourage more women to seek the support they need.



WELLBEING
OF WOMEN

Janet Lindsay
Chief Executive
Wellbeing of Women

Vaginismus: numbers you should know

How often are you in pain?



20% all of the time



25% most of the time



32% rarely



23% sometimes

90%



has affected their
mental health

Most common symptom reported

66%



tightening of the vagina
during penetration

43%



unable to speak to
friends and family



78%

affected their
romantic relationships

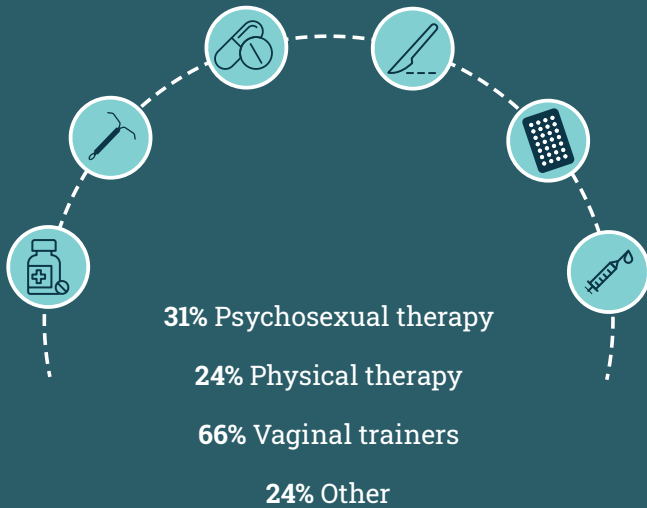
48%



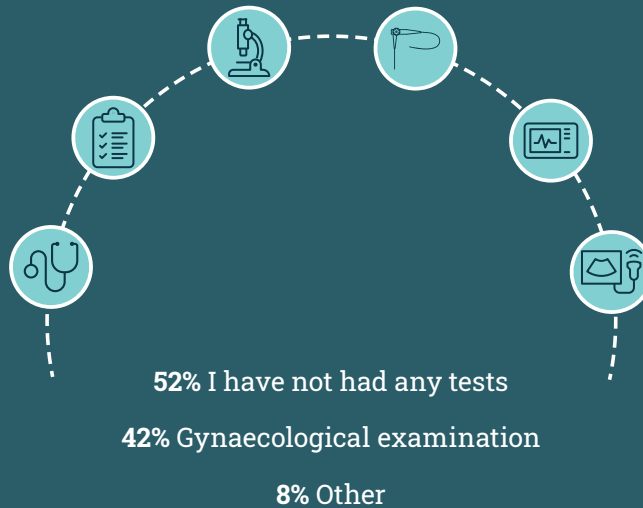
made them miss work

Vaginismus: diagnosis journey

Treatment overview



Diagnostic testing overview



Healthcare professionals overview



51%

of people with diagnosed or suspected vaginismus feel dismissed throughout their diagnosis journey

How people rated their experience



Clinicians visited
3/5



Diagnosis
3/5



Treatment
2/5



Aftercare & support
2/5



Treatment outcome
3/5

Women's Health Matters: vaginismus

Diagnosis journey

The overlapping symptoms of sexual pain disorders such as dyspareunia (pain during or after sexual intercourse) and vulvodynia (vulval pain) can make vaginismus difficult to diagnose. Just 48% of respondents have received a diagnosis. Of the remaining 62%, 23% said they have been waiting 10 years.

“

I tried talking to a gynaecologist about my vaginismus. But I was told to just relax which was supposed to be an “easy” thing to do. My gynaecologist couldn't provide me with any further suggestions when I asked for possible solutions for my condition.

”

More than a quarter (27%) of respondents with vaginismus regard their diagnosis experience as extremely poor. Our findings show that lengthy delays in diagnosis have led some women to self-investigate their symptoms. One survey respondent explained: “I have now chosen to investigate the symptoms I have on my own. Since then, I have purchased vaginal expanders and I have seen limited improvement with them.”

More than half felt ignored or dismissed during their diagnosis or treatment journey. About a third of respondents felt patronised during their diagnosis or treatment journey. 30% of respondents with vaginismus felt they were not believed. One said: “No one has taken me seriously about my vaginismus.”

Diagnosis waiting times

As well as overlapping symptoms, a lack of awareness taboos around women's health also contribute to longer diagnosis times. This is a systemic issue often acknowledged by organisations such as the Wellbeing of Women and the Royal College of Obstetricians and Gynaecologists (RCOG) [7].

BMI Healthcare Consultant Gynaecologist Dr Lucky Saraswat says: “Vaginismus is a complex condition that can cause different symptoms in different patients. They are generally not able to have any surgical interventions. But treatments can include a host of other medical interventions, such as pain psychologists and sexual clinics.”

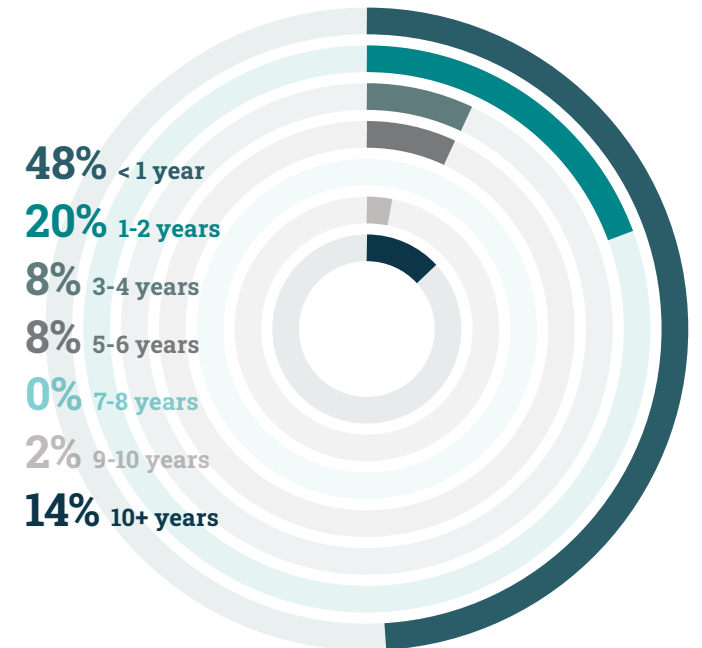
48% of our survey respondents were diagnosed with vulvodynia within one year, which shows short diagnosis times for the condition are possible.

On a continued positive note, awareness about vaginismus has increased significantly in recent years, helping healthcare professionals understand more about the condition.

A 2018 report published by Public Health England examines the barriers to treating sexual health problems in women, stating: “Embarrassment, the fear of being judged and the stigma that surrounds reproductive health issues are all important barriers to seeking care. For those who did seek healthcare, good communication and rapport that

allowed honest and open dialogue was essential to this being satisfactory, particularly in relation to issues that might be difficult or embarrassing to discuss [8].”

Diagnosis times



The average wait for a diagnosis was

<1 year

Vaginismus: alternative therapies

Breathing exercises and practicing mindfulness are also recommended for women with vaginismus. Mindfulness and yoga were the most common alternative therapies tried by women with vaginismus, with 42% having tried it. Other alternative therapies that women have tried for vaginismus include reflexology, acupuncture and supplements.

Exercise was the most common lifestyle change made by respondents with vaginismus. 58% of respondents used exercise to help improve their symptoms.

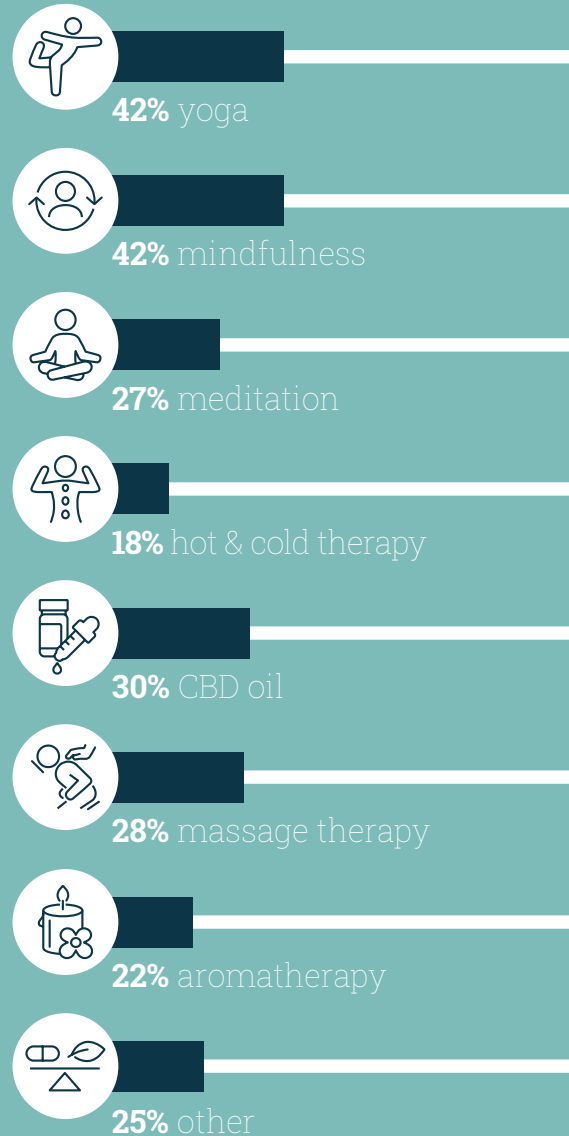
Overall average effectiveness of alternative therapies, as rated by respondents



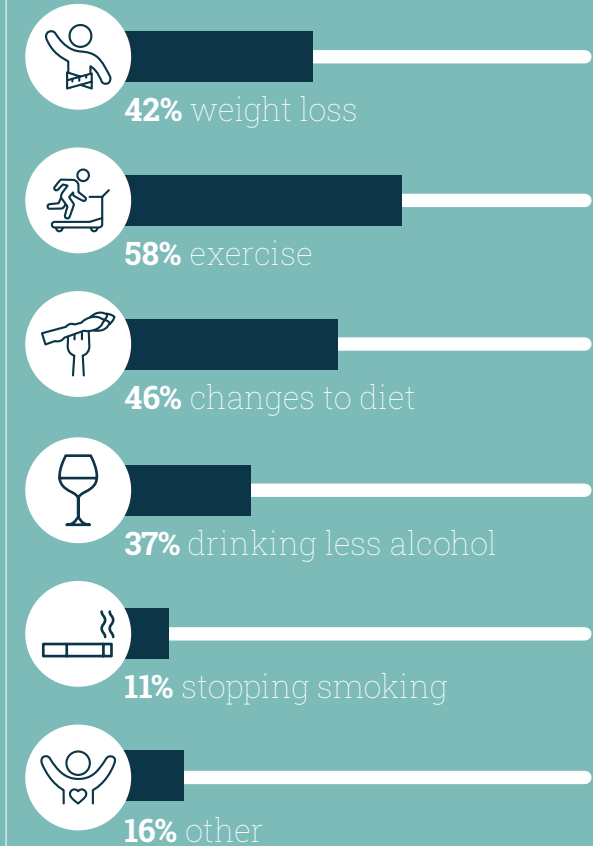
Overall average effectiveness of lifestyle changes, as rated by respondents



Alternative therapies



Lifestyle changes



Women's Health Matters: COVID-19

Survey respondents said the COVID-19 pandemic has affected their health for several reasons, including:

- Worsened mental health, resulting in exacerbated physical symptoms;
- Limited access to healthcare;
- Having to miss healthcare appointments, and
- A lack of physical activity also resulting in exacerbated physical symptoms.

31% of respondents said their symptoms have worsened during the pandemic. Comments about worsened physical health due to limited access to exercise and worsened emotional health due to not being able to visit loved ones and attend support networks weave through the thread of responses. One respondent said: "I cannot book any appointments as they are now always fully booked. The waiting adds more stress to your problems."

However, not all respondents felt the pandemic had negatively impacted their health, with 58% saying it had not. Some respondents said they were able to access usual appointments and sustain exercises and fitness levels at home, helping their physical symptoms in turn. One said: "My access to healthcare has remained in place (thankfully) and appointments have run on schedule."

These results show just over a third of respondents have experienced worsened symptoms as a direct result of the pandemic, but most respondents have not.

Percentage of respondents who said their health has worsened during the pandemic

31%



Examples of how respondents have been affected by COVID-19



26%

have been shielding for all or part of the year since the pandemic began



19%

have been working from home for all or part of the year since the pandemic began



58%

have been less active this year than normally would be



19%

have struggled physically due to the restrictions in place because of COVID-19



42%

have struggled emotionally/mentally due to the restrictions in place because of COVID-19



8%

have been more affected than most by the realities of living through a pandemic



21%

have had to miss or cancel medical appointments because of the pandemic



47%

said access to healthcare has been negatively affected because of the pandemic

Please note that some respondents have been affected by more than one of the above factors. Therefore, the total percentage of respondents is more than 100%.

References

- [1] <https://uk.cochrane.org/news/vaginismus-ruining-sex-research-must-move-beyond-penetration>
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- [8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731891/What_do_women_say_reproductive_health_is_a_public_health_issue.pdf

A woman with blonde hair is captured in a dynamic splash of water. Her hair is flying upwards, and she has a joyful expression. She is wearing a grey long-sleeved shirt. The water is a vibrant teal color, and the scene is filled with white foam and droplets. The overall mood is energetic and refreshing.

A holistic approach
to gynaecology

Women's Health Matters: a holistic approach to gynaecology

The aim of holistic treatment is to treat an individual, not just a condition or disorder. This form of treatment is tailored to an individual's physiological and psychological needs, and it is often based on a variety of factors.

We asked survey respondents a range of questions about factors that impact their physiological and psychological needs. Answers show that many respondents suffer from more than one gynaecological condition, as well as overlapping symptoms of each. These respondents could benefit from holistic treatment, which treats the body as a whole, not as one condition.

Dr Winston De Mellow, Pain Consultant and Trustee of The Vulval Pain Society, explains that women with gynaecological health issues are more likely to suffer from associated health conditions such as irritable bowel syndrome (IBS), allergies and chronic fatigue.

He says: "It is near impossible to have just one gynaecological condition. If you experience symptoms of these conditions, you are more likely to also experience symptoms of IBS, multiple allergies, recurrent cystitis, chronic fatigue and migraines. This is broadly because these conditions all serve

the same nerve supply physiologically. They also impact your nerves and physiological structure, which has a knock-on effect on your overall health and wellbeing."

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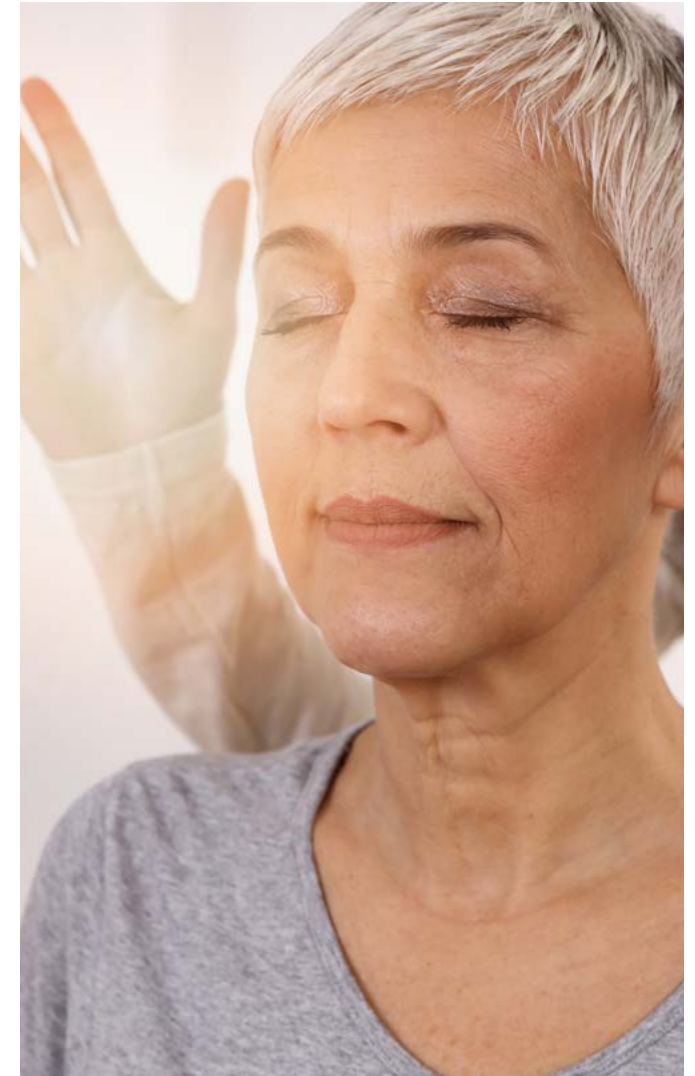
It is near impossible to have just one gynaecological condition. If you experience symptoms of these conditions, you are more likely to also experience symptoms of IBS, multiple allergies, recurrent cystitis, chronic fatigue and migraines.

Pain Consultant and Trustee of The Vulval Pain Society, Dr Winston De Mello

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This approach is supported by respondents to our survey, which shows that women with gynaecological conditions often suffer from associated conditions.

42% of respondents with a gynaecological condition suspect they have or have been diagnosed with allergies. 41% of respondents with a gynaecological condition have also been diagnosed with IBS.



Women's Health Matters: a holistic approach to gynaecology

Overall, 88% of respondents suspect they have or have been diagnosed with a chronic or long-term condition such as IBS, fibromyalgia, chronic fatigue syndrome and chronic migraines.

One respondent said: "I experience IBS from time to time which means I can barely leave the bathroom. The pain is terrible and it interferes with my everyday life. I feel depressed because of my pain and that affects my relationship with my husband."

28% of respondents suffer from thyroid dysfunction and close to a quarter suspect they have or have been diagnosed with another condition. These include generalised anxiety disorder (GAD), asthma and irritable bowel disease (IBD).

Why might a person need holistic treatment?

Often, gynaecological conditions produce overlapping symptoms. They can be interconnected and affect each person's body differently.

Dr Winston De Mellow, Pain Consultant and Trustee of The Vulval Pain Society, comments: "Each person has unique factors that determine their bio-psycho-social profile, including: their psychological predisposition (history, personality, pain tolerance) which contributes to a person's psychological profile (depression, anxiety, loss of self-esteem, or even psychiatric illness) social disruption (occupational, financial, social, family, partner) and sexual dysfunction (libido, arousal and orgasm)."

A holistic approach to gynaecological conditions depends on the input of a multidisciplinary team, with each member approaching an assessment from a biological, psychological and social perspective (considering the factors mentioned above), before producing an individualised treatment plan with expected outcomes.

What are the benefits of holistic treatment?

Holistic treatment can significantly improve a person's physical and emotional wellbeing.

Holistic medicine treats the body as a whole and appreciates the interconnectedness of every part of it. This means that a holistic approach to gynaecology can be an effective treatment route that enhances people's wellbeing by managing several related issues together.

Treatments are multidisciplinary and take a bi-psycho-social approach, since everyone experiences gynaecological issues differently. Other factors such as lifestyle and family history are also taken into consideration.

BMI Consultant Gynaecologist Dr Lucky Saraswat says: "Gynaecological input is not always sufficient for pain-related conditions. A patient may need to see a Pain Consultant or a Psychologist. Sometimes, complementary therapies such as cognitive behavioural therapy (CBT) or mindfulness can help improve a patient's quality of life."



Women's Health Matters: a holistic approach to gynaecology

1,601 respondents said they have used complementary therapies such as cognitive behavioural therapy (CBT), yoga, acupuncture and reflexology to manage their condition.

There are many benefits of holistic treatment, which offers a personalised pain management plan to reduce their individual symptoms. This plan includes trying therapies such as mindfulness and meditation. Our survey findings reflect the benefits of these.

The women we spoke to said that mindfulness and meditation have calmed panic attacks and allowed them to relax. Women also said their holistic treatment plan provided short-term relief from their condition and allowed them to “cope better with their condition rather than alleviating them”.

A respondent said: “Mindfulness and meditation have been fantastic. But when I am overwhelmed by my condition, I am not able to get the same results.”

“It is always important to treat patients individually and holistically, as everyone is different - what works well for one woman may not improve symptoms at all for another,” explains Miss Gaity Ahmad, Consultant Gynaecologist.

“There is good evidence that simple lifestyle interventions such as diet and exercise can significantly improve gynaecological conditions such as pelvic pain and heavy menstrual bleeding,” she continues. “Practicing mindfulness, meditation and yoga have also been shown to help patients with chronic conditions.”

Some respondents report an improvement to their symptoms through lifestyle changes, while others say they have had little success.

A respondent explained: “I have changed my eating habits which in the past four years has made a huge difference. Before, I had few or no periods at all for several months at

a time. But changing to a low glycaemic index (GI) diet has changed my life. I now have a regular cycle.”

Dr Lucky Saraswat comments: “Healthcare professionals should be viewing conditions holistically at all times. A holistic approach has always been advocated in medicine and by this, I mean for any healthcare problem.”



Support network glossary



Support Network: glossary



A support network provides a safe place for people suffering similar struggles to make connections and share experiences and coping strategies.

Many respondents commented that support networks make them feel less alone. Support networks can be organised groups that meet in-person or online. They can also be made up of circles of loved ones who support a person's emotional or physical requirements.

Organised gynaecological health support networks are vitally important, offering women the opportunity to be seen and heard.

Please find a glossary of women's health support networks.

General

Wellbeing of Women

<https://www.wellbeingofwomen.org.uk>

Email: hello@wellbeingofwomen.org.uk

Phone: 020 3697 7000

Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/patients/other-sources-of-help>

Phone: +44 20 7772 6200

Out of hours telephone (5pm – 8am): +44 20 7772 6260

The British Society for the Study of Vulval Disease

<https://bssvd.org/patient-information>

Email: admin@bssvd.org

Vaginismus

The Vaginismus Network

<https://www.thevaginismusnetwork.com>

Email: vaginismusnetwork@gmail.com

Contact form: <https://www.thevaginismusnetwork.com/contact-us>

Vaginismus, a private pain

<https://www.facebook.com/groups/90241598027>

Vaginismus Awareness

<https://www.vaginismusawareness.com>

Vaginismus Awareness for Family and Friends

<https://www.facebook.com/groups/1703189356630515>

Vaginismus Reddit Forum

<https://www.reddit.com/r/VaginismusForum>

Vaginismus Support

<https://en-gb.facebook.com/groups/Dyspareunia.Support>

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We would also like to thank each of the incredible women who took the time to complete our Women's Health Matters survey.

