ESHRE 2020 Virtual (5-8 July 2020)

Questions for the speakers

Session 67: COVID-19 - Psychosocial impact of delayed treatment

**Patient experiences of fertility clinic closure during the COVID-19 pandemic: Appraisals, coping and emotions - Jacky Boivin (United Kingdom)**

Q: How can we help our patients cope if we would close clinic again? How can we encourage them to use which strategies to deal with uncertainty?

A: We propose several strategies – using communication strategies designed for uncertainty, preparing patients for the reality of fertility care under COVID-19 (i.e., expectation management) and providing stepped psychosocial support according to need. Our published paper in Human Reproduction provides more information on how to achieve these goals. https://academic.oup.com/humrep/advance-article/doi/10.1093/humrep/deaa218/5881807

Q: As a genetic counsellor in fertility clinic how better counselling would be from your opinion?

A: Patients need to be informed that genetic predispositions (e.g., morbidities, race) my influence susceptibility to COVID-19 and effectiveness of its treatments. Supporting patients to change modifiable factors that can minimize these influences is critical (e.g., diet related to diabetes). Additionally, counselling needs to be delivered according to patient preference and need. Some patients may only need psychoeducation delivered through online information whereas others may need more in-depth interventions. Using a stepped approach to psychosocial care as per ESHRE Guidelines for Psychosocial Support could be helpful: https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Psychosocial-care-guideline.aspx

See also our published paper in Human Reproduction provides more information on how to achieve these goals. https://academic.oup.com/humrep/advance-article/doi/10.1093/humrep/deaa218/5881807

Q: Strong correlations with prognosis and endometriosis. Could anxiety and depression, be due to these conditions and not due to COVID.

A: Yes. The studies presented do not have a control group (e.g., pre-covid). As such any reactions demonstrated could be due to pre-existing conditions. Our qualitative study certainly suggests that reactions to clinic closure (“devastating”) were very much influenced by pre-existing fertility experiences (e.g., already waiting for a long time for chance of treatment, history of miscarriage or failed treatment which makes waiting more difficult). We know that people with endometriosis or polycystic ovary syndrome (PCOS) have higher anxiety and depression than the general population (due to features of condition) – but not all patients in these studies had these diagnoses. Extreme scores in the Barra study (about 17 to 20% of sample) were slightly higher than the normative scores in the general population but in line with that of infertile populations. Finally, other factors could be confounding the anxiety and depression – for example COVID-19 related self-isolation, unemployment, experiences of death of close others. Although it seems likely that people are
distressed about clinic closures, distress is probably multiply determined. Please see our published paper in Human Reproduction for more information on future directions for research. 

Q: After yesterday’s talk on covid vertical transmission there is a serious level of new concerns. I wondered how this will add to the counselling for patients?

A: We propose several strategies for communicating with patients, strategies designed for uncertainty, preparing patients for the reality of fertility care under COVID-19 (i.e., expectation management) and providing stepped psychosocial support according to need. Our published paper in Human Reproduction for more information on these strategies. https://academic.oup.com/humrep/advance-article/doi/10.1093/humrep/deaa218/5881807

Q: Did you have patients that were very upset with respect to the decision of not performing treatment cycles during the lockdown?

A: Yes, as shown in the talk there was huge amount of upset. Please review the talk to learn more about it from patients own words and see our published paper in Human Reproduction for more information on why patients were distressed. https://academic.oup.com/humrep/advance-article/doi/10.1093/humrep/deaa218/5881807

Q: Do you know of studies longitudinally following up the psychosocial wellbeing of patients from pre to during the COVID pandemic?

A: None that I know of. However, some studies were carried out at a later date than the studies presented at ESHRE (e., several months after clinic closures, or when clinics were re-opening). As such it is possible that adjustment could be examined cross-sectionally if new studies used similar questions.

Q: IVF interventions were not the only treatments determined non-essential. Psychosocial impact for fertility: greater or less than for other interventions?

A: Many patients also discussed having diagnostic tests being postponed, or having other treatments prolonged (e.g., clomiphene citrate) or cancelled (e.g., IUI). There is no psychological difference to these patients as all imply more waiting when they feel that have waited long enough. Please see our published paper in Human Reproduction for more information on effects for views about cancelled tests and procedures. https://academic.oup.com/humrep/advance-article/doi/10.1093/humrep/deaa218/5881807

Q: Any study on the use online counselling during lockdown in UK & Italy?

A: I believe Angela Pericleous-Smith presented about the content of counselling during the pandemic (see her abstract in the ESHRE abstract book). However, I do not know if the paper has been published.
Q: Were there any positive feedback from the patients as many of my patients were happy that the couples were worked from how and were together?

A: Yes. Patients in our qualitative study did express being very grateful to staff that provided up-to-date information through websites, webinars, facebook pages and so on. Patients also expressed positive feelings towards support groups that provided a way for them to be linked to other people experiencing lockdown. Please see our published paper in Human Reproduction for more information on what practices patients preferred or viewed as beneficial. 

Q: Do you offer online information/support counselling to couples who stopped their treatments?

A: The British Infertility Counselling Association provides online counselling in the UK. I am sure similar organisations in other countries also provide that level of support.