

Emotional adjustment to IVF and online support program

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The stressor of subfertility

- Stressor
- Stress

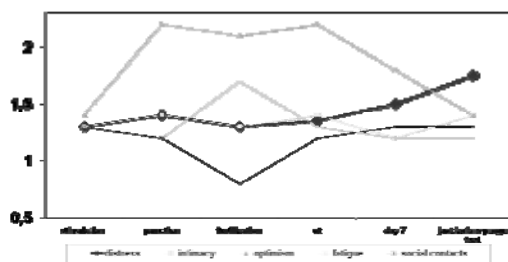
Multidimensional stressor

- Emotional impact during one treatment cycle

Psychosocial adjustment during treatment cycle

publication	measures	Results
Kolonoff-Cohen 2001 (US)	Pre tr before ET	PT<ET
Yong 2000 (UK)	Pre tr before ET before pregn test	PT<ET=PT
Ardenti 1999 (It)	Before OP at ET	OP>ET
Boivin & Takefman 1995 (Can)	Daily during cycle	OP high PT high
Merari 1992 (Isr)	At OP at ET before pregn test	OP>ET<PT

Course of emotional response during cycle (Boivin et al. 1998; HR)



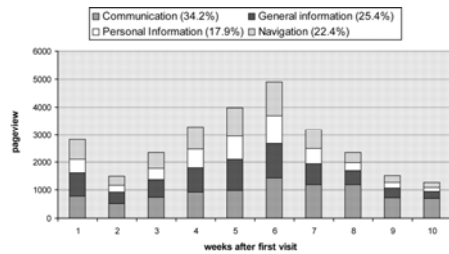
Stressors from Ovum Pick Up to Embryo transfer

- Ovum pick up: pain
- Sedation: dizzy, feeling sick
- How many oocytes will be retrievable?
- Will there be fertilization?
- What's the quality of the embryo's?

Most intensive part of the treatment

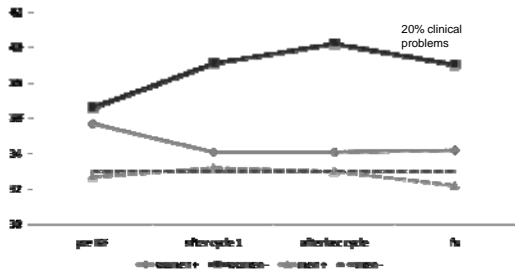
- Control seems considerable: many actions
- But: uncertainty remains high
- Embryo transfer: just a pregnancy

The number of page-views per week after a patient-couples' first visit to the website

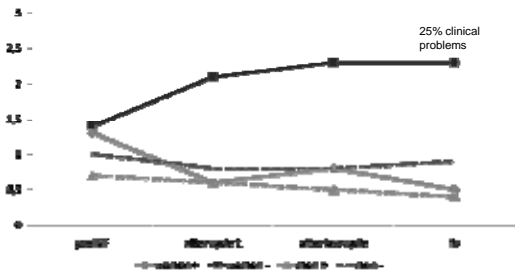


Tuili, W.S. et al. Hum. Reprod. 2006 21:2955-2959; doi:10.1093/humrep/del214

Course anxiety from pre treatment to 6 months FU (N=400)



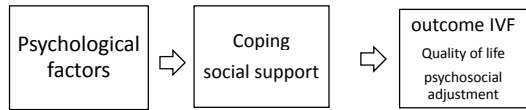
Course depression from pre treatment to 6 months FU



Conclusions emotional adjustment to IVF

- Unsuccessful IVF provokes grief and mourning
- Considerable part severe adjustment problems
- No recovery 6 months after treatment

Coping and social support as mediating factor



Predictors of emotional response

- Personality characteristics: neuroticism, optimism, extraversion
- Coping
- Social support
 - General support, marital relationship, sexual relationship

Meaning of fertility problems:

Helplessness

- My infertility makes me feel helpless
- My infertility limits me in everything that is important to me
- My infertility controls my life
- Because of my infertility I miss things I like to do most
- My infertility makes me feel useless at times

Acceptance

- I can accept my infertility well
- I can cope effectively with my infertility
- I've learned to live with my infertility
- I can handle the problems related to my infertility
- I've learned to accept the limitations imposed by my infertility

Who is at risk?

- Pre treatment distress
- Helplessness regarding fertility problems
- Less acceptance of possible childlessness
- Lack of social support

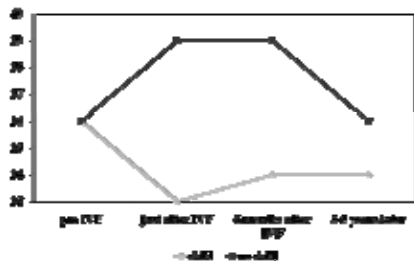
Verhaak et al. Hum Reprod 2005; J Behav Med 2005

Last treatment cycle

- Retrospectively determined
- Difficult to define end of treatment

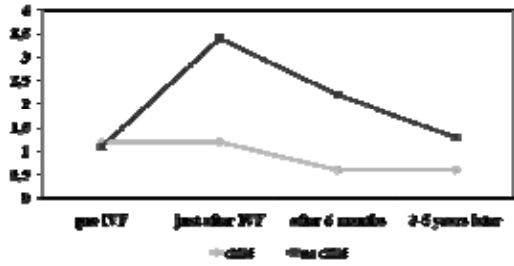
CM Verhaak, Keio wetenschapsdag 2007; UMC St

Course of anxiety after end of treatment



CM Verhaak, Keio wetenschapsdag 2007; UMC St

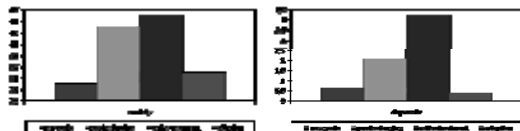
Course of depression after end of treatment



Adjustment to childlessness

- Actively continuing attempts to get pregnant 12%
- Passively longing for a child 38%
- Adoption 13%
- Facing new goals 33%

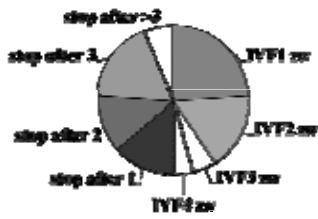
Anxiety and depression by modes of adjustment 3-5 years after IVF



Conclusions

- Facing new goals important in adjustment to childlessness
- Adoption is way to positively adjust to childlessness

Course of treatment two years after start (N=400) Smeenk et al. 2005 Fertil Steril



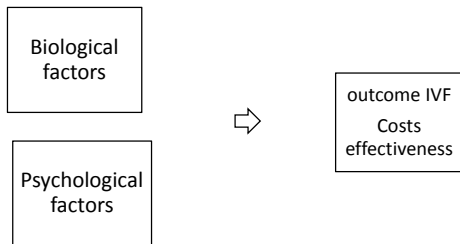
Drop out treatment between IVF cycles

- Considerable part couples stops treatment after one or two unsuccessful cycles (when 3 cycles are free)
Smeenk et al. 2004 Fertil Steril Olivius et al. 2004 Fertil Steril
- Emotional burden of IVF reason for dropout in half of the couples
Smeenk et al. 2004 Fertil Steril

Psychological factors and psychosocial outcome of IVF: quality of life

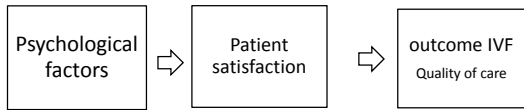


Psychological factors and costs effectiveness



- Treatment cycle reveals 33 hours sick leave: productivityloss 596 euro per cycle
- Patients with high distress: 50% more sick leave
Bouwman et al. Acta Obstet Gyn Scand 2008

Psychological factors and quality of care



Patient satisfaction as mediating factor

- Patient reported weaknesses in IVF care
 - Lack of continuity in care: 66% of the patients
 - Lack of attention to emotional aspects of treatment: 65% of the patients

Van Empel et al. 2009 submitted

psychological interventions

- Cognitive Behavioral Therapy and psycho education most effective on reducing distress
Boivin 2003 Soc Sci Med
- Psychological interventions improve treatment adherence
Haynes et al. 2002 Cochrane D Syst Rev; Rollnick et al. 1999
- Discussing psychosocial issues improves adherence and patient satisfaction
Ong et al. 2000 J Clin Onc; Zandbelt et al. 2005 Soc Sci Med

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Pilot study pre treatment assessment

- 45 patients; 27 patients participated
- 7 identified as at risk
- All of them participated in an online psychological intervention

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Online tailored CBT intervention

- On stress management
 - Relaxation
 - Symptom recognition
 - Palliation/ distraction
- Challenging cognitions regarding infertility
 - Identifying helping and not helping cognitions
 - Relationship between thinking, feeling, behaviour
 - Changing meaning of infertility
- Improving social support
 - Setting limits
 - Communication with partner
 - Communication with family and colleagues
 - Communication with medical staff

De digitale IVF poli

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 Week 11 Week 12

Leestekst Oefening

Leestekst deel 1

- 1. Spanning aanpakken

Een IVF-behandeling bestaat uit een aantal onderdelen, die elk meer of minder belastend zijn. Daarnaast geeft ook onzekerheid over het al of niet slagen van onderdelen van de behandeling een rol. Dit maakt dat u zich op sommige momenten gespannen, somber en geïrriteerd kunt voelen. Pakken is ook een veel voorkomende reactie. Deze gevoelens en gedachten noemen we spanningreacties. Langdurige spanning kan negatieve gevolgen hebben, daarom leert u in dit programma manieren om spanning aan te pakken.

- 1. Verschillende manieren om spanning aan te pakken

Er zijn verschillende manieren om spanning aan te pakken.

- 1. Pak de situatie die leidt tot spanning aan en verander deze.
- 2. Verander storende gedachten over de situatie, zodat u er minder last van heeft.
- 3. Verminder spanning door u te ontspannen of afleiding te zoeken.

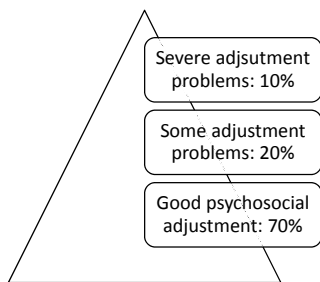
• 2. De beste aanpak

• 2. Wat moet ik weten om spanning aan te pakken?

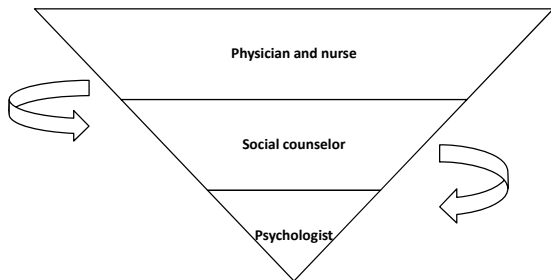
Screening patients on psychosocial adjustment

- Screening identifies patients with 4 fold higher risk for maladjustment
- Active policy for patients at risk: further diagnostics and possibility of psychological treatment
- Passive policy for other patients: psychosocial support on request

Psychosocial Triage



Triage



Conclusion

- Comprehensive IVF care addresses biological and psychosocial issues
- Screening patients on psychosocial adjustment facilitates biopsychosocial care
- Biopsychosocial IVF care improves outcome of IVF
