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### Screening for distress in patients with fertility problems

- Organizational and communicational issues

Chris Verhaak PhD,  
Clinical psychologist  
Medical Psychology  
Radboud University Nijmegen, Medical Center

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### Program of the workshop

- Introduction; learning goals
- How do you identify patients at risk
  - Search in own caseload
  - Empirically based risk factors
- Screening: theoretical issues
- How to implement screening
- How to communicate screening results
  - With patients
  - With medical staff

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### Learning goals?

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**Casus 1**

- Karin, 28 years, Pieter 36 years. Primary unexplained fertility disorder. Karin: congenital heart disease, traumatic experiences with medical treatments in childhood.
- Anxious to start IVF because of OPU.
- Unsatisfied with treatment in center: variety of doctors, no clear information

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**Casus - 2**

- Marieke 40 years and en Arie 45 years
- Spontaneous abortion
- Cancelled pregnancy because of prenatal diagnosis Down Syndrome
- 2 unsuccessful IVF
- Asked for consultatio after 6 months brake
- Tend to stop because of sadness and fear for emotional brake down

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**Casus-3**

- Angelique en Robbert: primary male subfertility. 1<sup>ste</sup> ICSI treatment not successful.
- Robbert motivated for a second cycles as soon as possible, Angelique needs a brake
- They get stuck into the discussions

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**Search in caseload**

- Couples or individual patient with lot of distress (already at pre treatment, or expressed during treatment)
- Couples or individual patient with bad experience in medical center

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**Characteristics of patients at risk for psychosocial problems**

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**Distress**

- Multifactorial unpleasant emotional experience
- Of psychological, social and/or spiritual nature
- That may interfere with ability to cope effectively with subfertility and its treatment
- It extends along a continuum ranging from
  - common normal feelings of vulnerability, sadness and fear to
  - disabling problems such as depression, anxiety, panic, social isolation and existential and spiritual crisis

(National comprehensive cancer network NCCN 2008 US)

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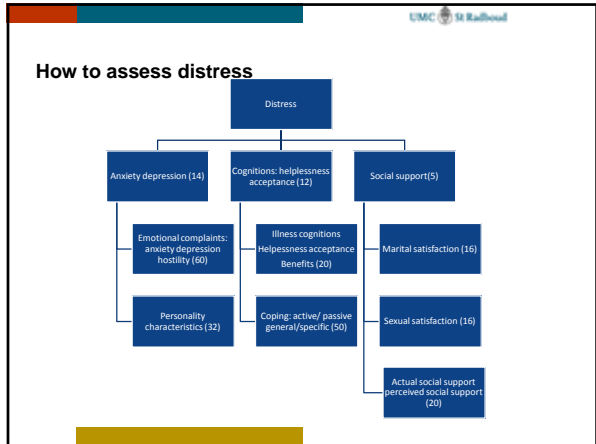
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### Validation process

- Test SCREENIVF in 512 women in 8 different IVF centra in the Netherlands

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### Results: 75% risk profile fits with actual problems

	No emotional problems	Emotional problems	
Not at risk	<b>302</b> (89%)	36 (11%)	396 100%
at risk	94 (54%)	<b>80</b> (46%)	116 100%

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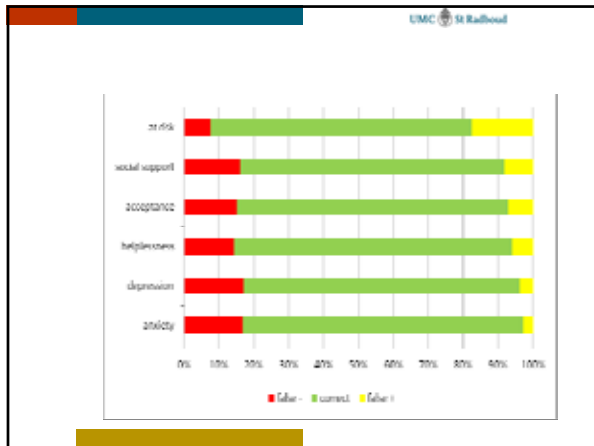
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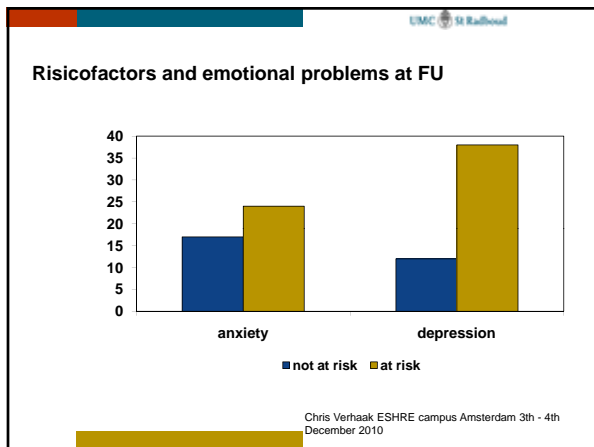
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### Screening: from idea to implementation

- Place of patient in process of subfertility
- Health care services in patient's environment

Chris Verhaak ESHRE campus Amsterdam 3th - 4th

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### Distress screening

Screening distress in patients in fertility treatment

This short questionnaire consists of questions related to how you feel yourself. Your answers to the questions give an indication how much distress you experience. They also indicate if you might benefit from some additional support from our psychosocial team. By administration of this short questionnaire, we intend to provide additional psychosocial support to those who need most. Within two weeks, you get the results of the questionnaire by mail.

Chris Verhaak, clinical psychologist  
Gerry Rust, social worker/ couple therapist

At risk      Not at risk

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Patient information

### Distress screening

Screening distress in patients in fertility treatment

This short questionnaire consists of questions related to how you feel yourself. Your answers to the questions give an indication how much distress you experience. They also indicate if you might benefit from some additional support from our psychosocial team. By administration of this short questionnaire, we intend to provide additional psychosocial support to those who need most. Within two weeks, you get the results of the questionnaire by mail.

Chris Verhaak, clinical psychologist  
Gerry Rust, social worker/ couple therapist

At risk      Not at risk

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Not at risk

Bases on your answers on the questionnaire SCREENIVF we see no reason to advise you to ask for additional support from our psychosocial team. Of course, if you think you could benefit from support yourself, you could always contact our team by mail ([digicoach@umcn.nl](mailto:digicoach@umcn.nl)) or by phone (024 3611111).

Kind regards  
Chris Verhaak, clinical psychologist  
Gerry Rust, social worker and couple therapist

At risk

Bases on your answers on the questionnaire SCREENIVF we think you could benefit from additional support from our psychosocial team. You could contact our team by mail ([digicoach@umcn.nl](mailto:digicoach@umcn.nl)) or by phone (024 3611111). Enclosed you will find a brochure with information about the psychosocial care of our team.

Kind regards  
Chris Verhaak, clinical psychologist  
Gerry Rust, social worker and couple therapist

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### Process evaluation

- How many patients were identified as 'at risk'?
- Characteristics of patients at risk
- Response rate of the screening
- Reasons for non response
- Patients evaluation of completing SCREENIVF
- Patients evaluation of SCREENIVF results
- Professionals evaluation of SCREENIVF

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### Number of patients 'at risk'

- Period process evaluation: 6 months
- Patients enrolled in screening process: N=748 women and men
- Detailed questionnaires for process evaluation in sub sample: N=304

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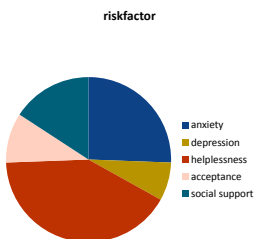
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### Response to SCREENIVF

- 78% returned SCREENIVF
- 50% male/ female
- 33% at risk
- 28% patients at risk > seeking help



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### Background characteristics responders

	At risk	Not at risk
males	42%	49%
Duration of subfertility	3.25 years	3.00 years
Previous IVF	21%	21%
Age female	31	34
Age male	36	37
Non Dutch background	21%	5%**
Education		
Low	29%	22%
Medium	25%	33%
high	46%	45%
Religion		
Christian	50%	65%
Muslim	17%	0%**
No	25%	32%
other	8%	2%
childless	75%	66%

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### Reasons for not completing SCREENIVF

No need for psychosocial support	41%
Stopped treatment	11%
Already completed earlier	7%
Too personal	4%
Thought was only for partner	4%
Forgotten to complete or to send	23%
Did not receive SCREENIVF	11%

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### Background characteristics non responders

	responders	Non responders
Duration of subfertility	3.00 years	4.00 years
Previous IVF	21%	42%**
Non Dutch background	0.1%	26%**
Education		
Low	24%	17%
Medium	31%	26%
high	45%	57%
Religion		
Christian	61%	31%**
Muslim	4%	15%**
No	30%	54%**
other	0%	0%
childless	69%	44%**

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**Barriers and facilitators of help seeking behaviour (in %)**

	At risk		Not at risk	
	agree	disagree	agree	Disagree
In general, psychosocial help is useful	67	4	78	2
I would benefit from psychosocial support	62	33	57	52
My family would support me	100	0	100	0
My friends would support me	100	0	100	0
Job is obstacle	0	54	9	63
Travelling distance is obstacle	46	29	48	25
Don't know insurance covering	79	21	61	37

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**Evaluation of completing SCREENIVF**

	Agree
SCREENIVF was useful	91%
Completing SCREENIVF was no problem	95%
Got information about SCREENIVF from doctor	67%
If explained by doctor, satisfied by explanation?	93%
Satisfied with information on SCREENIVF sheet	97%
Time needed to complete SCREENIVF	10:40 min

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**Evaluation of result SCREENIVF**

Result explained by doctor	Not or poor: 78%
Recognized risk profile?	Yes: 95%
Satisfied with written report of results?	Yes: 97%

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### Evaluation professionals

- Importance of formal procedure to implement SCREENIVF
- Satisfied with possibility to participate in implementation process
- Need for more information how to use results
- Difficulties incorporating results SCREENIVF in medical file
- Results SCREENIVF too late in process
- Online administration would save time

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### Conclusions process evaluation

- Relatively high response rate
- High acceptance rate of results
- Need for detailed communication with medical team
- Administration process needs additional attention

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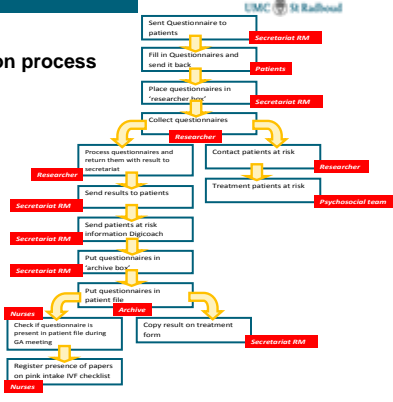
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### Implementation process



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### First step in implementation process

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### Define position of patients in process

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    graph LR
      A[First acknowledgement of infertility  
• Visit to GP/IVF clinic] --> B[Need for further investigation  
• Referral to specialized clinic]
      B --> C[First treatment phase  
• Considering various treatment options]
      C --> D[IVF/ICSI  
• Considering various treatment options]
      D --> E[After treatment  
• Adjustment to IVF/ICSI childlessness, considering alternatives]
  
```

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### Define the field of psychosocial care

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    graph TD
      F[Fertility center] --> C((couple))
      GP[GP] --> C
      CO[Counselor in center] --> C
      PS[Psychologist in center] --> C
      CP[Counseling practice] --> C
      PO[Patient organization] --> C
  
```

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**Define stakeholders and define their involvement**

- Gynaecologists
- Nurses
- Gp
- Social workers
- Psychologists
- Psychiatrists
- Patient organizations

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**Who is involved in your screening process**

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**Communicating results**

- Identify
  - See you are bothered by increased distress, is that true?
- Communicate
  - How are you doing now?

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### Communication for nurses and doctors

- Give information about normal physical, emotional and social responses to treatment and subfertility
- Give support in decision making
- Identify distress during consultation
- Refer based on identified problems

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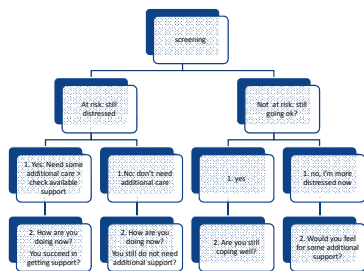
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### Communication based on screening



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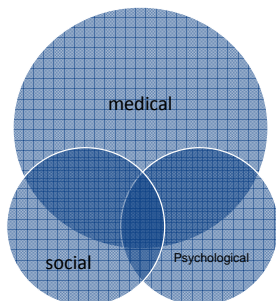
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### Multi dimensional sources of distress



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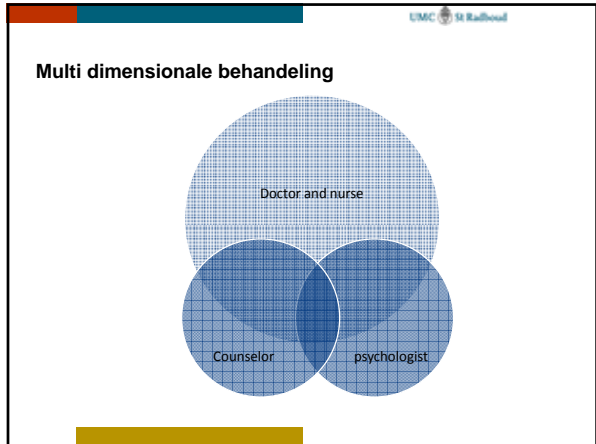
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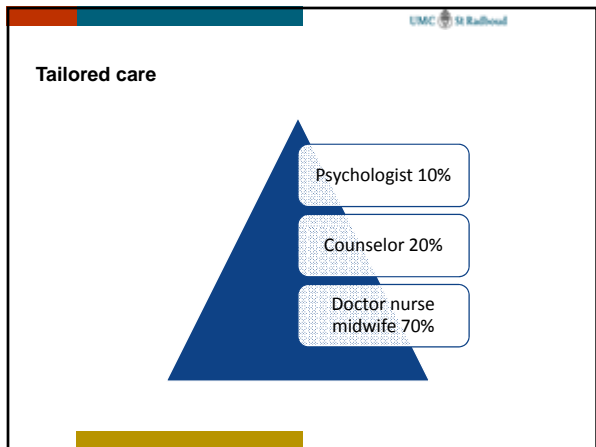
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