

# psychological aspects of infertility: transforming knowledge from research into clinical practice

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# Why is research and clinical practice in psychosocial aspects of infertility important?

- Determines couples QoL
- Emotional adjustment of couples important outcome measure for fertility treatment
- Emotional problems are related to
  - Negative health behaviour
  - Treatment drop out
  - More sick leave
  - Less satisfaction with treatment

# Counselling in infertility

- Different settings of counsellors: private practice of fertility clinic
- Patients with different vulnerabilities
- Patients in different phases of infertility and its treatments

# ifferent settings

- Private practice and fertility clinic:
  - Reactive: on initiative of patients
  - Pro active: actively stimulate patients in specific circumstances
- Information from research > support for pro active policy of patient referance

# Patients with different vulnerabilities: What is known from research?

- IVF: Pre treatment mental health does not differ from norms
- Distress during treatment highest around oovum pick up and in waiting time
- Short term after treatment: - 25% clinical problems; most in women, especially depression + no differences from norms. Most adjust well!
- Several years term after treatment normal psychological adjustment

# Conclusions emotional adjustment to IVF

- Unsuccessful IVF provokes grief and mourning
- Successful IVF decreases emotional distress
- Majority of the couples adjust well
- Considerable part severe adjustment problems
- No recovery 6 months after treatment

# Who is at risk?

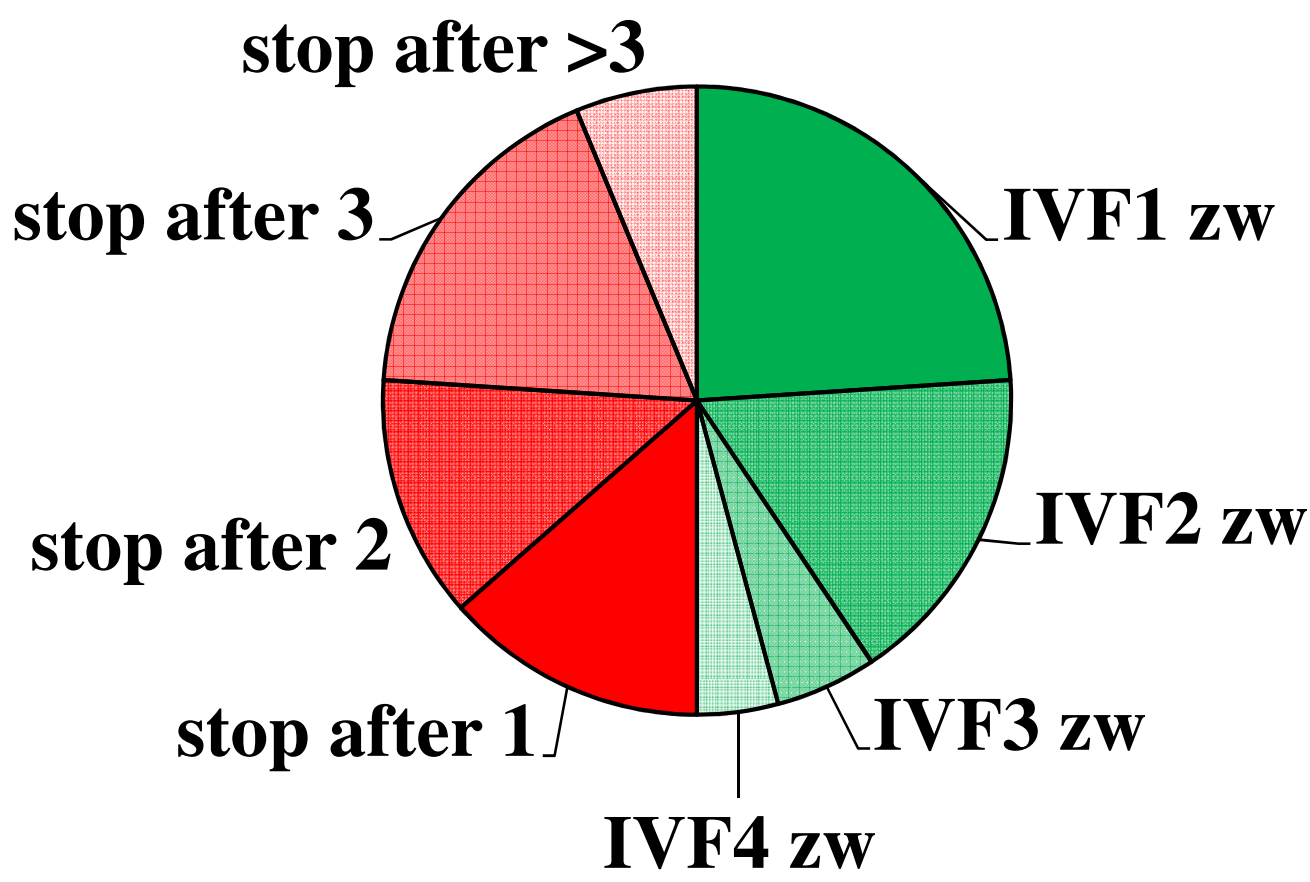
- Pre treatment distress
- Helplessness regarding fertility problems
- Less acceptance of possible childlessness
- Lack of social support

Verhaak et al. Hum Reprod 2005; J Behav Med 2

# ifferent phases of treatment

- Pre treatment: lack of knowlegde
- IVF: focus of research
- Post treatment: few studies





# 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

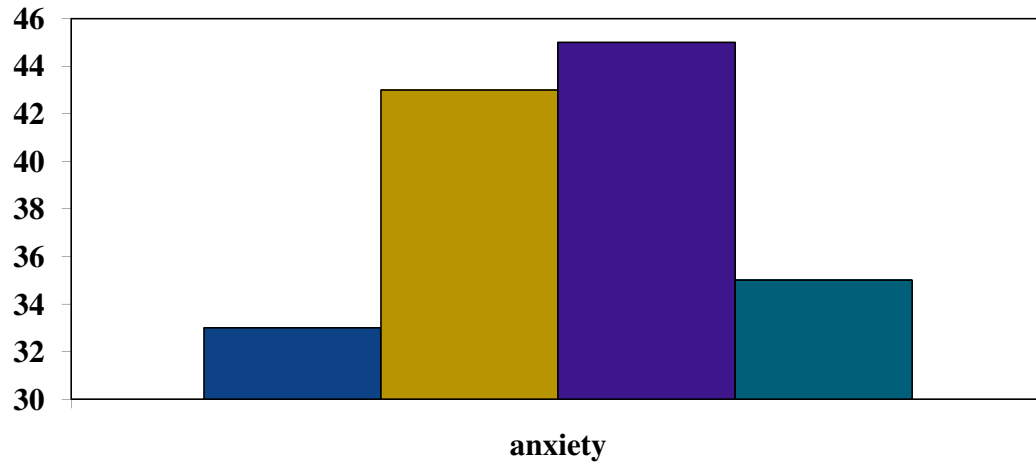
Smeenk et al. 2004 Fertil Steril

**ong term emotional adjustment**

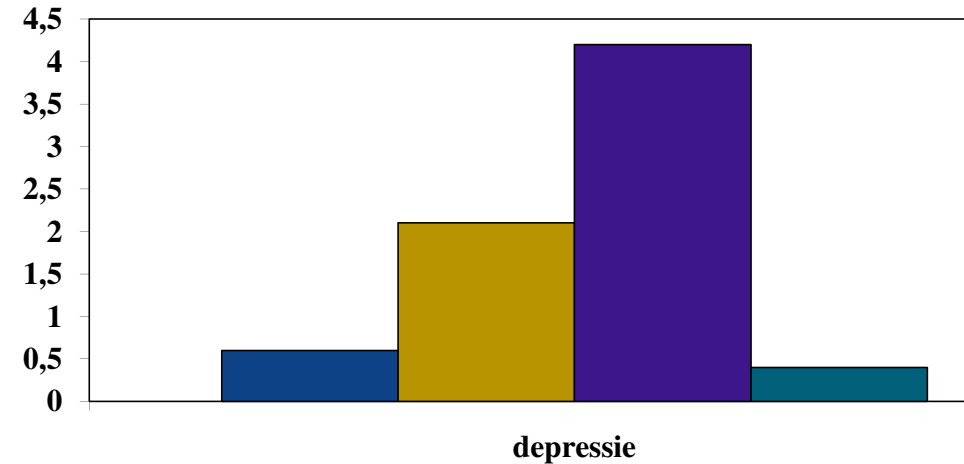
# Adjustment to childlessness

- 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 I



■ new goals   ■ passive longing   ■ active treatment   ■ adoption



■ new goals   ■ passive longing   ■ active treatment   ■ adop

# Conclusions

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

# Focus of psychosocial care

- Focus on those who need most
- Preventing emotional problems in patients at risk
- Focus on IVF and short term adjustment to unsuccessful treatment

# ms of screening

- Identify risk groups
- Offer tailored interventions in time to those at risk
- Prevention of future emotional problems
- Baseline assessment for psychosocial interventions
- Starting point for goal formulation in therapy



# Assessment of psychosocial adjustment

- General psychosocial adjustment in terms of anxiety and depression
- Fertility specific psychosocial adjustment

# General and disease specific assessment

## *General assessment*

- Possibility to compare with norms
- Validity in terms of disruption daily life
- Risks for psychopathology

## *Fertility specific assessment*

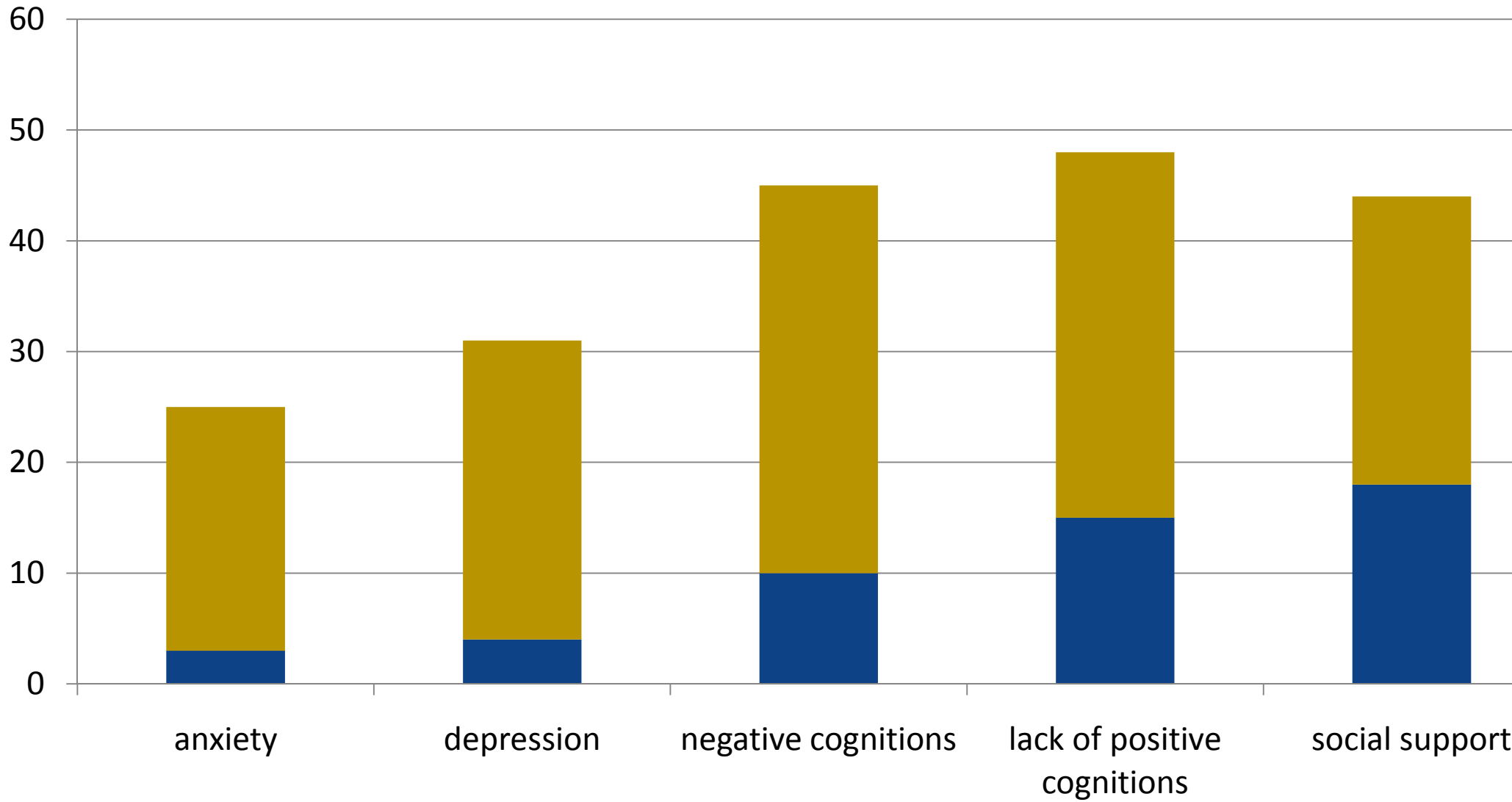
- Sensitive for specific burden of subfertility
- Sensitive for change after psychosocial interventions

# Screening

## Distress:

- 10 items of STAI-state anxiety
- Depression: BDI-pc version: 7 items
- Cognitive coping: Illness cognition questionnaire (12 items)
- Social support (5 items)

# distribution of patients over different kind of risk facto



# Anxiety

- I feel very distressed. I'm afraid for ovum pick up. How painful will it be?
- I don't want to inject myself. I'm afraid for injections
- We cannot talk about the possibility of failure, no, I don't want to think about that
- When the thought that we never might get children enters my mind, I start to feel all panicky.

# Depression

- I feel like I'm nothing because of my fertility problem
- Nothing makes sense anymore
- When I wake up, I can't start the day, I prefer most to stay in bed and do nothing

## Negative cognitive coping

- My childlessness limits me in everything that is important to me
- My infertility controls my life, it fills my mind all the time
- Because we don't have children, I miss things I would like to do most
- My infertility makes me feel useless at times

## Positive cognitive coping

- Yes, we talk together how we would deal with childlessness, I think it will be hard, but we'll find a way to come out
- I often see the little son of my sister, it is good for me to be with a child, to see him growing up, despite my own wish for children



## social support: general

- It's a hell for me to go to baby parties
- Everybody talks about children all the time
- I hate my best friend because she is pregnant
- Nobody knows about our fertility problems, we don't want to worry our parents

## **social support: partner relationship**

- My husband acts like nothing is going on
- My husband doesn't understand why I'm so sad
- I cannot enjoy sex anymore, it causes a lot of troubles in our relationship
- My husband's family blames me for our problems, and he doesn't say anything
- My wife is so depressed, I can not do anything to make her feel better

# Implementation in fertility centers

- Screening of all couples starting fertility treatment
- Offering psychosocial care to those at risk
- Provide access to psychosocial care for those who need

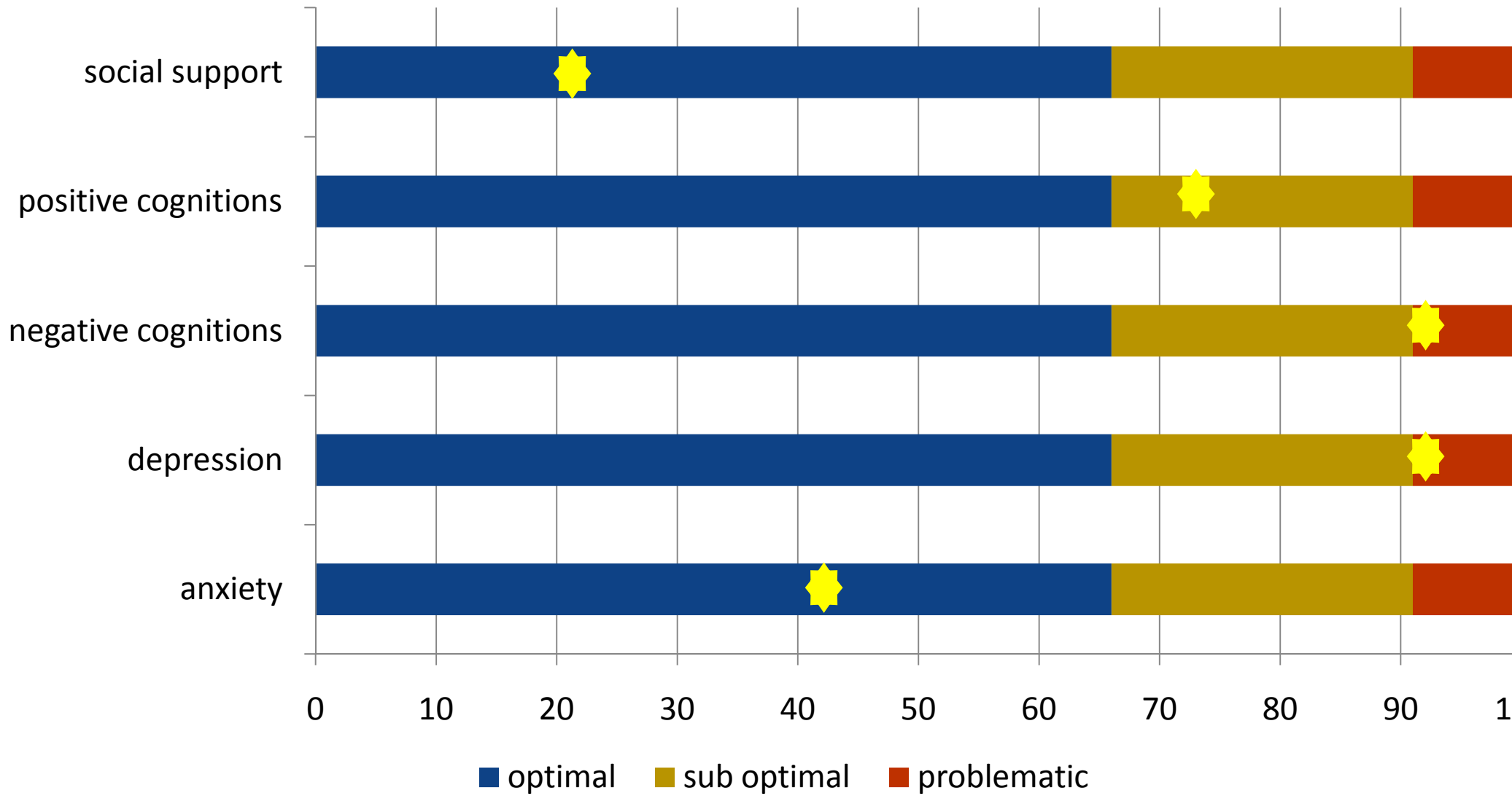
# Implementation in private practice of fertility counselors

- Screen patients entering your practice
- Make decisions on treatment goals based on screening and on preferences of patients
- Repeat assessments after treatment
  - Gives information for patients
  - Is part of dataset for meta analyses

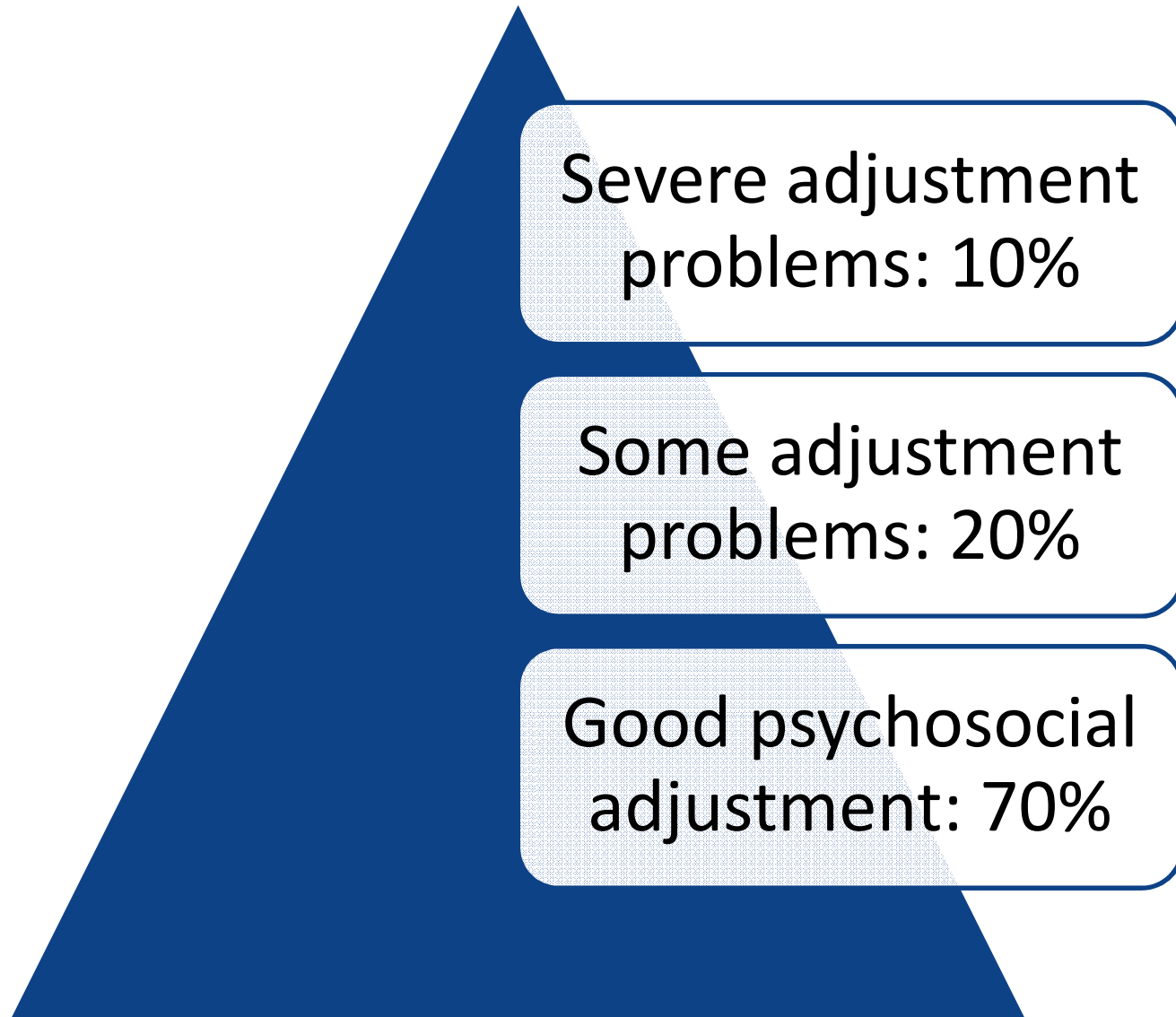
## Feedback on screening

- Based on the results of the screening, we see no signs of psychosocial problems
- Based on the results of the screening, we inform you that you might benefit from additional psychosocial support because of.....

# risk profile: patient individual profile card



# Psychosocial Triage

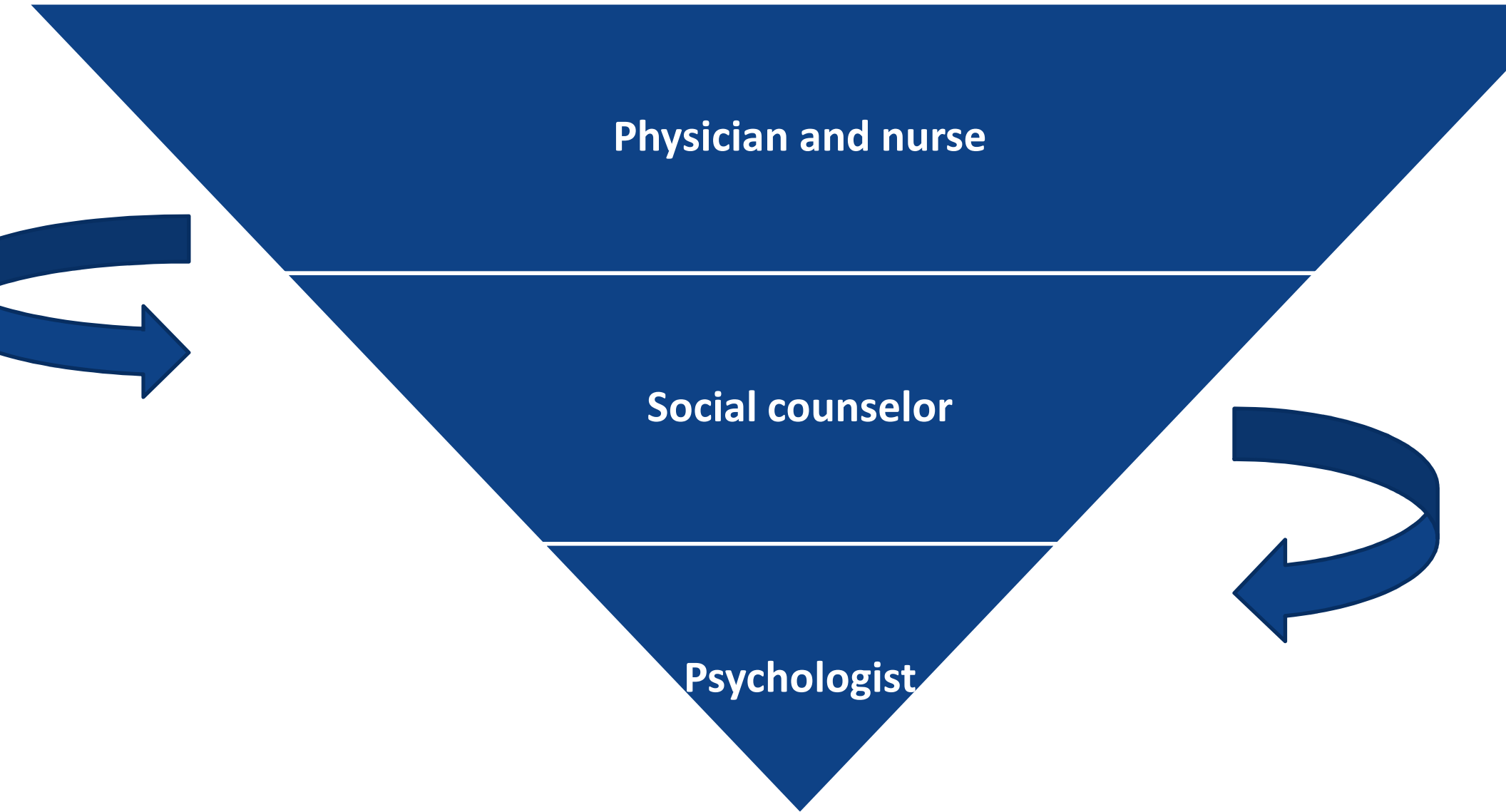


Severe adjustment problems: 10%

Some adjustment problems: 20%

Good psychosocial adjustment: 70%

age





# Module: stress management: reducing anxiety

- Identifying stress symptoms
- Monitoring stress
- Identifying stressful aspects of IVF
- Learning different ways to cope with stress: relaxation, distraction

# Module cognitions: changing meaning of childlessness

- Introducing interrelationship between thinking, feeling, doing
- Identifying dysfunctional cognitions:
  - my life is useless without children,
  - if they talk about children, they don't pay attention to me
  - Childlessness will ruin my marriage

# social support: coping with subfertility in contact with others

- Dealing with difficult remarks:
  - Don't think about it; just go on holiday
  - You can travel around as much as you want
  - Take a dog
- Talking about your fertility problems
- Modifying excessive expectations regarding family and friends; promoting more realistic expectations



## **Module social support in relationship: marital relations**

- Talking about fertility problems and childwish
- Acceptance of different ways of dealing with childwish
- Acknowledgement of differences in meaning of subfertility and acceptance of it
- Relationship next to fertility problems: stimulation of positive activities together

## From assessment to treatment

- Allocation of patients to different modules based on risk profile and preference
- Assessment of effect of treatment after finishing module
- Feedback of assessment

# Effect of psychosocial interventions

- Different goals:
  - Support in stress management
  - Stimulate adaptive coping
  - Helping cognitive restructuring
  - Stimulating social support

# pe of outcomes

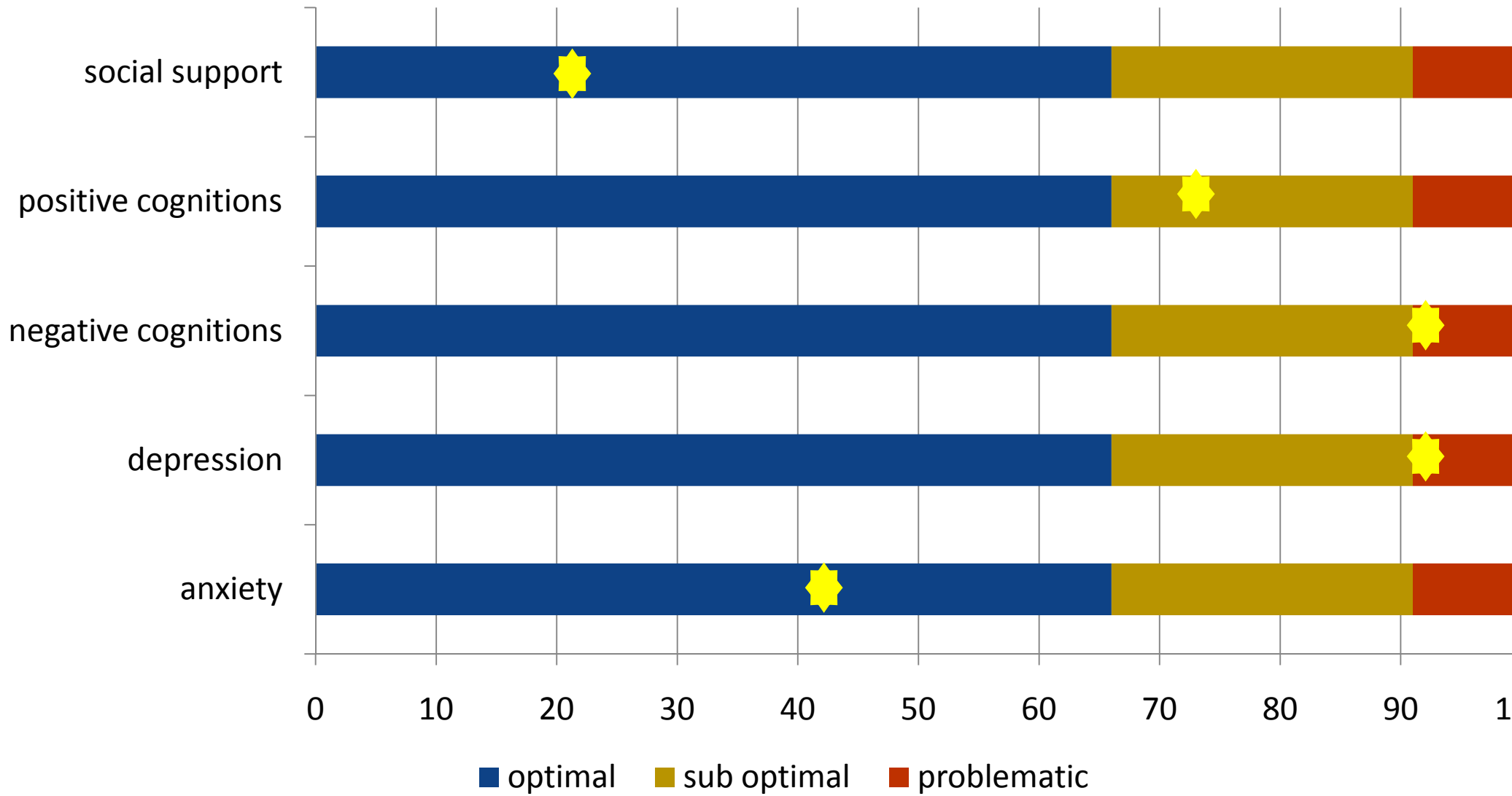
- Psychosocial wellbeing: distress
- Process variables: coping
- Inter- and intra personal factors: social support; partner relationship
- Adjust outcome assessment on pre treatment assessment and treatment goals



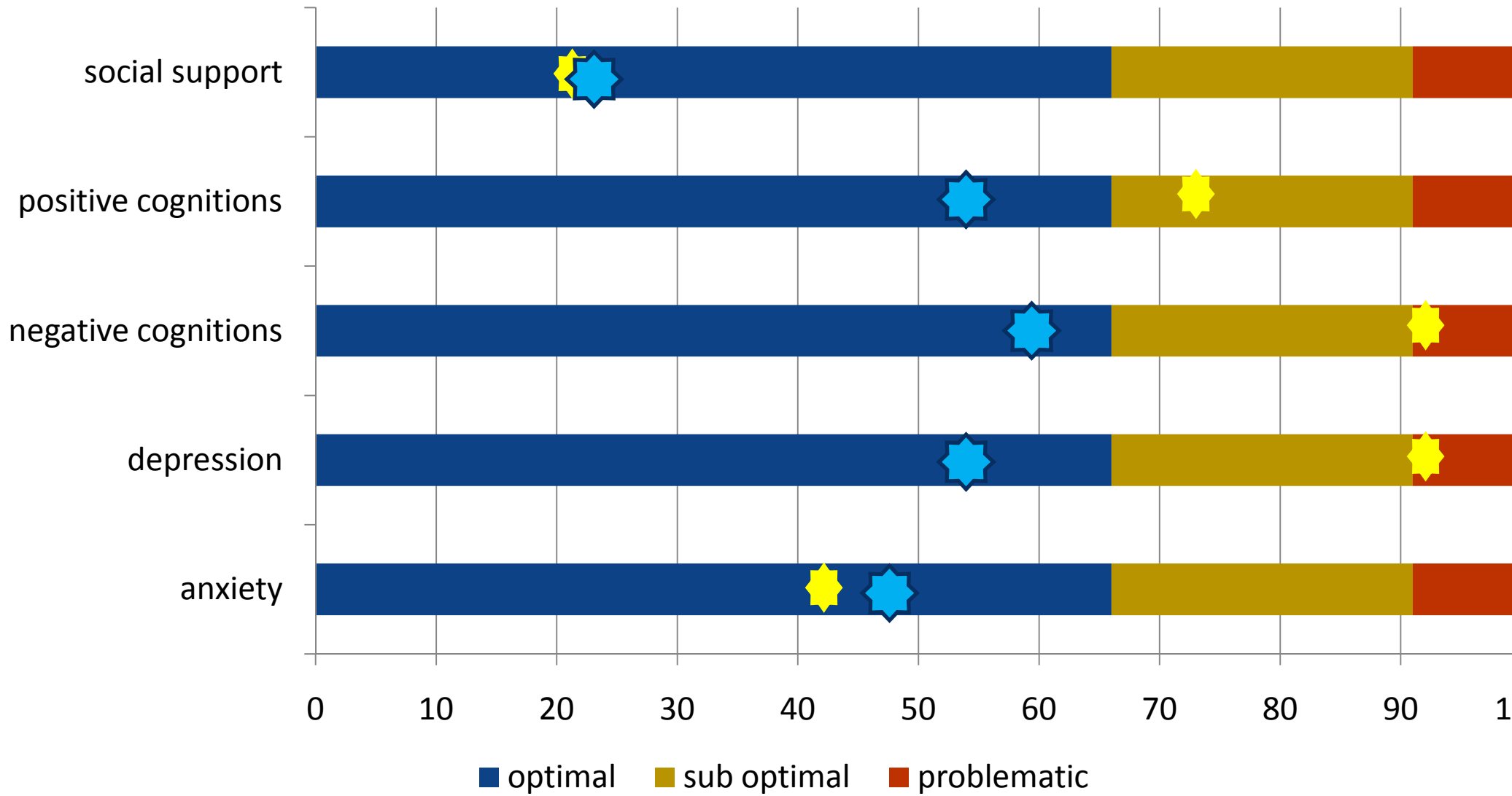
# Effect measures

- Screening is starting point for assessment of treatment effect
- Repeated assessments during and after treatment
- Feedback on results of your intervention

# risk profile: patient individual profile card



# risk profile: patient individual profile card



## **Structural assessment provides:**

- Objectivation of treatment results for counselor
- Feedback for patients: objectivation of progress
- Growing database as starting point for research

# Challenges

- Develop validated instruments to assess different aspects of emotional burden
- Differentiation in treatment goals
- Reach consensus about use of assessment instruments



**Clinicians and/or researchers :  
all working together**