

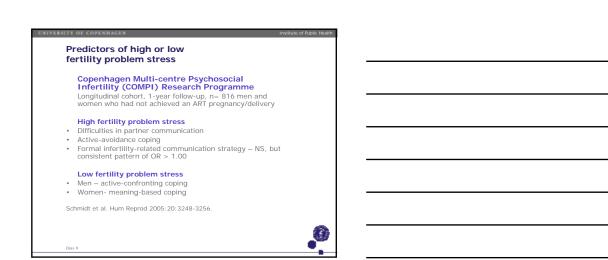
Focus - treatment failure - Association with psychological well-being - Predictors of high/low fertility problem stress - Predictors of high/low marital benefit - Unsupportive social interactions - Reasons for early drop-out of treatment - Long-term consequences of definite childlessness - Clinical implications

Depression and anxiety among (former) fertility patients Start of treatment Volgsten et al. Abstract, XVIII Nordic IVF Meeting, Oslo, January 2008 11% of women and 5% of men had a major depression Depression among men was associated with male infertility 15% of women and 4% of men had an anxiety disorder Only 21% of the fertility patients with a psychiatric disorder had some form of treatment Definite involuntary childlessness Lechner et al. Hum Reprod 2007; 22: 288-294. 11% clinical level of depression 23% anxiety disorder



Psychological well-being - women in IVF One month after first treatment attempt • More guilt, isolation, depression and powerlessness (compared to the pregnant women) Six months after end of treatment • No recovery from enhanced depression and anxiety levels 3-5 years after end of treatment • Anxiety and depression returned to baseline values at start of treatment – among women having achieved a birth significant decrease in anxiety and depression compared to baseline Holter et al. Hum Reprod 2006:21:3395-3302. Verhaak et al. Hum Reprod 2007:13:27-36. Verhaak et al. Hum Reprod 2007:22:305-308.



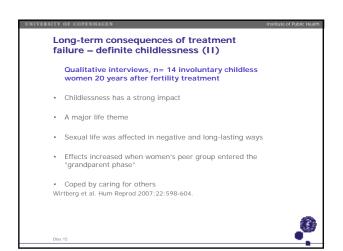


Predictors of high or low marital benefit Marital benefit The childlessness has brought the partners' closer together and has strengthened the relationship. High marital benefit • Men – active-confronting coping, meaning-based coping Low marital benefit • Men – secrecy, active-avoidance coping Schmidt et al. Pat Educ Couns 2005;59:244-251.





Discontinuation of treatment A high proportion of couples in ART discontinue treatment while treatment options still exists Reason is often a high level of psychological stress Discontinuation after the first IVF/ICSI cycle is associated with higher levels of anxiety and depression pre-treatment Olivius et al. Fertil Steril 2004;81:258-261 Rajkhowa et al. Hum Reprod 2006;21:358-363 Smeenk et al. Fertil Steril 2004;81:262-268



Long-term consequences of treatment failure – definite childlessness (III) Cross-sectional, questionnaire-based, n=116 definite childless women and men (mean age 39 years) • Women experienced more health complaints, anxiety, depression, dissatisfaction with social support, more passive coping style compared to women/general population • Men experienced more dissatisfaction with social support compared to men/general population • Passive coping style and dissatisfaction with social support positively associated with health complaints, depression, anxiety and complicated grief • Active coping style was related to less distress Lechner et al. Hum Reprod 2007; 22:288-294.

Clinical recommendations Inform fertility patients about predictors of high and low psychological well-being E.g., communication strategies, active coping strategies Psychological screening and counseling of new fertility patients in order to identify patients with increased needs of psychosocial support Professional treatment of patients having major depression and anxiety disorders Increased development of user-friendly ART in order to reduce dropout rates as well as to increase birth rates after ART When treatment is terminated without a liveborn child – initiating discussions about future life and the importance of achieving new life goals