Aspetti psicologici dell'infertilità

K.M. Anderson, M, Shape, A . Rattay, D.S. Irvine, Distress and concerns in couples refferred to a specialistic infertility clinic, in "Journal of Psychosomatic Research", 2003, vol.54, pp.353-355.

Objectives: The aims of this study were to examine emotional distress and infertility-related concerns in male and female members of couples referred to a specialist infertility clinic and to determine changes in these over time. **Methods:** A prospective cohort study with a 6-month follow-up. Emotional distress was measured using the Hospital Anxiety and Depression Scale, and concerns by a specially designed questionnaire. **Results:** The response rate achieved was 38%. At baseline, 25.7% of women and 8.9% of men had scores of greater than 10 on the Hospital Anxiety and Depression Scale (HADS) Anxiety subscale, and 2.7% of women and 1.8% of men had scores of greater than 10 on the HADS Depression subscale. At 6-month follow-up the HADS scores were substantially unchanged. Females reported a significantly greater infertility-related concerns regarding life satisfaction, sexuality, self-blame, self-esteem and avoidance of friends compared with males. **Conclusions:** The prevalence of emotional disorder identified was low. There were gender differences in the nature of the specific concerns reported. The degree of distress and concerns did not change significantly over time. There are a minority of patients, mainly females, with clinically significant distress and infertility-related concerns amongst patients attending infertility clinics who deserve psychological attention.

S. Fassino, A. Pierò S. Boggio, V. Piccioni, L. Garzaro, Anxiety, depression and anger in suppression in infertile couples: a controller study, in "Human Reproduction", 2002, vol.17, num.11, pp.2986-2994.

Background: Although several authors have suggested an important pathogenic role for psychosocial factors in 'functional' infertility, the extent to which depression, anxiety and expressed emotional patterns correlate to infertility is not yet clear.**Methods**:This study included 156 infertile couples (recruited at intake) and 80 fertile couples, whose personal characteristics were recorded. They were examined using scales for the evaluation of the degree of psychopathology [Hamilton Anxiety Rating Scale (HAM-A), Hamilton Depression Rating Scale (HAM-D)], and anger expression [State–Trait Anger Expression Inventory (STAXI)]. The 156 infertile couples were then subdivided into groups based on the cause of infertility ('organic', 'functional' or 'undetermined'). The psychometric evaluation was double-blind with respect to the causes of infertility. **Results:** Differences emerged in the degree of psychopathology between 'organic' and 'functional' infertile subjects and fertile controls. In women, logistic regression identified three variables able to predict the diagnosis subtype; these variables are HAM-A, HAM-D, and tendency toward anger suppression. In men, anger did not emerge as a predictor for diagnosis, whereas HAM-A and HAM D did. **Conclusions**: The 'functional' infertile subjects of this sample showed particular psychopathological and psychological features, independent from the stress reaction following the identification of the cause of infertility.

T. Wishmann, Psychosocial aspects of fertility disorders, in “Urologe Andrology”, 2005, Feb.44 (2), pp.185-94; quiz 195

The number of couples experiencing unwanted childlessness will in all likelihood continue to grow. Thus, ever more couples are undergoing IVF treatment; in Germany, this is, however, successful in only 13.9% of attempts. An unfulfilled wish for a child can have both negative emotional effects on individual partner and consequences for the couple's relationship. Women in particular suffer from the psychological stress that can be caused by infertility; they are more anxious, depressed, and have a decreased self-esteem than their partners. The desire to counteract these emotional strains and to enhance the quality of life is increasing and accordingly requests for counseling services are on the rise. As is the case in so many other psychosocial counseling services offered, there are shortcomings in the information available and a threshold of fear and dread of stigmatization by others persist. Studies have shown that various psychological treatments can often contribute to reducing stress but they do rarely increase the possibility of pregnancy.

S. Golombock, Psychological functioning in infertility patients, in “Human Reproduction”, 1992, num.7, pp.208-212

This review focuses upon studies of psychological aspects of infertility, as well as on some of the issues and implications which arise from the research. It appears that the major difficulty facing patients during infertility treatment is anxiety, while couples whose treatment was unsuccessful are instead at risk for depression. The long-term consequences for families created as a result of assisted conception are also considered.

K.Hammarberg, J. Astbury, H.W.G. Baker, Women’s experience of IVF: a follow-up study, in “Human Reproduction”, 2001, vol.16, num.2, pp.374-383

The aim of this research was to increase understanding of how women feel about the experience of IVF 2–3 years after ceasing treatment. A questionnaire covering issues relating to infertility and the value of the experience of IVF together with three self-report measures [Satisfaction With Life Scale (SWLS), Golombok Rust Inventory of Marital State (GRIMS) and General Health Questionnaire (GHQ-12)] were mailed to all women (*n* = 229) who had their last contact with the clinic in 1994. The response rate was 55%. Having a baby positively influenced the recall of the IVF experience. Women who did not have a baby were more critical about the clinic and more negative about the experience of treatment but did not regret having tried IVF. These women had statistically significantly lower scores on SWLS but did not differ from those with babies on GRIMS and GHQ-12 scales. The results give insight into how women look back on the IVF experience and what aspects of treatment they recall as particularly difficult. The findings can be used by providers of IVF to implement strategies that may reduce stress and improve the patients' well-being.

R.J. Leff, The baby-makers, An in Depth single study of counscious and incouscios psychological reactions to infertility and baby-making technology**,** in “British Journal of Psychotherapy”, 1992, vol.8, num.3, p.278 e ss.

Recent innovations of interventive technologies of fertilisation (AIH, AID, IVF) have brought in their wake a wave of psychological reactions in the consumers. This new syndrome includes psychological symptoms such as derealisation, depersonalisation, hypochondria, low self-esteem, guilt and neurotic depression; anxiety reactions; phobic avoidance and obsessional reactions with rumination and compulsive rituals. In addition, considerable interpersonal stress is manifested within the marital/intimate relationships of these patients who strive to ‘make’ a baby, rather than being able to just naturally ‘have’ one. This presentation focuses on unconscious phantasies and dynamic processes underlying such symptomatology, including the emotional effects of being unable to treat intercourse as a twoperson generative event or the body as a creative fertile exponent of the self. Data is drawn from an in-depth study of 19 patients seen in 1–5 per week psychoanalysis or individual/couple therapy and a single case is presented in depth. Attention is focused on subfertile patients' special transference relationship to the medical specialist - as ‘Baby Maker’.

J. Sundby, L.Schmidt, K.Heldaas, S. Bugge, T.Tanbo, Consequences of IVF among women: 10 years post-treatment, in “Journal of Psychosomatic Obstetrics and Gynaecology”, 2007, Jun, 28 (2), pp.115-120

Between 2.1% and 4.2% of all children born in Scandinavian countries are conceived with the help of assisted reproductive technology. The present study is one of the first to have followed up infertile women over a long period. Data on outcomes, satisfaction and the perceived consequences of IVF treatment were collected by means of a questionnaire among a random sample of women (response rate 42%; N = 66) who had undergone IVF at a tertiary referral university hospital in Norway. It was found that 10 years post-treatment, the majority of the women had children, whether through adoption, spontaneous pregnancy or IVF. A remarkable number of the women neither had told nor intended to tell their children that they had been conceived through IVF. Although most of the women said that they regard the treatment period as a painful one, they also said that it was now in the past and no longer affected their lives in a devastating way: they had found a way to cope with this difficult period in their life.

P. Kedem, M. Mikulincer, Y.E. Nathanson, B. Bartoov, Psychological aspects of male infertility, in “The British Journal of Medical Psychology”, 1990, Mar.63, (pt.1), pp.73-80.

The aim of this research was to study the effect of suspected infertility on psychological functioning, comparing men who suspect that they are infertile (N = 107) with men who have no such suspicion (N = 30). Infertile men had lower self-esteem, higher anxiety and showed more somatic symptoms than fertile men. The effects of moderating variables on the psychological functioning of the subfertile men were analysed. The findings were that causality of infertility, feelings of hopelessness and global attribution were related to sexual inadequacy. Depression was uniquely related to stress of infertility and global attribution. Global attribution, though predictive of psychological consequences, was not affected by the objective variables of infertility.

M. C. Jacob, J. McQuillan, A.L.Greil, Psychological distress by type of fertility barrier, in "Human Reproduction", 2007, Mar, 22 (3), pp.855-94

Background: We examined fertility-specific distress (FSD) and general distress by type of fertility barrier (FB). **Methods**: In a random sample telephone survey, 580 US women reported their fertility intentions and histories. Six groups of women were identified: (i) no FBs, (ii) infertile with intent, (iii) infertile without intent, (iv) other fertility problems, (v) miscarriages and (vi) situational barriers. Multiple regression analyses were used to compare groups with FBs. **Results**: Sixty-one percent reported FBs and 28% reported an inability to conceive for at least 12 months. The infertile with intent group had the highest FSD, which was largely explained by (a) self-identification as infertile and (b) seeking medical help for fertility. The no FB group had a mean Center for Epidemiological Studies Depression scale score above the commonly used cut-off of 16, although 23% of the women with FBs did score above 16. **Conclusions**: FBs are common. Self-identification as infertile is the largest source of FSD. More women with FBs had elevated general distress than women without FBs; mean general distress was below 16 for all FB groups. It may be that, for some women (even those with children), FBs can have lasting emotional consequences, but many women do heal from the emotional distress that may accompany fertility difficulties.

T.M. Cousineau, A.D. Domar, Psychological impact of infertility, in "Best practice & Research. Clinical Obstetrics and Gynaecology", 2007, Apr.21 (2). pp 293-308

The inability to conceive children is experienced as a stressful situation by individuals and couples all around the world. The consequences of infertility are manifold and can include societal repercussions and personal suffering. Advances in assisted reproductive technologies, such as IVF, can offer hope to many couples where treatment is available, although barriers exist in terms of medical coverage and affordability. The medicalization of infertility has unwittingly led to a disregard for the emotional responses that couples experience, which include distress, loss of control, stigmatization, and a disruption in the developmental trajectory of adulthood. Evidence is emerging of an association between stress of fertility treatment and patient drop-out and pregnancy rates. Fortunately, psychological interventions, especially those emphasizing stress management and coping-skills training, have been shown to have beneficial effects for infertility patients. Further research is needed to understand the association between distress and fertility outcome, as well as effective psychosocial interventions.

E. Goodman, F. MacCallum. S. Golombock, Follow-up studies on the psychological consequences of successful IVF treatment, in "Biomedical Ethics", 1998, 3 (2), pp.40-43

Abstract non disponibile

D. Guerra, A. Llobera, A. Veiga, P.N. Barri, Psychiatric morbidity in couples attending a fertility service, in "Human Reproduction", 1998, vol.13, num.6, pp.1733-1736

The structured clinical interview for diagnosis (axis 1) according to the Diagnostic and Statistical Manual for Mental Disorders (DSM-III-R) was used to assess psychiatric morbidity in 110 infertile patients. They were divided into two groups according to whether referral to the service of psychosomatic medicine was deemed advisable by the physician in charge. Psychiatric disorders were diagnosed in 39 of 56 (69.6%) patients in the referred group and in 13 of 54 (24.1%) in the non- referred group. Psychiatric morbidity was found in 61.1% of females and 21% of males. Adjustment disorders were found in 59.6% (31/52) of all patients, in 59% (24/39) of patients among the referred group and in 61.5% (8/13) of patients among the non-referred group. Fourteen (67%) of 21 women in the referred group with adjustment disorders suffered from anxiety. In addition, 33.3% of patients in the non-referred group showed important psychological dysfunction, although DSM-III-R criteria were not met. Psychiatric morbidity was significantly associated with the number of treatment cycles and female gender in the whole study population, as well as with the type and length of infertility in the non-referred group. Psychological services in an infertility clinic help to identify at an early stage those individuals who are more likely to be vulnerable. This would enable psychological interventions to be targeted towards those in gr greater need.

J. Boivin, T. C. Appleton, P. Baetens, J. Baron*, et al,* Guidelines for counselling in infertility: outline version, *in "Human Reproduction" vol.16, num.6, 2001, pp.1301-1304*

The Guidelines for Counselling in Infertility describe the purpose, objectives, typical issues and communication skills involved in providing psychosocial care to individuals using fertility services. The Guidelines are presented in six sections. The first section describes how infertility consultations differ from other medical consultations in obstetrics and gynaecology, whereas the second section addresses fundamental issues in counselling, such as what is counselling in infertility, who should counsel and who is likely to need counselling. Section 3 focuses on how to integrate patient-centred care and counselling into routine medical treatment and section 4 highlights some of the special situations which can provoke the need for counselling (e.g. facing the end of treatment, sexual problems). Section 5 deals exclusively with third party reproduction and the psychosocial implications of gamete donation, surrogacy and adoption for heterosexual and gay couples and single women without partners. The final section of the Guidelines is concerned with psychosocial services that can be used to supplement counselling services in fertility clinics: written psychosocial information, telephone counselling, self-help groups and professionally facilitated group work. This paper summarizes the different sections of the Guidelines and describes how to obtain the complete text of the Guidelines for Counselling in Infertility.

J. Boivin, J.E. Takefman*,* Stress level across stages of in vitro fertilization in subsequently pregnant and nonpregnant women, in "Fertility and Sterility", 1995, vol.64, num.4, pp.802-810

Obiective: To examine the relationship between stress and IVF outcome in women and to compare prospective ratings of IVF stress to retrospective ratings. DESIGN: Women completed daily stress ratings for one complete IVF cycle. Three days after the pregnancy test women completed a questionnaire that asked them to recall the stress of IVF. Based on the results of treatment, women were assigned to the nonpregnant (n = 23) or pregnant

(n = 17) group and their daily stress ratings were compared. In addition, prospective and retrospective ratings were compared. **Results**: The nonpregnant group reported more stress during specific stages of IVF and had a poorer biologic response to treatment than the pregnant group. It also was found that women recalled the stress of the waiting period as greater than their ongoing experience of it as measured by their daily ratings. **Conclusions:** The pattern of differences between the nonpregnant and pregnant group on stress and biologic factors indicates that stress is related to IVF outcome. Certain data suggest that negative feedback about the progress of treatment communicated to patients responding poorly to IVF (nonpregnant group) may have increased their stress level. However, the direction of causality between stress and IVF outcome remains speculative. Differences between prospective and retrospective stress ratings may reflect women's attempt to cope with the strain of the waiting period.

Ch. R. Newton, W. Sherrard, I. Glavac, The fertility problem inventory:measuring perceived infertility-related stress, in “Fertility and Sterility”, 1999, vol.72, num.1, pp.54-62

Objective: To develop a reliable, valid instrument to evaluate perceived infertility-related stress. **Design:** Prospective study. **Setting**: University-affiliated teaching hospital. Patient(s): Consecutively referred patients (1,153 women and 1,149 men) seen for infertility treatment. **Intervention(s):** None. **Main Outcome Measure(s):** Participants' infertility-related stress was assessed by written questionnaire using the Fertility Problem Inventory. Current levels of anxiety, depression, and marital satisfaction also were determined. **Result(s):** Women described greater global stress than men and higher specific stress in terms of social concerns, sexual concerns, and need for parenthood. Both men and women facing male infertility reported higher global stress and more social and sexual concerns than men and women experiencing female infertility. Social, sexual, and relationship concerns related to infertility were more effective predictors of depression and marital dissatisfaction than expressed needs for parenthood or attitudes toward child-free living.**Conclusion(s):** The Fertility Problem Inventory provides a reliable measure of perceived infertility-related stress and specific information on five separate domains of patient concern. Patterns of infertility-related stress differed depending on gender, fertility history, and infertility diagnosis. Among patients receiving treatment, social, sexual, and relationship concerns appear central to current distress. Counseling interventions that target these domains appear likely to offer maximal therapeutic benefit.

B. J. Oddens, I. Den Tonkelaar, H. Nieuwenhuyse, Psychosocial experinces in women facing infertility problems –a comparative survey, in “Human Reproduction”, 1999, vol.14, num1, pp.255-261

In a survey involving 281 patients awaiting assisted reproduction treatment at five centres in three countries, and 289 population controls, we investigated whether the patients had experienced more negative emotional feelings and negative emotional impact during periods when they were attempting to conceive as compared with the controls, and whether there was any difference in their well-being at the time of consultation. The study was performed in the context of currently divergent views as to the burden of fertility problems. The survey was carried out using questionnaires of the self-administration type. Women with fertility problems did in fact consistently report a higher prevalence of negative

emotions than the controls with reference to the periods during which they had been trying to conceive. Patients reported more changes in interpartner relationships (either negative or positive). Sexuality was negatively affected among the patients. At the time of consultation, the patients had less favourable scores than the controls on scales for depressed mood, memory/concentration, anxiety and fears, as well as for self-perceived attractiveness. One in four (24.9%) of the patients had scores indicating depressive disorders as compared with only 6.8% of the controls. Current well-being was even more markedly affected in patients with previous unsuccessful in-vitro fertilization (IVF) experience. The `infertility' life event was perceived as severe by both patients and controls. Both prior to consultation and during diagnosis and treatment, women with fertility problems had a higher prevalence of reported negative psycho-emotional experiences than women without fertility problems.

H. Stammer, T. Wischmann, R. Verres, Conuseling and couple therapy for infertile couples, in “Family process”, 2002, vol41, num.1, pp.111-122

The article describes a two-tier, interdisciplinary design for the psychological counseling and therapy of childless couples. It is solution- and resource-oriented and avoids psychopathological ascriptions. Couples are supported in coming to terms with the crisis of a physical disorder and its emotional consequences; they are also aided in developing prospects and options for a future without a biological child. The procedure is explained in detail and provides a model suitable for application at reproduction medicine centers and gynecological and andrological practices. Sample interventions illustrate the therapeutic attitude advocated.

T. Wischmann, H. Stammer, H. Scherg*, et al.,* Psychosocial characteristics of infetile couples: a study by the Heidelberg Consultation Service, in “Human Reproduction”, 2001, vol.16, num.8, pp.1753-1761

Background: The aim of the study was to identify differences in psychological characteristics between couples with fertility disorders, especially idiopathic infertility, and a representative sample. **Materials and Methods**: A total of 564 couples was examined using psychological questionnaires pertaining to sociodemographic factors, motives for wanting a child, dimensions of life satisfaction and couple relationships, physical and psychic complaints, and a personality inventory. **Results**: Specific to our sample was the high educational level of the couples, and the large number with idiopathic infertility (27% of all diagnoses). There were no remarkable differences in psychological variables between the infertile couples and a representative sample, except that the infertile women showed higher scores on the depression and anxiety scales. Couples with idiopathic infertility showed no remarkable differences in the questionnaire variables compared with couples with other medical diagnoses of infertility. **Conclusions:** A typical psychological profile for infertile couples could not be identified using standardized psychometric rating methods. This may be an effect of the specific characteristics of our sample. For some couples, the infertility crisis can be seen as a cumulative trauma, which indicates that these couples have a marked need for infertility counselling.