NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Infertility and Loss

Psychosocial Aspects of Infertility

Integrative Case Conference

Trainee Guide

Contributors

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Structure of the session

Sessions are typically designed to last 75 minutes. Prior to the session, the trainees should read the articles included in the pre-reading section of this module. During the session, the cases will be distributed to trainees and will be read along by a resident volunteer. The entire group will then discuss the case as well as formulate the diagnosis and treatment approach based on facilitator guided questions. This session can be run by a single facilitator who oversees the entire group.

Goals and Objectives

At the completion of this session, participants will be able to:

- Define infertility, it's workup and current treatment options
- Understand a range of psychological experiences related to infertility including the impact of disenfranchised grief
- Have a knowledge of common psychiatric disorders related to infertility
- Discuss the effects of infertility in interpersonal and family dynamics
- Understand cultural humility and its importance when working with issues related to infertility
- Learn about treatments and interventions to address psychiatric aspects of infertility

Resources Required

1. A faculty facilitator.
2. A white board can be helpful for writing notes during large group discussions.
3. Facilitator and student guides

Pre-session Learning

Before you attend the classroom didactics on this module, please review some basic concepts regarding the psychological aspects of perinatal loss by reviewing the following resources:

- Complete infertility and loss self-study guide
- *Psychiatric Aspects of Infertility and Infertility Treatments*: Burns LH. Psychiatric aspects of infertility and infertility treatments. The Psychiatric clinics of North America. 2007;30(4):689-716
- *Psychological Impact of Infertility*: Cousineau TM, Domar AD. Psychological impact of infertility. Best Practice & Research Clinical Obstetrics & Gynaecology. 2007;21(2):293-308
- *The Psychology of Reproductive Traumas: Infertility and Pregnancy Loss:* Diamond DJ, Diamond M. The psychology of reproductive traumas: Infertility and pregnancy loss. Fertility and Sterility. 2005;83(5):S14

Breakdown of Session:

1) Review overview (10 minutes)
2) Case Study Part 1, including reading of the case and discussion questions (20 minutes)
3) Case Study Part 2, including reading of the case and discussion questions (20 minutes)
4) Case Study Part 3, including reading of the case and discussion questions (20 minutes)

Overview

The American Society for Reproductive Medicine defines infertility as "no evidence of conception after 1 year of trying in a couple where the female partner is less than age 35, and after 6 months of trying when the female partner is age 35 and older." It is estimated that 9-15% of couples experience infertility, but only about half of them seek treatment. 35% of infertility cases are thought to be due to male factors, 50% to female factors and approximately 10% to unexplained factors.

Although acute alterations in cortisol concentrations may not immediately cause disease, long-term alterations of the HPA axis are associated with adverse health outcomes. For example, high concentrations of cortisol have been associated with psychiatric disorders including post-traumatic stress disorder (Wosu 2013). Psychiatric disorders can contribute to infertility through disruptions in HPA axis, GnRH pulse inhibition and autonomic nervous system activation. However, the evidence for a relationship between psychiatric symptoms and success in infertility treatment is still inconclusive. A 2016 study of 135 IVF patients provided preliminary evidence that long-term systemic cortisol (exposure) may influence reproductive outcomes, and in turn, suggests that interventions to reduce cortisol prior to commencing IVF could improve treatment outcomes (Massey 2016).

Women have a range of psychological reactions and experiences to infertility. These reactions and experiences are influenced by their psychiatric, reproductive, cultural, and family background, as well as their personalities. Infertility can have deleterious social and psychological consequences on the individual, from overt ostracism or divorce to more subtle forms of social stigma leading to isolation and mental distress. A study of 488 American women who filled out a standard psychological questionnaire before undergoing a stress reduction program concluded that women with infertility felt as anxious or depressed as those diagnosed with cancer, hypertension, or recovering from a heart attack (Harvard Mental Health Newsletter 2009). As many as 13% of women experience passive suicidal ideation after an unsuccessful IVF attempt (Baram 1988, Cousineau 2007). In some cultures, motherhood is the only way for women to enhance their status in the family and community. A report by the World Health Organization on the social consequences of infertility in developing countries notes that some childless women "choose suicide over the torturous life and mental anguish caused by infertility." In the United States, experts who study infertility have noted that infertile couples are one of the "most neglected and silent minorities" (Cousineau 2007).

Case Study Part 1

Becca, a 34-year-old nulliparous woman with past medical history of Hashimoto's thyroiditis, polycystic ovarian syndrome (PCOS), obesity, obstructive sleep apnea, major depressive disorder, and a suicide attempt at age 18 is referred by her gynecologist with her fiancé Rob for an evaluation of worsening depression and anxiety. The couple has been unsuccessful in becoming pregnant after 12 months of regular unprotected intercourse. Her gynecologist has recommended a workup for infertility. Becca has been treated with several antidepressants (sertraline, paroxetine, fluoxetine, duloxetine) since age 18 but has felt psychiatrically stable

without medication for the last five years with weekly psychotherapy. However, she reports having "a breakdown" after concerns for infertility were raised. Her current symptoms include severe anxiety, panic attacks at least twice a week, frequent ruminations, feelings of shame, guilt, worthlessness and being "broken and defective". Although the workup is pending, Becca is convinced that "it is all [her] fault". Becca and Rob report having more arguments and a reduced sexual relationship. Becca feels Rob has been more withdrawn and has not wanted to talk about what is going on for them, and as a result, she feels more alone and isolated.

Case Questions/Discussion

1. What are the common psychological experiences for many women?

2. What psychiatric disorders can be seen in many women with infertility?

3. What are the common psychological experiences within the couple?

4. What challenges can LGBTQ couples or individuals face in terms of fertility and assisted reproduction?

Case Study Part 2

Becca remains hesitant to restart any psychotropic medications but has increased the frequency of her psychotherapy sessions to twice a week. She loves cycling and is also going to a meditation group on the weekends. She practices breathing techniques at home which have helped to reduce her stress level. She had been advised to avoid smoking, alcohol and other substances, and to maintain a healthy diet and regular exercise by her REI specialist. The doctor has met with the couple and provided education about the anticipated workup. Becca is informed that the potential treatment may include the use of medications such as clomiphene citrate, oral contraceptives, medroxyprogesterone, Gonadotropin releasing hormone agonists (GnRH), and Purified FSH and LH, and HCG. She is informed that depending on the results of the testing, she may or may not need in vitro fertilization (IVF), which may cost $10,000 - $20,000 per cycle. Her insurance company has informed her that assisted reproductive treatments are not covered by her plan.

The couple recently visited Becca's family in California where over a family dinner, her sister announced that she is pregnant with her second child. Becca felt guilty that in spite of feeling happy for her sister, she also had feelings of anger and envy. She has noticed that lately Rob has not been his usual self, has been more withdrawn and often excuses himself from social activities. He has admitted feeling sad about being around other couples with children and about their own infertility. Becca returns to your office deeply distressed. The session is focused on feelings of anger, envy and a sense of worthlessness she felt during the California visit.

Case Questions/Discussion

1. What are the common psychiatric side effects of various infertility treatment agents?

2. What are some cultural issues faced by couples experiencing infertility?

3. How can you be mindful and incorporate the cultural aspects specific to each individual when assessing/treating patients with infertility?

4. Do most American health insurance providers cover assisted reproductive treatments (ARTs)? And on average, how much money will the average infertile couple will pay for a successful delivery using ARTs?

Case Study Part 3

Becca and Rob undergo infertility workup and it is determined that their infertility is due in part to unpredictable anovulatory cycles for Becca. Additionally, to the couple's surprise and dismay, Rob's sperm analysis reveals that he has a low sperm count and abnormal sperm morphology. The fertility doctor recommends three cycles of intrauterine insemination but these are ultimately unsuccessful. When taking clomiphene, Becca notices increased anxiety and feelings of paranoia. She has insight into these feelings which causes a further increase in anxiety.

Becca and Rob accept their doctor's recommendation to start in vitro fertilization (IVF). They start the IVF process, which includes Becca taking oral hormones and going for frequent ultrasounds and an egg retrieval session. Having to go through various procedures and the intrusions into her body increases her anxiety and irritability. Moreover, Becca is advised to not engage in any strenuous physical activity by her REI doctor. Cycling is one of her main coping ways to de-stress and not being able to that further adds to her mood and anxiety issues.

You see her right before her first IVF treatment. After a thorough discussion of risks and benefits and her current symptoms, Becca agrees to start an antidepressant. The couple faces deep disappointment, grief and hopelessness after two unsuccessful IVF cycles. They eventually do achieve a viable pregnancy in the third IVF cycle. In one of the sessions during this time period, Becca brings up their worries about their finances. Becca does not have paid maternity leave from her current job and they need to save money for her to be able to take off a few months to be with the baby, but the cost of ART has made it impossible to do so and they have had to use a significant amount of their current savings. This has increased their stress levels, and Rob is thinking of alternative ways to add to his income. You continue to see her regularly during this period and titrate the dosage of sertraline to which she is responding reasonably well. She continues her psychotherapy and meditation as well.

You, Becca and Rob have had a detailed conversation. At that time, it was decided to continue her antidepressant during her pregnancy. Becca and Rob are feeling cautiously optimistic about pregnancy, though they continue to experience significant anxiety. In your sessions Becca is intermittently tearful when talking about their very long, painful and expensive journey to a viable pregnancy. She is aware of increased risk of complications in IVF pregnancies and this adds to her feelings of anxiety and does not let her fully enjoy her pregnancy even though so far it is going smoothly.

Case Questions/Discussion

1) What are some of the psychological experiences, which can occur during infertility treatment?

2) What are the psychological experiences that can happen during and after a successful pregnancy after a period of infertility or infertility treatment?

3) What are some of the treatments for these psychiatric/psychological symptoms and issues?

References & Further Reading

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Webpage Links

1) Harvard Mental Health Letter: The psychological impact of infertility and its treatment

https://www.health.harvard.edu/newsletter_article/The-psychological-impact-of-infertility-and-its-treatment

2) American Society of Reproductive Medicine
https://www.asrm.org/topics/topics-index/infertility

3) Bulletin of the World Health Organization Volume 88: 2010 Volume 88, Number 12, December 2010, 877-953
https://www.who.int/bulletin/volumes/88/12/10-011210/en/

4) Understanding Infertility: Psychological and Social Considerations from a Counselling Perspective
http://www.ijfs.ir/journal/article/abstract/2362