ANXIETY DEPRESSION IN INFERTILE WOMEN

Nasreen Ruby, Mian Iftikhar Hussain and Naseema Saba

Department of obstetrics and Gynaecology and
Department of Psychiatry
Postgraduate Medical Institute,
Lady Reading Hospital, Peshawar.

SUMMARY

This was a cross sectional study done to evaluate the psychological problems in infertile women attending infertility clinic. 312 patients were interviewed and it was found that these patients are under great stress and manifest many psychological symptoms. They were depressed, had feeling of guilt, even suicidal thoughts. Insomnia in different forms was very common. The patients had many somatic symptoms and showed different signs of anxiety tension and nervousness. Patients exhibited signs of anxiety even at interview. Many women felt they were not capable of performing routine work. It is recommended that infertility clinic should have psychological services to identify and help the patients who are vulnerable to psychological problems.

INTRODUCTION

Stress related and resulted with infertility particularly in our society is beyond the imagination one can have[1]. A little girl starts playing with doll, develops full emotion of this intrinsic potential when she gets married. When she does not have the baby, this stress of infertility, at some point becomes distress, impinging number of immediate and long term behavioral, psychological, emotional and cognitive effects. These, then become stresses and tend to perpetuate a cycle of distress.

Infertility is not a single stress for women. The inability to procreate becomes the major disappointing stress associated with fear of husband's second marriage. She has to pass through a distressing circle of investigation and treatment of infertility. While on treatment or investigation, she lives solely on hope of cessation of menstruation near her periods due date. There, ultimately she suffers from the extreme depression when it does not occur. When these complex motives supervene, conflicts often develop. Conflict can be settled by direct action and they can be ulcerated temporarily by such device as

Primary infertility	87%
Secondary infertility	13%

TABLE – 1

compromise, withdrawal and rationalization. When conflicts are severe and persist over a long time, one may need the help of counselor to resolve her difficulty. Most researches conclude that infertility is more stress full experience for women than it is for man.

MATERIAL AND METHODS

This study was conducted on the infertile women attending the out patient department for investigation and treatment. About 312 infertile women were interviewed. All the patients attending the out door patients clinic at LRH over a period of 9 months were interview those patients who met the inclusion criteria of infertility (primary & secondary) of at least two years duration were included in the study. The symptoms of anxiety and depression were assessed and rated with the help of Hamilton's anxiety depression Scale (HARDS). The demographic details and Obstetric and Gynaecological history was obtained with the help of structured Performa.

Scale (Feeling of Guilt)	Cases	Percentage (%)
Absent	18	5.7%
Self-approach feels she has let people down.	161	51.6%
Ideas of guilt over partners errors	78	25%
Delusion of guilt	52	16.6%
Hallucination	3	0.96%

TABLE – 2

RESULTS

Table 1 shows the distribution of cases according to primary and secondary infertility. The detailed symptomatology of depression is given in table 2-7. Following is a brief description of the main symptoms.

FEELING OF GUILT

Infertile women were experiencing extreme feeling of guilt, ranging from self-approach to threatening visual and auditory hallucination.

In few cases, this was completely absent. In the mild form, it was present as self approach, like people are superior to her. In the moderate severity, women were experiencing delusions as this present illness is kind of punishment by nature. In the incapacitating variety, which was found to be in 1% patient hears accusatory or denunciatory voices and/or experience visual a auditory hallucinations which are threatening her life.

SUICIDAL THOUGHTS AND ACTIONS

This tendency was absent in 10 % of patient. In the mild form, patient was just thinking that life is not worth living and this was found in 64 % of cases. The attempt to suicide was found only in one case, whose husband had remarried.

Scale	Cases	Percentage (%)
Absent	33	10.5%
Feels life is not worth living	201	64.4%
Wishes to be dead	67	21.4%
Suicidal ideas or gestures	11	3.5%
Attempt to suicide	1	0.32%

TABLE – 3

Scale	Cases	Percentage (%)
Early insomnia	163	52.2%
Middle insomnia	101	32.3%
Late insomnia	48	15.3%

TABLE – 4

RELATION WITH INSOMNIA

This inability to initiate and maintain a good sleep is characteristic sign of depression. The difficulty in falling asleep was the commonest problem to be noticed (52%). The majority of the patients were complaining of not often but occasional difficulty in falling a sleep. This was ranging from half an hour to even two hours.

A good proportion of the patients (15.3%) were found to being restless and disturbed during night.

AFFECTED WORK ACTIVITIES

Physical work and activities were not affected in about 23% cases. They were able to perform routine house work and public relationship activities. Thoughts and feeling of incapacity, fatigue or weakness related to activities, work and hobbies were the commonest finding. About 51% of the patient were complaining of the problem, as not being able to fulfill the routine house hold activities. The moderately affected patients had loss of interest in activities hobbies or work and were found in 10% cases. This loss of interest was either directly reported by the patient or indirectly demonstrated by listlessness, and indecision. The patient feels as she has to push herself to work or activities.

Decrease in actual time spent in activities or in other decrease in productivity was found to be in 16% cases. No patient was found to be affected extremely so that she should stop working.

Scale	Percentage (%)
No difficulty	23
Feeling of incapacity	51
Loss of interest in activities	10
Decrease in time spent in activities	16
Stopped working	Nil

TABLE – 5

SOMATIC SYMPTOMS WITH WORKING

The most common somatic symptoms were loss of appetite 71%, palpitations (27%), and bodyaches (22%)

SYMPTOMS OF ANXIETY

Majority of the patients were found to have anxious mood (55 %). Anxious mood is characterized by worries associated with anticipation of the worst. Fearful anticipation of the problems and minor matters at home. Most of the patient were found to have tension and association with tension like fatigability, startle response, moved to tear easily, trembling, feeling of restlessness and ultimately inability to relax. Anxiety states are almost always associated with fears. 192 (61.5%) cases were found to have fears of different objects, i.e of dark, of strangers, of being left alone, of animals of traffic and of crowds. Amongst them, most

Symptoms (somatic)	Percentage (%)
Loss of appetite	71
Heaviness in limbs/bodyache	22
Genital symptom (loss of libido, menstrual abnormalities	18
Weight loss	11
Cardio-vascular symptom, palpitation	27
Respiratory symptom, hyperventilation	19
Urinary frequency, sweating	31

TABLE – 6

Scale	Cases	Percentage (%)
Anxious mood	172	55.1
Tension	213	68.2
Fears	192	61.5
Insomnia	216	69.2
Intellectual impairment	131	41.9
Lack of pleasure in work / hobbies	171	54.8

TABLE – 7

of the patient were experiencing fear of being left alone.

The common signs of anxious behaviour at interview were restlessness (30 %) tremors of hands (56.7 %) furrowed (83.6 %). Difficulty in concentration and poor memory was experienced by 131 (41.9%) of infertile patients. The same is loss of pleasure in work and hobbies.

BEHAVIOUR AT INTERVIEW

Patient exhibited signs of anxiety even at interview.

DISCUSSION

Infertility not only has significant impact on the Psychological status of individual, but also places stress on the relationship between husband and wife. Bearing children and parenting is often one of the foundations around which a couple builds relationship. Men and women have historically attempted to plan their reproduction[2]. It is not only frustating, but devastating to many couples who want to have but cannot have children.

Behaviour	Cases	Percentage (%)
Restlessness	93	29.8
Tremors of hands	177	56.7
Furrowed brow	261	83.6
Strained face	90	28.8
Sighing or rapid respiration	118	37.8
Facial pallor	201	64.4

TABLE – 8

Backer[3] points out that parenthood is a pivotal stage of the human life cycle. Parenting infact is a bond that seals the generations together[4]. Women are more often affected by infertility than men[5,6] Self esteem and self confidence often plummet and the relationship of husband and wife can suffer from blame, guilt, frustration and disappointment.

Most symptoms can generally be categorized as depression, guilt, isolation. Women are more likely to manifest depressive response, while men tend to suppress or deny emotional reaction[7]. Infertility also threaten the intimacy and emotional closeness between the couple[8] and as the crisis heighten so does the couple's need for emotional support and nurturance.

312 infertile women were interviewed to evaluate the different psychological problem using Hamilton's anxiety and depression Scale. 87% of patient with primary infertility and 13% of patient with secondary infertility showed psychological distress. The extent of severity varied with the duration of infertility as well. Feeling of guilt was the commonest form of psychological stress (94.3%). Different manifestation were thinking that she has let people down, ideas of guilt over partner's error and hallucination of guilt. The patients had suicidal thoughts. 64.4% of patients thought life was not worth living, 21.4% of patients wished for death, 3.5% had suicidal ideas or gestures and one patient actually attempted suicide. Suicidal tendencies were more in women whose husbands had remarried or threatening their wives to remarry.

Almost all patients had some degree of insomnia (99.8%) and once they woke up during sleeps they had inability to sleep.

Different somatic symptoms were loss of appetite (31%) heaviness in limbs, body aches, 22% loss of libido and menstrual irregularities, 18% weight loss, 11% palpitation, 27% respiratory symptoms and hyperventilation in 19% and urinary frequency and sweating 31%. Almost all the infertile patients had some sort of somatic symptoms.

Majority of patients had signs of anxiety and different manifestation were anxiety 55.1%, tension 68.2%, fears 61.5%, insomnia 69.2% intellectual impairment 41.9%, lack of pleasure in work and hobbies 54.8%.

The patients exhibited signs of anxiety even at interview. 56.7% had tremors 29.6% were restless, 83.6% had a furrowed brow, 28.8% had a strained face, 37.8% had a sighing and rapid respiration and 64.4% showed facial pallor.

Based on experience from this study, following suggestions can be offered.

1) Psychological services conducted by specialist or concerned personal should be available at infertility clinic, because it will help to identify at an early stage those individuals who are more likely to be vulnerable.

2) Psychological services personnel should have clear idea about how cognitive therapy might be applied in the context of infertility counseling. Primary care physician can help by recognizing stress associated with infertility and making appropriate referrals for psychological support.

3) The women with long duration of infertility, when conceive, still face anxiety and perinatal depression. So they should have psychological support even in the pregnancy and post-partum period.

4) The patients should be informed in details, about technical aspects of infertility and its treatment.

5) When adoption remains the last resort, they should be counselled and their fears about adoptation should be discussed with them in details[9].

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