PSYCHIATRIC MORBIDITY IN INFERTILITY PATIENTS IN A TERTIARY CARE SETUP

ABSTRACT:Context: Infertility is regarded as a trigger for psychological morbidity. Infertile couples often suffer from anxiety, depression and lack of self confidence.

INTRODUCTION

For couples with women aged less than 35 years; the failure to conceive without contraception, after one year¹of trying to do so is defined as infertility.¹ Whereas for couples with women older than or equal to 35 years; if they fail to conceive after 6 months without contraception; they fall into the bracket of infertility.

Worldwide, there is high prevalence of infertility. If the prevalence of infertility exceeds 15 % in any nation, then it is considered as a health problem ². It is estimated that over 10% couples in the world experience the issue of infertility³. It is estimated that the prevalence of infertility is highest in Canada at 11.5- 15.7% 4; followed by 12.6 % in India 5, 10% in US ¹ and 1.72% among Chinese⁶.

MATERIALS AND METHODSType of study - Case Control StudyStudy Subjects/Inclusion Criteria of 280 females were included in the study Exclusion criteria- The patients with a past history of medical illness and patients coming for medical termination of pregnancy were excluded from the study. Patient with a previous history of mental illness were also excluded. Duration of study The study was conducted for a period of 6 months in the months of February to July 2014. Method of data collection Data collection was done by a predesigned, prestructured and pretested questionnaire. Prior approval was sought from the ethical committee of the institute and written consent was obtained from the study subjects Prior approval sought from the ethical committee and written consent obtained from study subjects. Confidentiality and anonymity of the information obtained ;explained

ie s	tudy subjects					
Indices		Percentage of depressed females	P value			
Self Distra	action	46/79(58.2%)	0.000			
Active Co	ping	44/79(55.7%)	0.000			
Denial		41/79(51.9%)				
Substance	e Use	16/79(20.3%)	0.006			
Jse emot	ional Support	42/79(53.2%)	0.000			
Jse instru	imental Support	55/79(69.6%)	0.761			
		FG (70(70 00))	0.510			
enaviou	ral Disengagement	56/79(70.9%)	0.640			
			0.000			
enting	eframing					
lanning		38/79(48.1%)	0.024			
umor		29/79(36.7%)	0.126			
cceptan	ce	48/79(60.8%)	0.431			
teligion		43/79(54.4%)	0.000			
elf blam	e	34/79(43%)	0.004			
	Indices	Protection of Engineering Contents Protection Prote	P value			
	Self Distraction		0.000			
	Active Coping		0.000			
	Active coping	30.270(34) 30)	0.000			
	Denial	51%(49/96)	0.104			
	Substance Use	19.8%(19/96)	0.008			
	Use emotional Support	52 1%/50/96\	0.000			
	oss sinstisman ou ppor	32.12.0(30) 30)				
	Use instrumental Support	70.8%(68/96)	0.751			
	Behavioural Disengagement	69/96(71.9%)	0.656			
	Venting	70.8%(68/96)	0.000			
	Positive Reframing	53/96(55.2%)	0.147			
	Planning	47.9%(46/96)	0.025			
			0.023			
	Humor	33.3%(32/96)	0.656			
	Acceptance	59.4%(57/96)	0.632			
	Religion	53.1%(51/96)	0.001			
		(
	Self blame	41.7%(40/96)	0.016			

	dy population (N=140) Infertil		
Indices Age of the Study Subjects	Frequency(N=140)	Percentage	
Age of the Study Subjects 18-25	39/140	27.9%	•
26-35	79/140	56.4%	
36-45	22/140	15.7%	
Residence			•
Rural	62/140	44.3%	
Urban	78/140	55.7%	
Employment			
Employment No	76/140	54.3%	
Yes	64/140	45.7%	
Education			
No	67/140	47.9%	
Yes	73/140	52.1%	
Abortion 0			
1	42/140	30%	
2	61/140	43.6%	
3	37/140	26.4%	
No of Child			
0	74/140	52.9%	
1	45/140	32.1	
2	19/140	13.6%	
3	2/140	1.4%	
Spouse supportive			
No .	92/140	65.7%	
Yes	48/140	34.3%	
Relative Supportive			
No	82/140	58.6%	
Yes	48/140	41.4%	
Menses	45 (140	22.1	
Menorrhagia Regular	45/140 9/140	32.1 6.4%	
Irregular	86/140	61.4%	
Gynae infection			
No	67/140	47.9%	
Yes	73/140	52.1%	
Infertility Duration			
<5 years	60/140	42.9%	
6-10 Years >10 Years	50/140 30/140	35.7% 21.4%	
20 10010	36/110	21.170	
Previous treatment for infertility			
No			
Yes	56/140	40%	
	84/140	60%	
Family Planning Clinic Patients (N=140) Indices	Fraguancy	Dorcontago	
Age of the Study Subjects	Frequency	Percentage	
18-25			
26-35	30/140	21.4%	
36-45	58/140	41.4%	
	52/140	37.1%	
Residence			
Rural	71/140	50.7%	
Urban	69/140	49.3%	
Employment			
No	53/140	37.9%	
Yes	87/140	62.1%	
Education			
No	54/140	38.6%	
Yes	86/140	61.4%	
Abortion -			
0	115/140 19/140	82.1% 13.6%	
1 2	4/140	2.9%	
- 3	2/140	1.4%	
No of Child			
0	2/140	1.4%	
1	41/140	29.3%	
2	81/140	57.9%	
Snouse supportive	16/140	11.4%	
Spouse supportive No	10/140	7.1%	
Yes	130/140	92.9%	
Relative Supportive			
No	22/140	7.1%	
Ye	118/140	84.286%	
Menses			
Menorrhagia	121/140	02 60/	
	131/140	93.6%	
	3/140	6.4%	
Regular Irregular Gynae infection	3/140	6.4%	
	3/140	2.1%	

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ndices	Frequ	Freque	Percenta	nta Chi Sq/	/ Odds	P value	ODDs	95% CI	Infertility Clinic Pa	tients (N=140)							
	Of pts with depre	pts not sufferin g from depres	Depress		Ratio(C rude)		adjusted		Indices	suffering from depression and Anxiety(N=9	pts not suffering from depression(N =44)	Of pts suffering from	Chi Sq/ P value	Odds Ratio(Cru de)	P value	ODDs adjuste d	
ge of the tudy									Age of the Study	6)							
ubjects 8-25 6-35 6-45	30/79 36/79 13/79	43/61	38% 45.6% 16.5%	P< 0.005 Chi sq- 10.515		0.018			Subjects 18-25 26-35	34/96 45/96	5/44 34/44	35.4% 46.9%	P<0.003, Chi Sq- 11.980				
esidence ural rban	34/79 5/79		43% 57%	P- 0.735, Chi sq-	0.890				36-45 Residence Rural Urban	17/96 43/96 53/96	5/44 25/44 19/44	17.7% 55.7% 44.3%	0.859				
mployme				0.114	0.175	0.014			Orban	33/30	13/ +-	74.570					
t lo es	57/79 22/79		72.2% 27.8%	p).000, Ch Sq- 23.321					Employment No Yes	69/96 27/96	7/44 37/44	71.9% 28.1%	p-0.000 Chi sq-38.081	0.074	0.033	0.300	0.1
			43% 57%	P- 0.194, Ch Sq-					Education No Yes	37/96 59/96	30/44 14/44	38.5% 61.5%	P-0.001, chi sq- 10.622	3.417			
bortion		37/61	0% 6.3% 58.2%	1.687 0.000, Chi sq- 50.729		0.006	3.067	1.369-6.873	Abortion 0 1 2	0/96 10/96 55/96	0/44 32/44 6/44	0% 10.4% 57.2%	0.000, Chi sq- 56.263		0.006	2.821	1.3 5.9
o of Child	28/79		35.4%			0.000	0.125	0.040.0.219	3 No of Child	31/96	6/44	32.3%					
1	1/79	25/61 18/61	72.2% 25.3% 1.3% 1.3%	p- 0.000, Chi Sq- 35.663		0.000	0.125	0.049-0.318	0 1 2 3	60/96 23/96 11/96 2/96	14/44 22/44 8/44 0/44	62.5% 24.0% 11.5% 2.1%	p-0.003, Chi sq- 13.661				
es	58/79 21/79		73.4% 26.6%	0.029, Chi Sq- 4.776	0.456				Spouse supportive No Yes	69/96 27/96	23/44 21/44	71.9% 28.1%	0.023 chi sq- 5.146	0.429			
elative upportive o es	61/79 18/79		77.2% 22.8%	0.000, Chi Sq- 25.972	0.155				Relative Supportive No	66/96	16/44	68.8%	0.000, Chi Sq- 13.042	0.260			
ost of								0.023-0.239	Yes	30/96	28/44	31.2%					
nlaws	15/79 38/79		19% 48.1%	0.000 Chi Sq- 35.902		0.000	0.074		Cost of treatment bourne by Maternal Inlaws								0.0
usband		51/61		33.302					Mother Husband and	15/96	2/44	15.6%	p-0.000 chi Sq-33.747		p-0.000	0.205	
nd Wife Ienses									Wife	44/96	2/44	45.8%					
		13/61 4/61 44/61	40.5% 6.3% 53.2%	p- 0.051, Chi Sq- 5.964					Menses	37/96	40/44	38.5%					
ynae									Menorrhagia	36/96	9/44	37.5%	p-0.130,				
	29/79 50/79		36.7% 63.3%	P- 0.003, Chi Sq- 9.030	2.849				Regular Irregular	6/96 54/96	3/44 32/44	6.2% 56.2%	Chi Sq-4.076				
	22/79 31/79		27.8% 39.2% 32.9%	p-0.000 Chi Sq- 21.318		0.000	6.273	2.333-16.864	Gynae infection No Yes	34/96 62/96	33/44 11/44	35.4% 64.6%	p-0.000, Chi Sq- 18.944	5.471			
revious eatment	26/79							3.821-65.843	Infertility Duration <5 years	31/96	29/44	32.3%	p-0.000		0.000	4.229	9.2
r	18/79 61/79		22.8% 77.2%	p- 0.000, Chi Sq- 22.389	5.599	0.000	15.862		6-10 Years >10 Years	36/96 29/96	14/44	37.5% 30.2%	Chi Sq-19.217				
									Previous treatment for								1.! 14
									treatment for infertility No Yes	20/96	36/44	20.8%	p-0.000, Chi Sq- 46.755	17.100	0.007	4.625	12
									VOC	70796	3b/44	711 XV/2					

CONCLUSIONS

The prevalence of depression and anxiety should not be underestimated in the women suffering from infertility. Apart from searching for the obstetrical causes of infertility; psychological morbidity should be considered as a serious concern affecting these women. Moreover, there are several risk factors which may increase the likelihood of psychological stress; like presence of two or more abortions, nulliparity, lack of support from spouse or relatives etc. These must be kept in kind by the clinicians, obstetricians and healthcare workers when evaluating a case of infertility

97.9%

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