ANXIETY, DEPRESSION AND ANGER SUPPRESSION IN EGYPTIAN COUPLES WITH PRIMERY MALE INFERTILITY

Thesis

Submitted for fulfillment of master degree in Dermatology & Andrology

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2015

سورة اللإسراء

الاية رقم ٨٥

Acknowledgment

First, thanks to **Allah** that this work has been accomplished.

I would like to express my deepest gratitude and appreciation to **Prof. Mohammed Abbass** professor of Andrology & STDs, Cairo University for his care, encouragement and guidance throughout this work.

I wish to offer my sincere thanks and deepest appreciation to **Prof. Mohammed Nasraldin,** professor of Psychiatry, Cairo University for his valuable assistance and moral support from the formative stages of this thesis to the final draft.

I would like to thank Dr. **Alaa Abdelmoem Abdelaal,** lecturer of Andrology & STDs, Cairo University for his assistance & guidance in data collection.

I would like to express my gratefulness to all the patients participated in this study.

My thanks are offered to all my professors, colleagues and nurses in Andrology & Psychiatry departments, Cairo University for encouraging attitude.

Dedication

I dedicate my effort to my family who are the secret of happiness and success of my life.

Thanks a lot

Tahani

Abstract

Background: Although several authors have suggested an important pathogenic role for psychosocial factors in infertility, the extent to which depression, anxiety and expressed emotional patterns correlate to infertility is not yet clear.

Objective: The present study was performed to assess the impact of male infertility on the psychological wellbeing of the Egyptian infertile couples.

Method: After obtaining their consents, 50 infertile couples and 50 fertile couples answered 3 questionnaires of Beck depression inventory, Beck anxiety inventory and State Trait anger expression test questionnaire. This was studied in relation to gender difference & duration of infertility.

Results: Statistically, results for Beck depression inventory, beck anxiety inventory and state-trait anger expression inventory; asignificant difference between infertile and fertile couples was found ($P > 0.001$). Results for correlation between depression, anxiety and anger and duration of infertility in infertile couples no significant difference was found either in males or females (P) ($P> 0.05$). also no statistically significant difference in depression, anxiety and anger incidence between infertile males and their wives ($P> 0.05$)

Conclusion: Infertility is considered to be stressful life experience & the infertile subjects of this sample showed particular psychopathological and psychological features, independent from the stress reaction following the identification of infertility. Adequate attention to these patients psychologically is of such importance as physical attention.

Keywords:

Infertility, depression, anxiety, anger.

Contents

List Of Abbreviations

ACTH	**Adrenal Corticotrophin Hormone**
APIM	**Actor Partner Interdependence Model**
ART	**Assisted Reproductive Technique**
CBT	**Cognitive Behavioral Therapy**
DNA	**DeoxyriboNucliec Acid**
DSM-IV	**Diagnostic and Statistical Manual of Mental Disorders, 4th edn**
ECT	**Electro Convulsive Therapy**
EFT	**Emotionally Focused Therapy**
FSH	**Follicular Stimulating Hormone**
GAD	**Generalized Anxiety Disorder**
GnRH	**Gonadotrophine Releasing Hormone**
HCG	**Human Chorionic Gonadotrophine**
HH	**Hypogonadotrophic Hypogonadism**
hMG	**Human Menopausal Gonadotrophine**
HIV	**Human Immunodefiecncy Virus**
HPA	**Hypothalamic-Pituitary-Adrenal axis**
HPG	**Hypothalamic-Pituitary-Gonadal axis**
HRQL	**Health-Related Quality of Life**
ICSI	**IntraCytoplasmicSperm Injection**
IVF	**In Vitro Fertilization**
LH	**Luteinizing Hormone**
MAOIs	**MonoAmine OxidaseInhibitors**
MDD	**Major Depressive disorder**
MINI	**International Neuropsychiatric Interview**

QoL	**Quality of Life**
SSRIs	**Selective Serotonin Reuptake Inhibitor**
TCAs	**Tri Cyclic Antidepressants**
TPH	**Tryptophan Hydroxylase**
WHO	**World Health Organization**

List Of Tables

List Of Figures

INTRODUCTION

The experience of infertility is commonly linked with unexpected stressors that can impact one's personal life, social support networks and marital relationships ***(Newton et al., 1999)***.

These stressors can cause significant disruption in one's life and be related to increased psychological distress in men and women ***(Wichman et al., 2011).*** One of the key types of distress reported in infertility patients is depression.

An infertility diagnosis and the stress of medical treatment can put couples at risk of depressive symptoms, particularly after treatment failure ***(Volgstenet al., 2010)***.

On the other hand, couples with depressive symptoms may be more likely to experience infertility due to depression's impact on the biological mechanisms that influence hormone production and ovulation ***(Williams et al., 2007)***.

The majority of studies examining the relationship between depression and infertility have examined the impact of depression on pregnancy and live birth rates. While some studies have found that depression is linked with lower pregnancy rates in couples pursuing assisted reproductive technologies (ART) ***(Klonoff-Cohen, 2005)***.

To address the lack of studies using the couple as the unit of analysis, researchers have begun to use a data analytic technique called the actor–partner interdependence model (APIM) ***(Kenny et al., 2006)***, to study how the stressors of infertility are related to individual and partner outcomes ***(Peterson et al., 2011)***.

A small number of these studies have used depression as a study variable and have examined its relationship with coping ***(Berghuis and Stanton, 2002)***, marital conflict ***(Proulxet al., 2009)*** and the transmission of depressive symptoms between partners undergoing fertility treatments ***(Knoll et al., 2009)***.

Moreover, infertile couples often experience strong anger and anxiety, but sometimes these seem to be denied ***(Chiba et al., 1997)*** or repressed ***(Facchinettiet al., 1992)***.

The inability to express anger is typical of psychosomatic disorders ***(Fassinoet al., 2001)*** and of those disorders that are expressed through the body, involving important biological repercussions on the organism ***(Lavoie et al., 2001)***, even when psychiatric disorders are not evident.

Anger, in its multifaceted nature, has been assessed according to the conceptualization of Spielberger, who stressed the importance of considering anger both as a changeable emotional condition (emotional state) and as a trait ***(Spielberger, 1996)***. Trait-anger depends on the frequency of anger experiences, defining the individual's predisposition toward anger.

Spielberger, (1996) emphasized the fact that individuals are very different in the way they suppress or express anger. For stressors and related emotions, it is important to know that they change according to the duration of infertility; this is another methodological problem (time of observation).

There is strong agreement that emotional distress for the infertile couple may arise from the unsuccessful attempts to conceive a baby ***(Moller and Fallstrom, 1991)***, as well as from the long diagnostic ***(Lee et***

al., 2001) and therapeutic procedures required ***(Hammarberget al., 2001)***.

In particular, many studies underscore that treatments for assisted conception, and particularly IVF, which is the most studied of these, are a source of stress for the couple ***(Boivinet al., 1995)***, who make a great emotional investment in these treatments ***(Hammarberget al., 2001)***.

Sadness, depression, anxiety ***Slade et al., (1997)***, hopelessness, and anger ***(Ardentiet al., 1999)*** are common in infertile couples undergoing IVF treatment.

The emotional distress is particularly great when waiting for treatment outcome ***(Boivin et al., 1998)***, in the case of unsuccessful treatment (***Slade et al., 1997)*** and in the cycles following the first attempt (***Boivin et al., 1995)***; it also depends on the ability of the couple to cope with this condition ***(Demyttenaereet al., 1998)***.

Moreover, some authors indicate that the outcome of these treatments is also influenced by the degree of anxiety and depression ***(Smeenket al., 2001)*** and by negative affect ***(Bevilacquaet al., 2000)***.

Other important methodological problems are ***(Greil, 1997)***. (i) the greater attention to given to infertile women rather than to the infertile couple, (ii) infertile couples' strong desire for social acceptability through childbearing and the influence of this desire on the answers to self-administered questionnaires ***(Demyttenaereet al., 1998)***, (iii) subject selection, (iv) type of control group used, (v) the cross-cultural variation, and (vi)the influence of knowing whether the infertility is due by a male or female factor on the expression of anger in the couple ***(Demyttenaereet al., 1998)***.

AIM OF THE WORK

The aim of the work is to assess depression, anxiety and anger among Egyptian infertile couples for better management.