

Stress Predicts Infertility Treatment Outcome

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NEW YORK (Reuters Health) – Infertility-related stress in men as well as women may have an effect on treatment success, according to a new study.

“Our results clearly demonstrate that male stress does play a role in treatment failure, albeit a weaker one than that observed for women,” Drs. Jacky Boivin of Cardiff University in the UK and Lone Schmidt of the University of Copenhagen write in the June issue of *Fertility and Sterility*.

The effect was not due to an additive effect of the male partner’s distress on a woman’s distress level, the researchers note.

Drs. Boivin and Schmidt evaluated the effects of both partners’ level of stress on fertility treatment outcome by asking couples about to begin a cycle of treatment to complete the Fertility Problem Stress Inventory. Twelve months later, couples were surveyed again to determine the types of treatment they had undergone, how many cycles, and whether they had a successful outcome, defined as currently pregnant or had delivered a child.

A total of 818 couples were included in the analysis, about 60% of whom had a successful treatment outcome. One in five of the couples had undergone insemination procedures, while the rest were being treated with IVF or ICSI.

The researchers controlled their analysis for the potentially confounding effects of partners’ age and years of infertility.

Both male and female fertility problem stress scores were associated with treatment outcome, the researchers found, with a greater effect for women. Women reporting more marital distress required a median of three treatment cycles to conceive, compared with a median of two for the less-distressed women. More-distressed women were also less likely to become pregnant in a given cycle.

The researchers also found that fertility problem stress in the personal and marital domain was more strongly associated with treatment outcome than stress arising in the social domain.

“Our findings add to the growing evidence base that links negative psychological states and traits to treatment failure,” they conclude. “In

light of this mounting evidence, it may now be time to focus on the factors that moderate this relationship and interventions to minimize such effects.”

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