

# Fertility patients' history is best predictor of risk for major depression

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Credit: George Hodan/Public Domain

A potent risk factor for developing major depressive disorder (MDD) during fertility treatment is something health providers are likely not even looking for, according to new research from San Francisco State University.

Fertility treatment [patients](#) and their partners are far more likely to

experience MDD than the general population, the study found, and a key factor in predicting a patient's risk is whether he or she has a previous diagnosis of major depression. But past history is something that fertility treatment providers may not routinely screen for, said Sarah Holley, an assistant professor of psychology at SF State and lead author of the study.

"The things that are typically assessed, such as whether you are feeling down or anxious when treatment begins, can be really useful information, but our research shows that a past history of MDD is actually a stronger indicator of whether a fertility patient will develop MDD during treatment," said Holley. "This suggests it would be useful to include an assessment of a history of MDD as part of a pre-treatment screener."

Screening for previous episodes of MDD, Holley added, would allow a provider to refer those most at risk for [major depression](#) during treatment for further counseling or support so they may receive whatever additional help they need during treatment.

Researchers and [mental health treatment](#) providers have known that MDD is a recurring disease and that it is likely to occur during [stressful life events](#) such as fertility treatment. But this study is the first to capture the actual rate of MDD among fertility patients in the United States, as well as point to a patient's history as the key indicator of recurrence. The research will be published in the May issue of the journal *Fertility and Sterility*.

To be diagnosed with MDD, an individual must, for a two-week period, experience a depressed mood or pervasive loss of interest or pleasure, plus four other symptom criteria such as disturbances in sleep or appetite, feelings of worthlessness or guilt, indecision or suicidal ideation. MDD itself can lead to withdrawal, isolation from friends and

family and lost work, and is a major risk factor for suicide.

"Qualifying for MDD is more serious than experiencing low mood or crying a lot, which are some of the things that go into the type of standard depression inventories given to patients," Holley said. "It's a really debilitating disorder, and actually one of the leading causes of disability in this country."

Researchers surveyed 174 women and 144 male partners who had unsuccessfully gone through fertility treatment and found that 39.1 percent of the women and 15.3 percent of the men met the criteria for MDD during the 18-month course of the study, compared with the U.S. annual prevalence rate for MDD of 8.4 percent of women and 5.2 percent of men. The results indicate that, even accounting for the 18-month time period of the study, fertility treatment patients suffer from notably high rates of MDD. In addition, Holley and her colleagues compared a patient's past history of MDD with other well-established risk factors—such as baseline levels of depression and anxiety symptoms, as well as partner support—and found it was a stronger predictor of whether patients and partners ultimately developed MDD during fertility treatment than these more commonly screened-for indicators.

"People often describe fertility treatment as one of the most distressing things they've ever experienced," Holley said. "It's a prolonged process filled with uncertainty, and often it is very expensive. It can be very physically demanding, especially for women. It can have a profound effect on a couple's relationship."

Understanding risk for MDD during fertility treatment is important for a number of reasons, she added. First, MDD can lead to a couple dropping out of fertility treatment altogether. Second, if treatment is ultimately successful, MDD during treatment potentially spill over into the prenatal

or post-partum periods.

"Helping patients and partners either before the depression takes hold, or being able to identify it and treat it as soon as possible, has the potential to help them through the very stressful process of treatment and possibly beyond," she said.

Future research will look at the experiences of same-sex couples during fertility treatment to assess rates of MDD, and examine whether the risk factors for MDD during [fertility treatment](#) vary for sexual minority patients and partners compared with their heterosexual counterparts.

**More information:** "Prevalence and predictors of major depressive disorder for fertility treatment patients and their partners" by Sarah R. Holley, Lauri A. Pasch, Maria E. Bleil, Steve Gregorich, Patricia Katz and Nancy Adler will be published in the May issue of the journal *Fertility and Sterility*: [www.sciencedirect.com/science/ ... ii/S0015028215001405](http://www.sciencedirect.com/science/.../S0015028215001405)

Provided by San Francisco State University

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