Psychological Aspects of Fertility Preservation

Diana Guerra Díaz
Psych. Ph.D.
Currently, very little is known about the psychological needs of men, women and children who would benefit from fertility preservation.
Malignant disease as a threat to fertility, procreation and family building: possible psychological consequences

**Fertility**
- Identity disturbance
- Gender Identity loss
- Damage to self and Body image
- Nobody to care for
- Lack of love object
- Developmental barrier

**Procreation**
- Narcissistic wound
- Emptiness
- Defeat
- Blockage to couple’s life projection and fulfillment

**Upbringing of a child**
- Nobody to care for
- Lack of love object
- Developmental barrier
- Destruction of family building and life

*Hammer Burns 1999, Oppenheim 2005, Bitzer 2010*
The existing literature shows that fertility is an important issue for cancer patients and that there is considerable concern regarding the fertility impairment due to cancer and its treatment?
• More concerns in patients who did not have children prior to cancer diagnosis \(^1\)

• Greater concerns in breast cancer associated with the wish for a child when lower number of previous pregnancies and prior difficulty in conceiving \(^2\)

Survivors often have exaggerated concerns about their children's health risks, but still prefer to have biological children if possible.\(^1\)

More research is needed on whether participating in fertility preservation reduces long-term distress about cancer-related fertility. Better evidence-based programs to educate families and reduce decisional conflict are needed.

\(^1\)Schover, 2009
What do we know?
The psychology of cancer experience of the child/youth and the parents

- **Destruction**: Fear, Anxiety, Panic
- **Disfigurement**: Cognitive Coping
- **Disability**: Anger, Rumination, Jealousy
- **Death**: Behavioural Coping
- **Dependence**: Sadness, Depression, Desperation

Emotional Coping
Fertility Preservation- the possible “counterpart”

- Life threatening
- Fear of death
- Loss of the child
- Loss of life perspective
- Damage to the family concept
- Hopelessness

- Preserve autonomy
- Preservation of life
- Hope for life
- Value, Sense in life
- Joy and Pride
- Optimism, Strength

Bodurka-Bevers, D et al., 2000; Trask, P.C et al., 2002; Ganz, P.A. et al., 2002; Brown, K.W. et al., 2003
The possible "counterpart"

Fertility!

Fertility Preservation, Barcelona, June 2011
Recently, Tschudin and Bitzer reviewed the literature from 1998 to 2008.

They identified only 24 studies that met their inclusion criteria on the psychological aspects of fertility preservation.

Tschudin, S. and Bitzer, J. (2009), Hum Reprod. 15, 5: 587–597
Knowledge about, attitude towards and use of fertility preservation by patients and professionals

• Cancer did not influence the desire for pregnancy in 71% of women and 68% of men \(^1\)

• 29% of breast cancer survivors claimed that concerns about future fertility had an impact on their decision with regard to therapy \(^2\)

• Parents from pubertal boys would have given consent in 60%. There were no significant differences when comparing responses from mothers with responses from fathers \(^3\)

• The majority of breast cancer (86%) reported knowing at diagnosis that adjuvant chemotherapy might affect fertility.¹

• Women who were diagnosed more recently were more likely to know about the impact of treatment on fertility than women diagnosed several years ago.¹

• Existing literature suggests that most cancer survivors emphasized the need for health professionals to be clear and directive in addressing the risk for infertility associated with cancer treatment regimes.²

• Health professionals as well as patients and their parents consider fertility preservation an important option for young cancer patients, although for the patients themselves, the perceived relevance seems to depend on factors such as the stage of life at cancer diagnosis.¹

• All parties involved are shown to have knowledge and information deficits. Counseling regarding fertility issues is far from being offered globally to all patients at risk, and the provision of information by health professionals as well as patient and parental recall of having been informed seems to be selective.²

• ¹ Goodwin et al, 2007. ² Quinn et al, 2007
The percentage of patients recalling counseling about the impact of cancer on fertility ranges from 34% to 72%.

Most common health professionals to discuss cancer-related infertility

Who?

- Treating physicians 55%
- Nurses 21%
- Family physicians 8%
- Sperm banking: oncology physicians 40%

Fertility Preservation, Barcelona, June 2011
Why?

- Lack of knowledge among physicians?
- Oncologist’s Attitudes?
- Specific challenges in dealing with cancer and fertility at the same time?
- Short time period between diagnosis and treatment starts?
What can we do?

- Facing Complex decisions when considering Fertility Preservation
  - mood changes
  - sexual difficulties
  - self-esteem problems
  - other life stressors
Assess!

- Assess the present emotional, cognitive and physical state of the patient
- Assess the partner/family support
- Assess the patient’s wish for a child
- Assess the patient’s perception and interpretation of the “frozen embryo”
- Anticipate different possible scenarios and discuss coping strategies
Predictors of Psychosocial Distress

- Women with past histories of trauma, previous psychological distress
- Women experiencing additional stressful events
- Younger women with children at home

Green at al, 2005
Models of Counseling
Shared Decision Making

Inform and educate patients about therapeutic options

Describe in simple words and with absolute numbers

Support patients in attributing their personal value to these numbers

When emotional needs of patients are addressed, normalized and considered standard care, patients may feel understood and most fully cared for
Coping styles in malignant diseases

Personality traits

- Internal or personal locus of control
- Being optimistic
- Taking a minimizing perspective
- Problem solving
- Seeking social support
- Actively processing
- Expressing emotions
To Conclude

Counseling is necessary for all patients confronted with cancer/malignant diseases during their reproductive life.

This is primarily intended to provide clear and precise information on ART and discuss all existing options, including cryopreservation of oocytes, PNs or ovarian tissue or refusal of fertility preserving methods.
To Conclude

The team can provide better care by understanding emotional needs, psychosocial predictors of distress and methods of coping.

Counseling offers support for young people or couples confronted with stressful cancer/malignant diseases and fertility issues and helps them through their sometimes difficult decision-making process.
Guidelines and Team implication

Close collaboration between the different therapeutic teams involved (onco-gynaecologists, oncologists, radiotherapy specialists, ART specialists and counselors) is of the utmost importance.

Fertility Preservation, Barcelona, June 2011