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Sexuality and emotional disorders in women with infertility diagnosis and their changes during et treatment by art

STRESZCZENIE ANGIELSKIE

Introduction:

Sexual and mental health is part of reproductive health. Fulfilling the need of parenthood in the problematic process of trying for a child is undoubtedly one of the few very stressful situations, and the technology used in the process of infertility treatment affects the most intimate sphere of human life.

Objective of the work:

Analysis of the course of sexual life and emotional regulation, including the most common sexual dysfunctions and the most common mental disorders, detailing the occurrence of symptoms: before trying for a child, during a biological test and during infertility treatment.

Material and methods:

The study included 167 women and their life partners. The group consisted of patients aged 25 to 40 who were treated for infertility (idiopathic, male, female), who were qualified for in vitro fertilization (classic or ICSI). Women after oocyte donation, embryo donation and those using a sperm bank were not included in the study. For further analysis, the research was carried out at time intervals:

- a) before the planning period of pregnancy
- b) during pregnancy planning (biological test)
- c) during the treatment of the infertility problem

The values and categories of variables concerning the studied women were determined retrospectively on the basis of outpatient histories, using only non-invasive methods based on: psychological interview, questionnaires and psychological-sexological tests. The diagnosis of male and female sexual dysfunctions was made on the basis of the definitionsOf the

International Statistical Classification of Diseases and Health Problems ICD-10. Mental and behavioral disorders (F00-F99) was diagnosed on the basis of ICD-10 and on the basis of M.I.N.I.

Results:

Own research has shown that prolonged treatment of infertility worsens the quality of sexual life.

The most common sexual dysfunctions in the studied women during infertility treatment were: HSDD - 97% of the patients, 74.25% of the patients had a problem with vaginal lubrication, and 71.86% of the patients had orgasmic disorders. During the biological test period, sexual dysfunction distinguished among the examined women was the lack of genital response, which occurred in 53.29% of patients. Before planning pregnancy, 5.99% of the surveyed women had a problem with vulvodynia.

The analysis carried out in women diagnosed with infertility showed significant changes in emotional regulation. During the infertility treatment period, 66.47% of patients were diagnosed with mixed anxiety and depressive disorders, 55.69% were diagnosed with dysphoric premenstrual disorders, and 39.52% were diagnosed with generalized anxiety disorder. Significantly fewer women suffered from specific phobia 16.17%, slightly less - 13.17% suffered from panic disorders, a major depressive episode occurred in 10.78% of patients, and dysthymia was present in 10.18% of patients. 5.99% of the surveyed women suffered from social phobia.

Conclusions:

The technology of the IVF procedure and the time needed to diagnose the causes of infertility and start treatment have a significant impact on the sexual health of women and men and the emotional regulation of both women and men.

The inclusion of psychological, psychiatric and sexological support due to the significant deterioration of sexual health and emotional regulation should be obligatory for couples in clinics treating the problem of infertility.