Psychosomatic Disorders in Infertile Couples

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Background: Infertility and related treatments have lots of unfavorable emotional and physical effects on infertile spouses. As these effects could hurt couples' self-confidence, body image, masculinity and ... The purpose of present article is to present prevalence and various types of psychosomatic problems, related factors and some strategies in this field in infertile couples.

Methods: Present study is a review article and was prepared by searching scientific websites- google scholar, sciencedirect, pubmed- and using key words such as psychosomatic, infertile couples, and infertility treatment. About 20 articles were assessed in this study.

Results: Various studies have been done in field of infertile couples' psychosomatic problems; some of them have assessed the effects of infertility on gender role, masculinity, stress, anxiety, depression, social imbalance, marital disorder and sexual dissatisfaction. Others have studied social and demographic factors related to these psychosomatic disorders including educational status, economic status, and cause of infertility (male or female factors). Also, changing of these psychosomatic disorders was assessed by longitudinal studies. Results suggest that women are more concerned about marital and sexual satisfaction, self-blaming and self-confidence compared to those in men. Predictors of mental distress in infertile couples were aging, lack of children, self-blaming and avoiding of infertility adoption. Polygamy and having responsibility against infertility were factors leading to less infertility adaption. Several studies showed that prolactin level in infertile women is higher than that in normal women which could be related to her emotional stress; in addition, high level of prolactin is one of the important predictors for low probability of pregnancy and viable child bearing. Some strategies which
were suggested in this field focus on consultation about side effects of infertility treatment, effects of hormonal changes on mental health, depression and stress. Also, infertility adaptation and some interventions such as Surrogacy or ovum donation are other choices for them. In addition, it is important for health professionals to do some interventions including educating communication skills, relaxation, expressing his/her emotion and discussing their concerns and feelings related to infertility.

**Conclusion:** More attention to psychological aspects of infertility and treatment of psychological and psychosomatic disorders properly has pivotal role in mental health and quality of life’s infertile couples. It seems more studies- especially studies with qualitative design- are needed in this field.

**Key words:** psychosomatic, infertile couples, infertility treatment