

SCREENING OF MOOD SYMPTOMS IN NEW PATIENTS PRESENTING TO REPRODUCTIVE ENDOCRINOLOGY CLINIC: *Time for early intervention?* Abbey Kruper, Psy.D.

BACKGROUND

Women are at greatest risk for mood disorders during childbearing years. The addition of infertility is a significant and stressful life event further impacting psychological well-being during this period. By identifying psychological concerns early in the treatment process, patients can be referred for beneficial interventions rather than allowing psychological conditions to emerge, worsen, or further impact their health. Embedding a behavioral health provider within a medical clinic promotes ease of access with scheduling as well as reduces stigma of seeking behavioral health services. Quality of care is enhanced via collaboration and addressing population health needs.

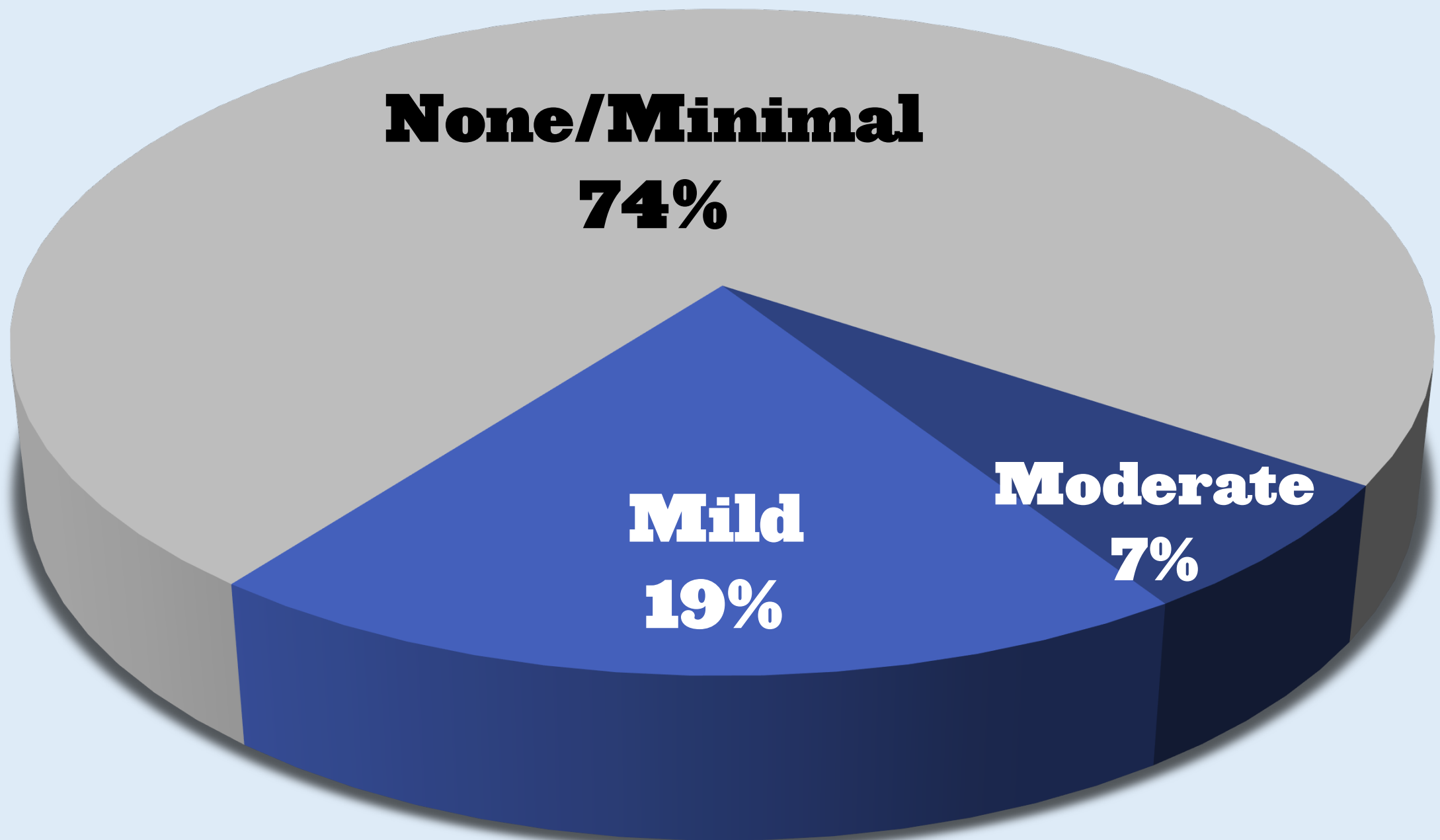
OBJECTIVES

To analyze the prevalence of clinically significant anxiety or depression at the initial infertility clinic visit, to assess whether patients were referred to health psychologist, and the outcome of this referral.

STUDY DESIGN

Retrospective chart review of all new patients presenting to a Reproductive Endocrinology clinic for initial consultation was completed. A total of 170 patients were assessed from April 2016 through June 2016. The Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7) scales were administered to patients by nursing staff. Scores were calculated for the presence of mild, moderate, or severe symptomatology. A cut-off of 10 indicating moderate anxious or depressive symptoms was set to prompt physician discussion of symptoms with patient and referral for early psychological intervention.

Presence of Depression or Anxiety



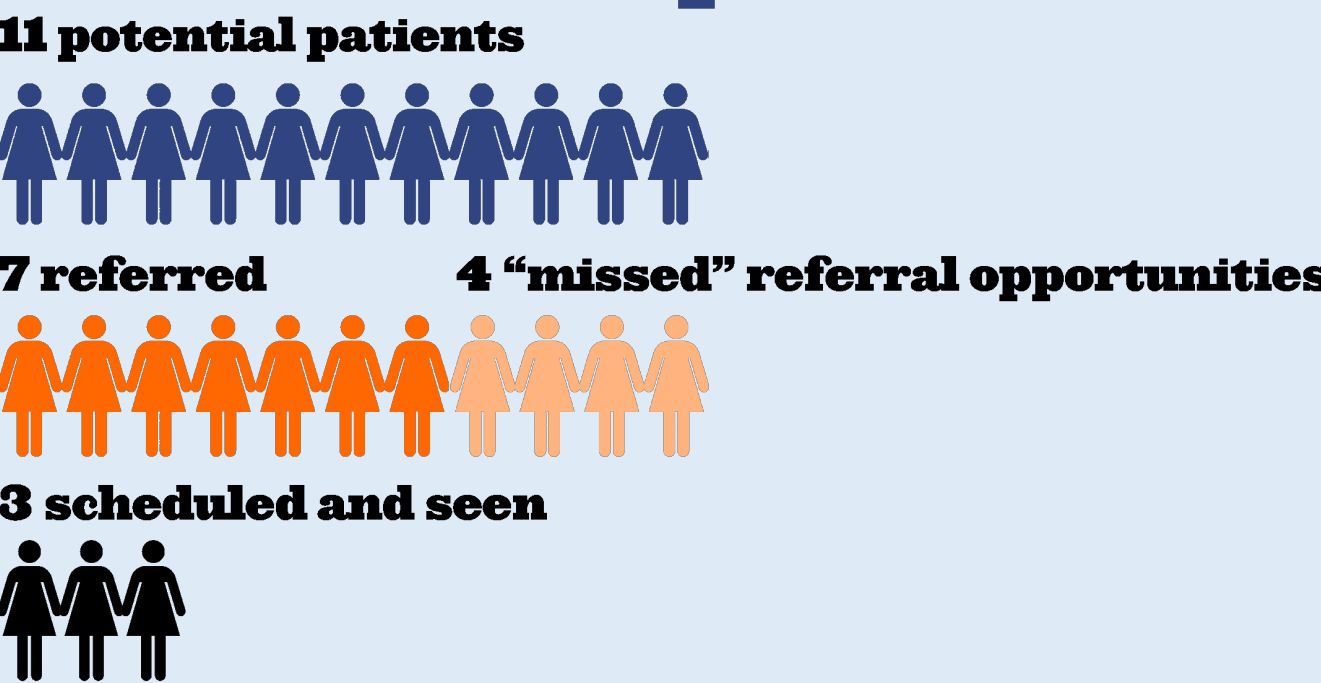
RESULTS

Of the 170 patients evaluated, 126 of the patients (74%) scored below 5 on measures indicating minimal to no emotional distress at that time point. 33 patients (19%) endorsed mild symptoms of depression or anxiety and the remaining 11 patients (7%) indicated moderate symptoms. No patient endorsed severe symptoms of either depression or anxiety at this time point. Of the 11 patients indicating moderate symptoms, 7 patients were referred for initial psychological evaluation and 3 elected to schedule and attend the appointment.

Mild depression/anxiety



Moderate depression/anxiety



CONCLUSIONS

Despite the incidence of mood disorders in general population as well as previous estimates of clinically relevant psychological disorders in infertility, a lower than expected amount of patients endorsed clinically relevant mood symptoms at their initial infertility consult. Of those that endorsed clinically significant mood symptoms, relatively few followed through with establishing with health psychology.

FUTURE PLANS

This was a pilot study to examine the benefit of early identification and referral for behavioral health needs within infertility population. Future directions will evaluate the benefits of lower threshold for referral and critical re-evaluation time points, such as after failed infertility treatment interventions. Research regarding prevalence of mood disorders, early psychological intervention, and barriers to mental health care is ongoing.