The inability to conceive is experienced by individuals and couples as a stressful and often heartbreaking situation. As a medical issue, impaired fertility affects approximately 80 million people in all parts of the world. It is estimated that approximately one in ten couples have either primary or secondary infertility. The impact of infertility can have deleterious, social and psychological consequences on the individual, leading to isolation and mental distress. In some cultures, motherhood is the only way for women to enhance status in their family and community. In United States, specialists who study infertility have noted that infertile couples are one of the most neglected and silent minorities. Perhaps, one of the most difficult emotional consequences of infertility is the loss of control over one's life. For many couples, their infertility becomes the focal point of daily discourse and tasks, often to the exclusion of other important aspects of life.

Most infertile patients, especially women, consider the evaluation and treatment of infertility to be the most upsetting experience of their life. Infertile women have significantly higher levels of depressive symptoms and twice the prevalence of depressive symptoms relate to fertile women. In a report by World Health Organization on the social consequences of infertility, some childless women choose suicide over the tortuous life and mental anguish caused by infertility.

There is evidence for increased marital distress in couples who do not conceive in the first year of treatment compared to the couples who do conceive. Depression may be recognized as major depression or minor. Major depression manifest with at least five of the following nine symptoms: loss of interest, change in sleep, change in appetite or weight change, loss of energy, trouble concentrating, thoughts of guilt, thoughts about death or suicide for nearly every day for consecutive weeks. Minor depressions are: presence of two to four of the nine symptoms of major depression present everyday for at least two weeks.

The objective of this study was to assess frequency of depression in infertile couples. The study was conducted on couples attending outpatient department of Baqai Institute of Reproduction and Developmental Science between January to December 2007. A questionnaire was designed for personal interview with these couples. Informed consent was taken from each couples before the interview.

The survey was conducted on those couples who sought first time evaluation for fertility. The survey contained general questions regarding their age, years with partner, education, race, religion, reproductive history and infertility treatments. Finally, questionnaire included questions regarding stress and depression as per five-item Geriatric Depression Scales (GDS). There are several self-reported depression screening instruments available for use in primary care settings and five-item Geriatric Depression Scale (GDS) is one of them. There are several self-reported depression screening instruments available for use in primary care settings and five-item Geriatric Depression Scale is one of them. A five-item version of the GDS has been validated in older adults. Its parent scale, despite the name, also has been validated in younger adults. These

**ABSTRACT**

Impaired fertility affects approximately 80 million people from all parts of the world. It is estimated that approximately one in ten couples have either primary or secondary infertility. Infertile women have significantly higher level of depressive symptoms and twice the prevalence of depressive symptoms relate to fertile women. Depression may be recognized as major or minor. The study was conducted on couples attending outpatient department of Baqai Institute of Reproduction and Developmental Science between January to December 2007. A questionnaire was designed for personal interview with these couples. Informed consent was taken from each couples before the interview. The survey was conducted on those couples who sought first time evaluation for fertility. The survey contained general questions regarding their age, years with partner, education, race, religion, reproductive history and infertility treatments as per five-item Geriatric Depression Scales (GDS). The questionnaire was completed by interviewing 106 couples confidentially. According to this study, females were common victims of depression but males were also sufferers. In summary, the psychological status of infertile patients should be assessed in order to help patients and to relieve their distress.

**Key words:** Depression. Questionnaire. Five-item Geriatric Depression Scale (GDS).
five items are: Are you basically satisfied with your life? Do you often get bored? Do you often feel helpless? Do you prefer to stay at home rather than going out and doing new things? Do you feel worthless, the way you are now?

A single point is given for a ‘no’ response to the first item and a ‘yes’ response to each of the other four items. A score of 2 points or greater is considered a positive screen for depression.

The questionnaire was completed by interviewing 106 couples confidentially. At the end, the data compiled was analyzed for the presence of depression in these couples depending upon the score achieved by them. Results of study are summarized in Table I.

According to this study, females were common victims of depression but males were also sufferers.

In a study using a preferred method for the assessment of distress, namely psychiatric interview, the prevalence of a psychiatric disorder was found to be 40% in 112 infertile women who were interviewed prior to their first infertility clinic visit. Of these, the most common diagnosis was anxiety disorder (23%), followed by major depression (17%).

In this study, depression was found in both male and female partners but females were more affected.

In summary, the psychological status of infertile patients be assessed ideally through structural interview by a mental health professional with the use of valid questionnaires, in order to help patients relieve from distress and persist in treatment in a reasonable way with a hope of success.

### REFERENCES


### Table I: Frequency of depression in infertile couples.

<table>
<thead>
<tr>
<th>Observations</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients interviewed</td>
<td>106</td>
<td>106</td>
</tr>
<tr>
<td>Number of patients found normal</td>
<td>36 (33.96)</td>
<td>10 (9.43%)</td>
</tr>
<tr>
<td>Number of patients under major depression</td>
<td>45 (42.45%)</td>
<td>56 (52.8%)</td>
</tr>
<tr>
<td>Number of patients under minor depression</td>
<td>25 (23.5%)</td>
<td>40 (37.7%)</td>
</tr>
</tbody>
</table>