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Quality of life assessment in patients with extremely low ovarian reserve

R. Rahman and D. Nikolaou

Chelsea and Westminster Hospital
NHS Foundation Trust

Introduction

The prognosis with fertility treatment is poor in women with extremely low ovarian reserve. This can have a significant impact on the overall life satisfaction and well-being of women, which can be worse than the effect on infertile women with good fertility prognosis. FertiQOL tool is used to assess the impact of fertility problems and its treatment on quality of life. Although several studies have used this tool to assess quality of life in infertile women, none of them have specifically investigated women with extremely low ovarian reserve and poor fertility prognosis with in-vitro fertilisation (IVF) using their own eggs.

Aim

This study evaluates the impact of the diagnosis of extremely low ovarian reserve and poor fertility prognosis on the quality of life of women seeking fertility treatment.

Design

This cross-sectional study is the first of its kind to assess quality of life in women with extremely low ovarian reserve and poor fertility prognosis with in-vitro fertilisation (IVF) using their own eggs. A tailored questionnaire was designed to assess demographics and patient's understanding of treatment prognosis followed by questions in the core module of FertiQOL questionnaire. This was sent to all women with AMH <3.5pmol/L seeking fertility treatment at Chelsea and Westminster Hospital, London, between December 2020 to December 2021.

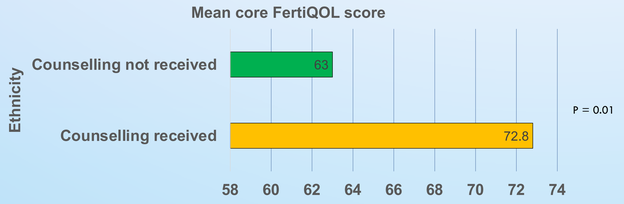
References

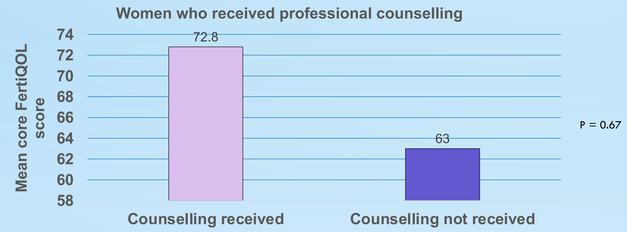
1. Boivin, J., Takefman, J., & Braverman, A. (2011). The fertility quality of life (FertiQoL) tool: development and general psychometric properties. *Human Reproduction (Oxford, England), 26*(8), 2084-2091. 10.1093/humrep/der171

2. Wu, M., Su, P., Chu, W., Huey, N. G., Lin, C., Ou, H., & Lin, C. (2020). Quality of life and pregnancy outcomes among women undergoing in vitro fertilization treatment: A longitudinal cohort study. *Journal of the Formosan Medical Association, 119*(1), 471-479. 10.1016/j.jfma.2019.06.015

Method

An online version of the tailored questionnaire was emailed to 30 patients, of which 23 completed and returned the questionnaires. Questionnaires were manually checked, and responses transferred to an excel database. The total quality of life score was calculated using the online FertiQOL scoring tool. SPSS was used for statistical analysis and comparison between subgroups.





Results

The response rate of patients was 76.6%. All patients were given the diagnosis of extremely low ovarian reserve and poor fertility prognosis with IVF using their own eggs by their fertility doctor prior to completing these questionnaires and were informed of the success rates with IVF using own eggs compared to using donor eggs, the latter being significantly higher. The mean core FertQOL score was 63.0. Patients of the Afro-Caribbean race had significantly lower scores compared to those from any other ethnic background (60.7 vs. 63.0; p = 0.01). Women who received professional counselling prior to seeking fertility treatment showed higher scores (72.8), albeit not statistically significant, when compared to women who had no counselling (63.0; p = 0.67). There were no statistically significant differences in scores between younger and older women, different education levels, single and married or being in a relationship, nulliparous and multiparous women, those trying for shorter or longer periods of time, or those who had previous successful or unsuccessful IVF cycles. The relatively small sample size possibly had an impact on the statistical significance of the results.

Conclusion

Undergoing fertility treatment is an emotionally challenging process, which can be aggravated by the knowledge of expected poor prognosis with IVF treatment due to extremely low ovarian reserve. These women should, therefore, be identified as a group that would benefit from extensive counselling and additional support throughout the process.