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# DEVELOPING A PSYCHOLOGICAL SCREENING PROTOCOL FOR THE UK UTERINE TRANSPLANT TRIAL: WHAT HAVE WE LEARNT SO FAR?

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## DECLARATION OF INTEREST

- None

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- We have an ethical and moral responsibility to assess capacity to consent to procedure along with ability to adhere to the treatment regime and reasonable likelihood of couple maintaining their relationship at the minimum.

NEW INFORMATION

5:47 72°

**Cleveland Clinic: The Nation's First Uterus Transplant Has Failed**



## SO WHAT DOES THIS MEAN?

- Arguably major mental illness, addiction, developmental difficulties, relationship instability and inability to adhere to medication regimes can impede the participants' capacity to consent or ability to complete the trial.
- Preliminary exclusion criteria were defined as:
  - having severe psychiatric illness,
  - addiction or
  - moderate/severe developmental disorders.
  - Relationship instability
  - Ability to adhere to medication regime
- Coping strategies and availability of social support

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## METHOD



- This was a case-study mixed design
- Participants:
  - 11 couples (n=22) who had been pre-selected based on their medical suitability for the procedure.
  - 1 was excluded on medical reasons after the screening process had been completed.

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# MEASURES



- Self-report measures:
  - WHOQoL BREF
  - SF-36
  - FertiQoL core
  - HADS
  - Dyadic Adjustment Scales

- Marital Taxon Questionnaire
- mMOS – social support
- Beliefs about Medicines Questionnaire
- Interview:
  - SCID-V RV
  - Clinical Interview

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## CLINICAL INTERVIEW THEMES

- Revisit any issues highlighted by the SCID-V and the questionnaires
- Motivations to partake in the trial (beyond having a baby)
- Understanding of potential challenges and identification of coping styles, exploration of past difficulties
- Couple stability and coping with difficulties
- Establish the level of psychological support that they may want / need

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## RESULTS:WOMEN

ID	HAD S-A	HAD S-D	Phys QoL	Psych QoL	Soc QoL	Env QoL	Rel	mMos	Meds O/H	SCID
1	8	1	88	69	81	88	stable	40	11/8	Possible mild ADHD
2	4	0	94	94	100	88	stable	40	7/8	-
3	4	0	94	81	81	100	stable	40	6/4	-
4	12	3	94	94	94	88	stable	32	11/8	Neg for anxiety disorder
5	5	0	94	88	94	81	stable	40	10/9	<b>Excluded on medical grounds</b>
6	2	0	88	69	100	81	stable	38	8/7	-
7	2	0	100	88	100	94	stable	35	11/9	-
8	0	0	94	94	94	94	stable	38	8/7	-
9	4	0	94	75	75	88	stable	39	8/10	-
10	6	2	94	56	75	81	stable	35	7/6	History of psych problems, not current
11	1	0	88	75	81	75	stable	40	9/9	-



## CONCLUSION AND CLINICAL IMPLICATIONS



- Different assessment methods/instruments elicits different information.
  - The SCID-V-RV provides detailed information of past and present psychiatric illness and was very helpful in identifying those with a past history of psychiatric and developmental issues.
  - Questionnaires provides a baseline and work as screening tools for further assessment
  - The clinical interview was used to build relationship, assess coping strategies, couple relationship stability, and identify whether additional psychological support may be indicated.
  - Additionally, any concerns that the couple have regarding the transplant can be discussed during the interview.
- We recommend using 2-step approach with a combination of questionnaires and semi-structured interviews to assess the psychological suitability for uterus transplants.

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