
PSYCHOLOGICAL ATTRIBUTES OF THE UK UTERINE TRANSPLANT WAITING LIST

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DECLARATION OF INTEREST

- None

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BACKGROUND



- Little is known about the psychological impact of uterine transplants on women. However arguably we have an moral and ethical responsibility to ensure that the women are able to consent to the procedure, are of a “sound mind”, and are able to follow through with all stages of the procedure
- So, how do we know how to psychologically assess couples interested in uterus transplants?
 - MRKH research focused mainly on the diagnosis phase or on effects of dilation therapy
 - Jarvholm and colleagues in the Swedish trial reported higher than average Quality of Life and lower levels of distress in their sample of 10 women undergoing uterus transplants.
- What are the psychological attributes of those who have expressed an interest in uterus transplant?

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METHOD



- Cross-sectional survey completed online sent to all on the uterus transplant waiting list. Participants were asked to complete a short computerized PRISM task before completing the questionnaires,
- Questionnaires:
 - Rosenberg's self-esteem scale
 - Multi-dimensional Body-Self Relational Questionnaire (2 subscales: Appearance Evaluation and Appearance Orientation)
 - Hospital Anxiety and Depression Scale
 - WHO Quality of Life – BREF
 - FertiQoL core
 - (Engaged Living Questionnaire)
 - (Cognitive Fusion Questionnaire)

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RESULTS



- Participants: Response rate: 57/111; 2 participants were removed due to >20% non responses.
 - Mean age=30.28 (SD=4.9),
 - Most participants had Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome (45/55; 81.8%), followed by previous hysterectomy (7/55; 12.7%), other reproductive abnormalities (2/55, 3.6%) and other womb abnormalities (1/55; 1.8%)

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RESULTS – SELF ESTEEM AND BODY IMAGE



Scale	Section	Mean	SD	Normative Mean	Normative SD	Cohen's <i>d</i>
Rosenberg's self-esteem scale	Total	21.36	3.8	30.75	5.0	-1.84***
MBSR	AE	3.34	0.6-0.7	3.36	0.9	-0.02
	AO	3.47	0.5	3.91	0.6	-0.73**
HADS	Anxiety	6.4	4.1-4.2	6.14	3.8	-0.07
	Depression	2.89	3.1-3.1	3.68	3.1	0.25*

*=small; **=medium; ***=large

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RESULTS



Scale	Section	Mean	SD	Normative Mean	Normative SD	Cohen's d
WHOQoL-BREF	Physical	85.53	8.9-10.1	80.3	13.6	0.38*
	Psychological	69.38	12.2-12.4	73.1	12.0	-0.35*
	Social	82.48	14.6-14.6	74.8	19.9	0.36*
	Environmental	82.65	10.5-10.7	73.4	12.5	0.74**
FQ	Emotional	49.78	23.4-23.9	45.11	23.2	0.20*
	Mind-Body	66.84	23.9-24.4	51.25	21.5	0.73**
	Relational	81.37	17.6-17.8	68.70	19.2	0.66**
	Social	68.12	19.6-20.0	52.74	18.6	0.83***
	Total	66.54	17.1-17.2	53.70	17.2	0.73**

*=small; **=medium; ***=large

CONCLUSIONS

- Clearly absolute uterine infertility has a significant psychological and emotional impact of those affected.
- In particular low self esteem and exaggerated importance of physical appearance was identified.
- Women wishing to have uterine transplants more frequently reported anxiety, however not more so than the norm group.
- Depression was less common and lower compared to the the control group.
- Their overall psychological quality of life was reduced compared to the normative population, however slightly elevated compared to other women with fertility problems.
- On the contrary, the women were more satisfied with their physical health, environmental, relationship and social quality of life compared to the general population. This may reflect the selectiveness of the sample as largely consisting of women in long term relationships in good health who are actively seeking to have a child.



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IMPLICATIONS FOR PRACTICE



- Limitations: Possibility of underreporting distress as participants may fear to be excluded from the trials based on the results (despite being reassured that this study was separate). Possibility of selection bias due to low response rate.
- Strengths: the first study (that we are aware of) investigating the actual psychological morbidity in this client group.
- Awareness of the psychopathology in this population is crucial for developing screening protocols for uterine transplants
- Although not common, transient psychological problems needs to be identified and treated as appropriate / additional support provided throughout the procedure
- Recommended to screen for body image / self esteem, depression and anxiety disorders
- Baseline for QoL

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THANK YOU FOR LISTENING



- QUESTIONS?

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