Author’s response to reviews

Title: The effect of duration and cause of infertility on anxiety and depression in infertile women

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Dear Editorial manager;
Here by I explain point to point the changes I made in my article according to the comments of respected reviewers.
In beside I inform that the setting of authors is changed also.
By the way I would like to change the title to a new one as: “The effect of duration and cause of infertility on anxiety and depression in infertile women” if you don’t mind.
Yours;
Dr. Fatemeh Ramezanzadeh

The questions of Mr/Mrs Hidehiko Matsubayashi:
Major compulsory Revision:
This revised manuscript is much better than the first one (c.f.the methods and results), but there is so much points that the authors should revise. This article will be very worthwhile for contribution if the authors explain more detailed points of social, cultural and economical background in Iran, because the readers didn’t know well about Iranian people. The introduction and discussion is still too poor on logic-flow to understand.

These changes were done in related sections:
Background (Introduction):
Edelmann et al (1985) found that infertility has a significant effect on psychological factors. Some authors have drawn attention to the fact that health problems, loss of self-esteem, feeling akin to
mourning, threat, sexual distress, depression, guilt, anxiety and frustration, emotional distress and marital problems are all associated with infertility (3). (Page 3, lines 5-10)
Lapane et al (1995) described that indicated that there is a relationship between depression and infertility and depression could play an important role in the pathogenesis of infertility (8). (Page 3, lines 14-16)
Psychological difficulties of infertile patients are complex and influenced by a number of factors such as gender differences, causes and length of infertility. Freeman et al (1987) found that half of their sample of infertile couples described infertility as the most upsetting experience of their lives, whereas 80% of the same reported by Mahlstedt et al (1987) described that their experience of infertility was either stressful or very stressful (1). (Page 4, lines 5-10)
If infertility problem lasts long and its treatment has been unsuccessful, stress and psychopathological problems especially depression will be more (15, 16). (Page 4, lines 13-15)
The results of the study, which included counseling and couple-therapy, are being prepared for infertile couples. (Page 5, lines 10, 11).
Discussion:
Patients participating in this study was middle-class coming from different geographical areas in Iran. The finding of this study provides information about frequency, severity of anxiety, depression and duration of infertility in childless women. The prevalence of psychiatric morbidity especially depression and/or anxiety in infertile patients have been assessed in several countries. (Page 9, lines 1-6).
There was depression and/or anxiety disorder in 33% (Hong Kong), in 32%(Scotland) of infertile women (16-20). The overall percentage of depression disorder in infertile women ranges between 24 and 36% and also anxiety disorder ranges between 67 and 84%. (Page 9, lines 14-17).
In Islamic and eastern countries such as Iran, family status especially childbearing is very important and valuable. Having a child stabilizes family and increases marital satisfaction. In our culture and society, negative attitudes to infertility is so tender. Having a child is psychologically or effectively, vital factor for women, and the absence of children may cause marital problems such as divorce or even second marriage fertile. Intervention of relatives especially husband's family, negative attitude and behavior of surroundings (family, friends, neighbors,.... ) causes psychological problems for infertile women. Generally infertile women experiences negative social consequences including marital instability, stigmatization and abuse. Infertility can have a serious effect on both psychological well being and social status of women in our country. (Page 10, lines 2-13)
It seems that high education could be decrease psychiatric symptoms in infertile women. (Page 10, lines 17,18).
especially in female and unexplained factors, Women. (Page 11, lines 8,9).
In other words women showed higher reaction than men. (Page 11, line 16).
Iranian women a longer experienced psychiatric symptoms compared to other countries. (Page 12, lines 13,14).

1) Table 1; Total number of patients should be on the table.

Table 1: Prevalence of Depression and Anxiety in understudied women
Depression
(Beck) Frequency Percent Anxiety
(Cattle) Frequency Percent
Normal 219 59.2% Normal 49 13.2%
Mild 96 25.9% Moderate 141 38.1%
Moderate 37 10% Neurotic 117 31.6%
Severe 18 4.9% Severe 63 17%
Table 2; the authors should explain cause of infertility (e.g., how to evaluate those, what kind of tests your hospital used (including laparoscopy?) what is the cutoff line of those tests in your hospital and what does? Habitual? mean). The common in Iranian hospital is not the same as that of other countries. 

Diagnosis Male factor is based on WHO Criteria 1999, Ovulatory is based on History and management of progesterone in the midluteal phase and diagnosis Endometriosis is based on laparoscopy, Tubal factor is based on HSG and cervical is based on Post Cortal Test.

It is not still clear which groups were compared (Table 2, page 9, 4-6). Would you please clarify those in the results and show p-value in the Table 2 (is that multiple 2 2 tables or 2 n table?). To clarify which groups are compared, it is necessary to separate groups and to show p value in the Table 2.

Table 2: frequency of depression and anxiety by referring cause of patients

<table>
<thead>
<tr>
<th>Causes of Infertility</th>
<th>Percent of Depression</th>
<th>Percent of Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oligo-asthenotazo spermia</td>
<td>24.6%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Azospermia</td>
<td>31.6%</td>
<td>80.7%</td>
</tr>
<tr>
<td>Ovulatory</td>
<td>48.0%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>20.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Uterus</td>
<td>52.2%</td>
<td>82.6%</td>
</tr>
<tr>
<td>Tubal</td>
<td>50.0%</td>
<td>90.5%</td>
</tr>
<tr>
<td>Habitual abortion</td>
<td>33.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Unexplained</td>
<td>56.5%</td>
<td>95.7%</td>
</tr>
<tr>
<td>Male &amp; Female (Both)</td>
<td>49.0%</td>
<td>93.9%</td>
</tr>
</tbody>
</table>

P-value 0.014 0.485

In next step, we compared the prevalence of depression (Depression group is consisted of mild, moderate and severe depressive women) in all categories of infertility causes. The x2 statistic for this 2 x 9 (chi-square = 20.643 P = 0.014) showed that prevalence of depression is not equal in these categories. But, the same analysis for the prevalence of anxiety (anxiety group is consisted of moderate, neurotic and severe anxious women) in different groups of infertility causes showed no significant difference between them (Chi-square = 7.491, P = 0.485) Table 2.

In results section, instead of? Table 1 displays the detailed?, just say? (Table 1). Table 3 and 4 is the same.

It was corrected (page 7; line 16, page 8, line 6, page 8 line 15, page 8, line 20).

2) The authors should explain more about statistical methods in the end of the method section.

The data were analyzed by using statistical SPSS. The relationship between continuous and binary explanatory variables with Beck and Cattle scores were assessed using spearman's rho and unpaired t-test, respectively. In addition, the relationship between categorical responses and explanatory variables were evaluated using chi-square test. For descriptive purposes, we presented the frequency tables.

3) page 7; we need references of the validation study of both Beck Depression Inventory in persian version and cattle Inventory in Iranian version. Those may be written in Persian or Iranian (not in English), but you should cite those references in addition to the original version.
Validity and Reliability Beck Depression Inventory. ghasemizadeh ahmad 1355. Shiraz university publish.
Validity and Reliability Cattle Inventory. zamani Amir 1365.
Validity and Reliability Cattle Inventory for Iranians. alvandi Ali 1367.

4) The introduction and discussion sections are important, because many similar studies have been published recently but it was rare for Iranian population. This is the point. Why your study showed such high depression and anxiety level in comparison with other studies? The authors should explain more detailed points of social, cultural, and economical background in Iran, because the readers didn't know well about Iranian people. The authors just cited and listed the papers in the discussion, but they should compare Iranian to other countries using those references. For example, how is important to have a child in Iran, how do surrounding people say to the infertile women (husband, parents, parents in law, neighbors etc.) how long dose it take to divorce without children, how often dose the divorce occur, can man marry with more than 1 wives? After discussing these, prevention of the surge of depression and/or anxiety in 4th to 9th years of infertility period would be important.

There was depression and/or anxiety disorder in 33% (Hong Kong), in 32% (Scotland) of infertile women (16-20). The overall percentage of depression disorder in infertile women ranges between 24 and 36% and also anxiety disorder ranges between 67 and 84%. (Page 9, lines 14-17).

In Islamic and eastern countries such as Iran, situations of family especially child is very important and valuable. Having a child is caused at stability of family and increasing of marital satisfaction. In our culture and society, there are negative attitude to infertility. Having a child is psychologically or effectively, vital factor for women, and no having one may be caused marital problems such as divorce and or marry with other women. Family intervention especially family of her husband, negative attitude and behavior of surrounding (family, friends, neighbors,....) caused to psychological problems in infertile women. Generally infertile women experienced negative social consequences including marital instability, stigmatization and abuse. Infertility can have a serious effect on both the psychological well being and the social status of women in our country. (Page 10, lines 2-13).

In addition to we don't have any information about how often occurs divorce, we need to more research.

Minor Essential Revisions

1) It was corrected (page 7, line 13).
2) It was corrected (page 11, line 7).
3) It was corrected (page 8, line 16).
4) It was corrected (page 9, line 18).
5) It was corrected (page 8, lines 8, 9).
6) It was corrected (page 8, line 17).
7) It was corrected (page 8, line 18).
8) It was corrected (in many part texts).
9) It was corrected (page 3, line 11).
10) It was corrected (Page 3, lines 15, 16).
11) It was corrected (page 3, line 15, 16).
12) It was corrected (page 3-5).
13) It was corrected (page 12, line 9).

The questions of Mr/Mrs Ellen Olshansky

Major compulsory Revisions

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Minor Essential Revision
Labels of tables were corrected, if you want, you could put the aims of the paper earlier, at the end of the first paragraph.