

## Health News

## REPRODUCTIVE MEDICINE

# Stress-free path to parenthood

Is stress a cause or effect of infertility? Experts disagree whether there is a link between the two conditions, writes Mandy Collins

HERE'S that list — the one that tells you what the top 10 stressors in life are. Divorce, bereavement, moving house are all there, and number 10 on the list is pregnancy. Interestingly infertility doesn't even make it to the list, yet it must be one of the top stressors for the modern couple.

But does it have an impact on your ability to conceive?

Clinical psychologist Mandy Rodrigues and reproductive medicine specialist Dr Antonio Rodrigues, of Medfem Clinic in Johannesburg, certainly seem to think so. They say that there's a link between stress and fertility that must be taken into account.

Recent literature and medical studies have shown that the reduction of stress can account for higher pregnancy rates, says Mandy, who specialises in fertility management. "Not only does stress inhibit the ability to conceive, but the constant disappointment of not being able to conceive compounds an individual or couple's stress levels," she says.

Medfem addresses a very specific type of stress called time urgency perfectionism stress (Tups), she says.

"In simple terms this describes a person who is a perfectionist, is constantly chasing deadlines, and is experiencing exceptionally high levels of stress," Mandy says.

Dr Rodrigues says when people are under ongoing stress they secrete hormones that inhibit normal immune function and constrict blood vessels, which in turn affects the ability to conceive. "We recognised the link between stress and infertility about 14 years ago when we were seeing several patients who had a similar personality type," he says. "Not only were these people extremely hard-working, driven, and self-confessed perfectionists, they also had other symptoms of stress, including irritable bowel syndrome, spastic colon and chronic fatigue."

The trouble is that while instinctively we might feel this to be true — we all know of couples who've given up on fertility treatment only to fall pregnant on the

## Coping with IVF

In vitro fertilisation (IVF) is one of a range of techniques that can help couples with fertility problems to have a baby.

It involves surgical removal of an egg from the woman's ovaries, which is then fertilised with sperm in a laboratory. The fertilised egg, or embryo, is then placed in the woman's womb, the environment allows it to grow and develop.

Medfem Clinic's clinical psychologist Mandy Rodrigues gives top tips for coping with IVF: ■ Speak to a professional — like a nurse or a psychologist — who specialises in the field, about the process. This helps to make it more predictable. The more predictable a stressor, the more manageable it is. ■ Break the IVF process into manageable parts. Try to get through each few days with a small goal, such as getting to the

first scan to see number of follicles, then getting to the next step of aspiration, etc.

■ If you are a perfectionist, consider putting all of your medications in small bank-bags/envelopes to feel more in control. Some clinics print a daily calendar with medications, processes, dates which they update at each visit. ■ For general fertility issues, make a list of triggers that upset you on a daily basis — like pregnant women, babies, baby showers and your period — along with your corresponding reaction. You will see a pattern emerge, that you can then try to manage or avoid. ■ Let the rest of your life happen. Many people put off their other goals, including simple things like travel and exercise. Look at short-, medium- and long-term goals again, and have other challenges you can face while pursuing your fertility.

pregnancy rates. Jacobson goes further and says that "some of the most laid-back pussycats have endometriosis". Endometriosis is a common condition in which small pieces of the womb lining (the endometrium) are found outside the womb. It commonly causes pain in the lower abdomen (tummy), pelvis or lower back and can lead to fertility problems.

All fertility patients require the same thing, says Jacobson: counseling, education, understanding and support.

"And there's no doubt that those who let go, cope better with the process, but that's not to say there is necessarily any impact on their fertility levels," he says.

There's no doubt, however, that undergoing fertility treatment is highly stressful. "Recently published literature has indicated that the emotional reactions and consequences of infertility can be compared to those experienced in a post-traumatic stress reaction," says Mandy.

"The woman or couple will experience a constant grieving cycle each month, with reactions like shock, disbelief, bargaining, anger and depression.

"However, instead of acceptance, the couple faces a new cycle of hope again as the next cycle of treatment begins," she says.

"The causes of infertility and the processes involved in diagnosing and treating infertility have their own emotional and financial consequences for the individual and the couple. "All of these have an impact on the individual, and may result in depression, anxiety, helplessness and isolation."

She advises couples undergoing treatment to seek help from a psychologist specialising in the field of infertility.

"Men and women deal with the stress of fertility at different levels. Men generally want solutions, are less likely to look at longer-term options until forced to, and feel helpless in the face of their wives' distress.

"Women don't only want solutions or appeasement. They just want to be heard and supported.

day the adopted baby arrives — there's not a lot of science out there to back up these claims and it's a very difficult thing to measure. Health News research indicates that the Medfem clinic seems to be the only institution worldwide studying this link, and other specialists say there's nothing published on the topic in any peer-reviewed journals.

Fertility specialist Dr Merwyn Jacobson, of Vitalab, says the effect of stress on fertility is not something that can be evaluated. "Ultimately it's not the stress, it's how patients cope with it that matters," he says.

"Some people deal well with

stress and you can give them as much stress as you want to, while others shrink and shrivel and walk around with their own little black clouds. In a sense, the Rodrigueses are saying nothing new — fertility may improve with good stress management, but so does everything."

There's a whole field built around this notion — psychoneuroimmunology (PNI) — which suggests that if the mind is sound the body is sound. Yet local neurosurgeon Dr Ian Weinberg, the country's leading PNI expert, says he is unable to comment as there is no scientific evidence to suggest that stress reduction improves



BONDING BLISS: Many factors contribute to the environment needed to overcome infertility and finally be able to have a baby. Picture: THINKSTOCK

They may become angry and intolerant towards their spouses. What results is a phenomenon called "independent coping", where spouses have cope on their own, for fear of saying the wrong thing or upsetting the other. Psychologists can help with coping skills and longer-term options."

Dr Rodrigues says it's helpful to have a fertility plan, one that maps out the stages in treatment plans, as well as possible options or reactions after each step has taken place.

"This has an important psychological impact, because when people know what to expect, and

they have a back-up plan, it offers them peace of mind," he points out.

And we should all know by now that good stress management has other long-term benefits.

"We have had the opportunity to bump into some of patients that we treated 10 years ago, and it's

clear that effective stress management has actually improved their overall long-term quality of life," says Mandy.

As to whether it will help your fertility, the jury is still out, but it will certainly help you to get through the fertility process, if you can manage your stress well.

## OBESITY



KEEPING CONTROL: Monitoring your children's food intake and exercise can make a lifelong difference to their health. Picture: THINKSTOCK

# Parents hold the key to their children's weight

Weight control begins at home. Targeting parents, rather than children, can help prevent obesity, writes Jenifer Goodwin

IT'S HARD to help overweight children lose weight; helping them to keep it off long-term is even tougher. However, Australian scientists say that obese children whose parents took classes on the importance of healthy eating and exercise lost weight and kept it off for the next two years.

Their research has particular relevance for SA, where experts have been warning for years of a rising tide of obesity in children as well as adults. Obesity is associated with health problems, including an increased risk of type 2 diabetes and heart disease.

The researchers say the study shows that targeting parents — rather than the children — can help stave off weight gain in children aged five to nine.

"We believe it makes developmental sense to involve only parents," says lead study author Anthea Magarey, a senior research associate of nutrition and

dietetics, at Flinders University School of Medicine in Adelaide, where the study took place.

"It supports a whole family approach."

The findings have been released online in Paediatrics.

For young children, parents play a huge role in their eating and exercise habits, Magarey says. The children spend most of their time at home and eat at home. Parents buy and prepare food, and decide what and how much children can eat. They are responsible for providing opportunities for children to be active, and can set rules for TV and video game use.

The researchers enrolled mostly mothers of 169 moderately obese or overweight children aged five to nine years in a six-month "healthy lifestyle" course, in which parents were taught about portion size and reading nutrition labels, being a good role model for their children and setting limits. (Half of the parents also took a parenting

course, although the study authors found little difference between the two groups.)

At the end of six months, children's body mass index (a measurement that takes into account weight and height) dropped an average of 10%, as did their waist circumference. Eighteen months later, the children had kept the weight off.

After the healthy lifestyle sessions, parents felt more comfortable saying "no" to their children's demands, setting limits on the type of food they could eat, limiting the time they spent watching TV, and establishing consequences for breaking the rules.

Parents assessed their own current eating patterns, and set their own goals for change, such as limiting TV to no more than two hours a day, doing more active family activities, and making small dietary changes that can go a long way, such as eating more vegetables and fruit, using reduced-fat

dairy products and drinking fewer sweetened beverages.

Dr Kathy Kolasa, a US professor of nutrition services and patient education at East Carolina University in Greenville, North Carolina, does not believe children have to be excluded from obesity prevention programmes because of the risk of stigmatising them. But making sure parents know about nutrition, portion size and how to make sure their children are getting enough physical activity is critical.

"Parents tell me they know what to feed their kids and that they are eating healthily," Kolasa says. "When we analyse their diet, they are surprised that they are not following or providing age-appropriate portions and healthy foods."

As for the parents included in the study, their weight did not change over the two years. *HealthDay News* © 2011 New York Times Partner Publications, and Health News correspondent