

In the era of direct-to-consumer ovarian reserve tests, General Practitioners desire more education on these tests

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Dear Editor,

More than 29 million General Practitioner (GP) consultations take place annually¹. The number of visits relating to fertility is increasing, following the introduction of publicly-funded fertility treatment and the increasing trend of women seeking anti-Müllerian hormone (AMH) testing privately². Ovarian reserve tests (ORTs) such as AMH are useful to help predict oocyte yield for treatments such as in vitro fertilisation (IVF) but they do not accurately predict the chance of conception³. Female age is the single best predictor of fertility³. Best practice guidelines recommend against AMH testing outside of the context of infertility, but nonetheless many women seek to have direct to consumer AMH testing. These tests cost €50-100 and are often sold with limited or no pre or post-test counselling, and websites selling these tests often give misleading information, including the ability of AMH to predict future fertility⁴.

We wished to assess GP's knowledge of and attitudes towards ORTs and their confidence interpreting these tests. We performed a cross-sectional study involving an anonymous questionnaire sent to GPs via SurveyMonkey.

We had 154 responses to our survey, representing 4% of GPs in Ireland. Over two thirds (n=105, 68%) of GPs surveyed had completed a rotation in Obstetrics & Gynaecology but only 47 (31%) had training in fertility. Only ten (7%) of GPs rated themselves as very knowledgeable of ORTs with most reporting that they are somewhat knowledgeable (n=80, 52%) and 64 (n=41%) reporting they were not at all knowledgeable. Most respondents (n=99, 64%) reported having had the experience of a patient attending them for interpretation of an AMH test result generated elsewhere in a private setting. Only 30 (19%) of GPs felt that AMH testing should be performed for women who are not trying to conceive as a 'fertility check'. Nearly all respondents (n=149, 97%) felt that GPs would benefit from more education in fertility and ORTs.

Direct-to-consumer AMH tests are widely available, often without pre-test counselling. Interpretation of AMH results requires clinical context and nuance. AMH testing in women who are not trying to conceive may cause unnecessary anxiety or give false reassurance. Our study demonstrates a lack of confidence in interpreting ORTs amongst GPs and desire for more education on these tests and other aspects of fertility. With an increasing number of women electing to delay childbearing, there is a critical need for education of the public and clinicians regarding age-related fertility decline and the availability, costs and limitations of AMH testing so that these tests are only performed when clinically indicated and with proper counselling.

Declarations of Conflicts of Interest:

None declared.

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