# Majority of UK fertility patients choose unproven treatments to boost success rates



Almost three-quarters of individuals undergoing fertility treatment in the UK are opting for “unproven extras” in an effort to improve their chances of conception, despite there being limited evidence supporting the efficacy of these treatments. This information was revealed in the latest annual national patient survey conducted by the Human Fertilisation and Embryology Authority (HFEA), which sought to capture patients' experiences with both NHS and private fertility care.

The HFEA's report highlights that approximately 40,000 people annually, out of a total of about 55,500 who received fertility treatment in 2022, are investing in various additional therapies, including acupuncture, supplements, and drugs. The survey, which encompassed responses from 1,500 individuals, identified that 73% of patients engaged in at least one supplementary test, treatment, or emerging technology during their IVF or donor insemination procedures.

The financial implications of these add-ons can be substantial, with costs for some treatments reaching up to £1,500. Less expensive options, such as mineral and vitamin supplements, still carry costs of around £25 for a 30-day supply. The HFEA has been advocating against the use of such additional treatments since 2017, with the aim of curbing the practices that are largely unproven in increasing the likelihood of pregnancy for most individuals.

The survey discovered that more than half (52%) of the patients who purchased what the HFEA classifies as “unproven extras” had done so following discussions with their healthcare providers regarding the effectiveness of these treatments. Furthermore, 59% proceeded based on recommendations from their clinic. Julia Chain, chair of the HFEA, expressed concern, stating, “It’s disappointing to see a significant number of patients are still using add-ons and emerging technologies, and particularly disappointing that only half of patients had the effectiveness explained to them, let alone the risks.”

Among the treatments utilised, the most frequently consumed extra was additional drugs or supplements, reported by 39% of participants. Supplements like coenzyme Q10, an antioxidant naturally produced by the body that diminishes with age, were noted as potentially helpful for egg quality. Acupuncture followed, with 27% of respondents reporting its use, while 26% used time-lapse imaging and incubation. About 7% of patients engaged nutritional therapy involving dietitians or nutritionists.

As the report highlights, the likelihood of using an add-on treatment increases with the number of cycles a person undergoes. For instance, 86% of patients who had experienced five cycles had chose to use an add-on, in contrast to 62% of those who had only one cycle. The practice of endometrial scratching, in which the lining of the womb is deliberately "scratched" before embryo implantation, has seen a decline in popularity. However, pre-implantation genetic testing for aneuploidy (PGT-A), which examines embryos for chromosomal abnormalities, has gained traction, even in the face of insufficient evidence confirming its effectiveness in improving treatment outcomes. This method is primarily sought by patients aged 40 to 42 and those located in London.

The HFEA has reiterated the importance of clinics providing patients with transparent information regarding treatment costs and the likelihood of success associated with add-ons. Chain remarked, “We will continue to remind clinics about improving clarity and communication for patients.”

Additionally, the survey revealed that many patients are experiencing extended wait times for fertility care, with some facing waits of up to two years, particularly for NHS services. Moreover, it was noted that 51% of patients using donor sperm sourced their donors from abroad, where regulations concerning the maximum number of families that can be created by a single donor are less stringent than in the UK.

Patient satisfaction rates remain relatively high, with 73% of patients expressing contentment with their fertility treatments. However, satisfaction levels appear to be lower among Asian and black patients. In response to these findings, the Department of Health and Social Care has stated that it is "unacceptable" for fertility patients to be subjected to unnecessary treatments that do not contribute to their goal of becoming parents. Efforts are underway to improve access to NHS fertility services, and the department is considering advice from the HFEA regarding potential reform of their regulatory powers, including the role of digital clinics in the landscape of fertility treatment.

Source: [Noah Wire Services](https://www.noahwire.com)

## References

* <https://www.hfea.gov.uk/about-us/publications/research-and-data/state-of-the-fertility-sector-2023-2024/> - This HFEA report provides insights into the UK fertility sector, including concerns around unproven treatment add-ons and their usage among patients.
* <https://www.gov.uk/government/publications/human-fertilisation-and-embryology-authority-hfea-review-report/independent-review-of-the-human-fertilisation-and-embryology-authority-hfea-final-report-and-recommendations> - This review highlights HFEA's efforts to regulate add-ons and improve patient information in the fertility sector, emphasizing the need for evidence-based treatments.
* <https://assets.publishing.service.gov.uk/media/66aa107249b9c0597fdb0879/HFEA-annual-report-2023-to-2024.pdf> - The HFEA annual report discusses the authority's work on treatment add-ons, highlighting a new rating system to address their efficacy and safety.
* <https://www.hfea.gov.uk/treatments/cost-of-treatment/treatment-add-ons/> - This HFEA webpage provides detailed information on treatment add-ons, including their costs and potential effectiveness, aligning with the report's concerns about unproven treatments.
* <https://www.gov.uk/government/news/dr-sharon-percival-uk-fertility-trends-and-data> - This government news item discusses fertility trends and data, reflecting on patient experiences and the regulatory oversight in the sector.