

## Quality Of Life in Spouse of Cancer Patients: A Cross Sectional Comparative Study at a Tertiary Care Centre

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### Abstract:

**Background:** Cancer patients rely almost always on family, friends and significant others in their journey of dealing with their illness. Caregiver, especially spouse, often symbolically share in illness and present the struggle with cancer as a joint one. Given the magnitude of services provided and the sacrifices made by family caregivers, adverse consequences of caregiving have emerge as a serious public health concern.

**Objectives :** The present study aimed at assessing the quality of life in the spouse of patients with cancer. The present study also aimed to assess the relationship between sociodemographic variables and quality of life (Qol) and to compare Qol between the spouses of cancer patients with spouses of bipolar affective disorder.

**Materials and Methods:** A cross-sectional, comparative, observational study was conducted with a total sample of 100 i.e. 50 spouses of cancer patients and 50 spouses of bipolar affective disorder (BPAD) patients as the experimental and control group respectively, aged between 18-64 years. After obtaining informed consent, the socio-demographic variables were recorded on a specific proforma prepared for the study. Quality of life was assessed by using Short Form-36 (SF-36) in all the subjects. Statistical analyses were carried out using the Statistical Package for Social Sciences (SPSS) version 16.0 for Windows.

**Results:** The quality of life scored lower over the domain of Emotional Well Being in the spouses of the persons diagnosed with cancer (statistically significant at P value 0.007).

**Conclusion:** The results of the study indicate that caregiving spouses of patients with cancer are associated with lower quality of life. Therefore, psychiatric evaluation and appropriate interventions in spouses of cancer patients assumes clinical significance for a better outcome given the magnitude of services provided and the sacrifices made by family caregivers.

**Keywords:** cancer, caregivers, spouses, quality of life.

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### I. Introduction

The diagnosis of a severe and life threatening illness, such as cancer, not only affects the lives of patients, but also the lives of those who are close to them.<sup>1</sup> In cancer, progressive illness leads to an increased involvement of family members as caregivers. Caring a patient can be a very stressful job and difficult one, too. The demands of a caregiver's role and seeing the patient suffer progressively can create a great distress.<sup>2</sup> The care provider, especially spouse often symbolically share in the illness and present the struggle with cancer as a joint one.<sup>3</sup>

The World Health Organization<sup>4</sup> defines QoL as individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.

The impact of caregiving on caregiver's quality of life is considerable. People who care for patients with a progressive illness may themselves suffer from a number of problems, including sleeplessness, a general deterioration in health, exhaustion, anxiety and depression and inadvertently lower quality of life.<sup>5</sup> Savage and Bailey<sup>6</sup> reviewed studies on the impact of caregiving on mental health, finding less life satisfaction, increased self-reporting of worry and depression, and increased levels of psychiatric morbidity among caregivers. Intimate partners, family members, and close friends also report high levels of psychological distress, often higher than levels reported by survivors. Approximately 32 to 50% of caregivers have significant psychological distress or mood disturbance. When patients meet the criteria for psychiatric disorder, caregivers are 7.9 times more likely to meet the criteria as well, and vice versa.<sup>7</sup>

It is also known that caring for someone with psychiatric illness is associated with a higher level of stress than caring for someone with functional impairment from other chronic medical illnesses.<sup>8</sup> The burden perceived by caregivers of patients with psychiatric illness is a fundamental prognostic aspect.<sup>9</sup> As these issues may influence the quality of life of the caregiver it is important that they are addressed.

The present study is aimed at the quality of life in spouses of patients with cancer. The present study also aimed to assess the relationship between sociodemographic variables and quality of life between the spouses of cancer patients with spouses of patients suffering from bipolar affective disorder.

## II. Material and Methods:

A cross sectional, comparative, observational clinical study was conducted at the Department of Psychiatry, a unit of a multi-specialty general hospital attached to Medical College rendering tertiary level health services. The study was approved by the Institutional Ethics Committee and informed consent was obtained from all participants of the study. Study was conducted between August 2016 and September 2017.

**Sample of the study:** 100 subjects satisfying the criteria for inclusion were included for this study, consisting of Experimental group which comprised of 50 spouses of consecutively admitted in-patients in the oncology department with diagnoses of cancer of various types, presenting at different stages, and 50 spouses of consecutively admitted in-patients in the psychiatry department with diagnoses of BPAD as per ICD-10 criteria, F31.0- F31.9, as controls. The socio-demographic variables were recorded on specific proforma prepared for the study. Quality of life was assessed by using Short Form-36 (SF-36) in all the subjects.

**Inclusion criteria:**All subjects were spouses of in-patients, identified as the primary caregiver and aged 18 – 65 years who provided written informed consent.

**Exclusion Criteria:**Those who refused consent, or report past history of any primary psychiatric disorder or substance use disorder (other than tobacco).

**Short Form-36 (SF-36)**<sup>10</sup>This widely used questionnaire consists of 36 items forming 8 domains or scales that is, physical functioning; social functioning; role physical (limitations in usual role activities because of physical problems); role emotional (limitations in usual role activities because of emotional problems); bodily pain; mental health; vitality; and general health perceptions.It is an instrument to measure quality of life in normal population as well as in individuals with various disease impairments.

**Statistical Analysis:** Statistical analyses were carried out using the Statistical Package for Social Sciences (SPSS) version 16.0 for Windows. Continuous covariates were expressed as mean with standard deviation (SD) and compared between groups using the unpaired student's t-test.

## III. Results:

**Table 1: Sociodemographic profile of study sample.**

PROFILE	GROUP	EXPERIMENTAL GROUP	CONTROL GROUP
Age (In years)	18-39 years	12 ( 24%)	10 (20%)
	40-64 years	38 ( 76%)	40 ( 80%)
Gender	Male	29 ( 58%)	29 ( 58%)
	Female	21 ( 42%)	21 ( 42%)
Religion	Hindu	49( 98%)	48 ( 96%)
	Muslim	1 ( 2 %)	1 (2%)
	Others	1 ( 2 %)	1 (2%)
Education	Illiterate	23 ( 46%)	16 (32%)
	Primary School	13 ( 26)	8 ( 16%)
	Middle School	7 (14%)	8 ( 16%)
	High School	6 (12%)	7 (14%)
	Plus2/ Pre-degree	0 (0%)	4 (8%)
	Degree	0 ( 0%)	2 (4%)
Marital duration ( In years)	Post Graduate	1 ( 2 %)	5 ( 10%)
	0-10	3 (6%)	8 (16%)
	11-20	7(14%)	15 (30%)
	21-30	14 (28%)	17 (34%)
	31-40	18 ( 36%)	4 (8%)
Occupation	41-50	8 (16%)	6 (12%)
	Unskilled Laborer	20 (40%)	28( 56%)
	Skilled Laborer	15 (30%)	6 (12%)
	Government Employee	2 (4%)	1 (2%)
	Private Employee	2 (4%)	4 (8%)
	Self-Employment	0 ( 0%)	3 (6%)
	Business	0 ( 0%)	1 (2%)
Others	11(22%)	7 (14%)	
Location of residence	Urban	4 (8%)	8 ( 16%)
	Rural	44 (88%)	42 ( 84%)
	Others	2 (4%)	0 (0%)

Family type	Nuclear	29 ( 58%)	30(60%)
	Joint	21 ( 42%)	20 (40%)
Family income (rupees)	upto 20000/-	44 (88%)	29 ( 58%)
	21000 - 1 Lakh	6 (12%)	21 ( 42%)

The Table 1 shows sociodemographic data of the sample subjects, no significant difference among the various domains were observed between the two groups.

**Table 2: Clinical profile of cancer patients**

Diagnosis	Frequency
Ca cervix	13 (26%)
Ca lung	6 (12%)
Ca ovary	4(08%)
others	27 (54%)

Table 2 shows the frequency of subjects according to the type of cancer among their spouse which were being attended by them. Maximum i.e. 26% were attending to patients suffering from Ca cervix, 12% from Ca lung, 8 % from Ca ovary and rest i.e. 54 percent belonged to other types of cancers that included carcinoma of esophagus, small cell carcinoma of vocal cord, gall bladder, alveolus, scalp, breast, adenocarcinomas of pancreas, rectum, tonsil, larynx, spindle cell sarcoma involving thorax, tongue, and leukemias.

**Table 3: Clinical profile of bipolar affective disorder patients based upon ICD-10 guidelines.**

Diagnosis	Frequency
Mania with psychotic with symptoms; F31.2	15 (30%)
Mania without psychotic symptoms; F31.1	13 (26%)
Severe depression with psychotic symptoms; F31.5	10 (20%)
Severe depression without psychotic symptoms; F31.4	10 (20%)
Moderate depression without somatic syndrome; F31.30	2 (4%)

Table 3: shows the frequency of subjects according to bipolar affective disorder type among their spouse which were being attended by them. Mania with psychotic symptoms (30% was the commonest presentation followed by Mania without psychotic symptoms (26%), Severe depression with psychotic symptoms (20%), Severe depression without psychotic symptoms (20%), and Moderate depression without somatic syndrome (4%).

**Table 4: Correlation of SF36 score with age, gender and type of family in spouse of patients with cancer.**

Age		N	Mean	Std. Deviation	Std. Error Mean	Mean Difference	't'	P value
Total SF 36	18-39 years	12	59.48	13.993	4.040	1.488	.264	.793
	40-64 years	38	57.99	17.845	2.895			
Gender								
Total SF 36	Male	29	62.30	17.311	3.215	9.423	2.008	.050
	Female	21	52.88	14.974	3.268			
Type of family								
Total SF 36	Nuclear	29	54.15	16.120	2.993	-9.986	- 2.139	.038
	Joint	21	64.14	16.531	3.607			

Table 4 shows insignificant statistical relationship between the age, gender and type of family and the quality of life.

**Table 5 : Comparison of quality of life in spouse of patients with cancer and control group.**

	Group	N	Mean	Std. Deviation	Std. Error Mean	Mean Difference	't'	P value
Total SF 36	Experimental	50	58.35	16.877	2.387	2.917	1.061	.291
	Control	50	55.43	9.650	1.365			
PF	Experimental	50	80.90	23.532	3.328	6.100	1.511	.134
	Control	50	87.00	16.162	2.286			
RLPH	Experimental	50	68.50	43.098	6.095	2.500	.296	.768
	Control	50	66.00	41.268	5.836			
RLEP	Experimental	50	11.99	25.867	3.658	4.820	.999	.320
	Control	50	7.17	22.215	3.142			

EF	Experimental	50	49.59	25.257	3.572	6.392	1.436	.154
	Control	50	43.20	18.783	2.656			
EWB	Experimental	50	45.78	17.780	2.514	9.300	2.734	<b>.007</b>
	Control	50	36.48	16.196	2.290			
SF	Experimental	50	53.01	21.043	2.976	3.970	.871	.386
	Control	50	49.04	24.416	3.453			
Pain	Experimental	50	80.91	21.623	3.058	.490	.119	.905
	Control	50	81.40	19.405	2.744			
GH	Experimental	50	62.42	16.268	2.301	4.660	1.428	.157
	Control	50	57.76	16.370	2.315			

**Table 5:** shows that there was insignificant difference in the scoring of Total SF 36 between the two groups except for the EWB (Emotional well being) which was found to be **significant at P value 0.007**. It further infers that the experimental group had lesser scoring for emotional well being compared to the control group.

#### IV. Discussion:

The present study was aimed to understand and compare the quality of life of spouses where one is diagnosed with cancer. A total of 100 subjects were assessed. Out of the 100 subjects, 50 were spouses of patients diagnosed with cancer and 50 were spouses of patients diagnosed with bipolar affective disorder admitted as indoor patients in oncology and psychiatric wards respectively. In the present study all the subjects were assessed for Quality of life by using SF-36.

In the present study, no significant difference was found in quality of life with age, gender, type of family and duration of marriage in spouses of patients with cancer. The mean Total SF 36 score for Experimental group that is spouses of cancer patients and for the control group that is spouse of bipolar affective disorder was found to be insignificant at P value 0.132. Although it was found that there was insignificant difference between the various domains of Total SF 36 between the two groups except for the EWB (Emotional well being) in the experimental group had lesser scoring for emotional well being compared to the control group.

**Drabe N et al<sup>11</sup>** found QoL significantly lower when compared to a healthy, age-matched female population. Additionally, no associations were found between wives' QoL, psychological distress, and time since diagnosis of their husbands' cancer. Although wives diagnosed with an anxiety disorder reported significantly lower levels of QoL. **Wagner et al<sup>12</sup>** found lower QoL among husbands of women with breast cancer than comparison husbands when measured with SF-36, specifically in the subscales of general health, vitality, role-emotional, and mental health.

In a study<sup>13</sup> it was found quality of life to be moderately low in the caregivers of BPAD determined using Quality of Life Enjoyment and Satisfaction Questionnaire- Short Form (Q-LES-Q-SF). This is similar to the findings by Allison M. R. Lee et al<sup>14</sup> and Perlick DA et al<sup>15</sup> who have reported moderate to high levels of burden among caregivers of Bipolar patients. K.K.Ganguly et al<sup>16</sup> who found that spouses and parents had similar burden. Parents had a statistically significant (p=0.009) poorer Quality of Life when compared to caregivers in other relationships (children, sibling).

#### V. Conclusion:

Spouses of cancer patients had significant lower quality of life in the form of lower levels of Emotional Well Being. The present study quantifies the burden caregiving spouses of cancer patients have on their Quality of Life. Further research regarding the role and exchange of support in the care giving process is recommended. Psychiatric evaluation of, and appropriate interventions in spouses of cancer patients assumes clinical significance for a better outcome given the magnitude of services provided and the sacrifices made by family caregivers.

**Limitation and guidance for future research:** The present study is encumbered by a small sample size attending a tertiary care center which limits the generalization of the findings. The cross-sectional study design allows only limited inferences regarding the psychological process of coping and adaptation. Future studies may employ structured or semi-structured clinical interview methods to assess psychopathology, and taking into account details of clinical profile of patients with cancer and prognostic factors.

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