

A study on prevalence of depression and anxiety in cancer patients.

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Abstract: Cancer in the elderly has become an increasingly common problem.. Indeed, epidemiologic studies describe that about 60% of all malignancies occur in people aged 65 years or older , and if the current demographic trends continue, it can be estimated that by 2020 about 70% of all cancers will be diagnosed in those aged 65 years or older . One out of two cancer patients report psychiatric disorders, especially depression. At the same time, depression is a burdensome problem even in elderly people . Thus, depression is highly prevalent both in cancer and in the elderly. Consequently, depression appears to be a relevant problem in people with cancer.

The diagnosis of cancer is associated with a lot of psychological distress. Untreated psychiatric morbidities among patients with cancer can significantly impact morbidity, lead to poor adherence to treatment, longer and more frequent hospitalizations, contribute to poor prognosis, poor quality of life, and lead to increased mortality. The psychiatric co-morbidities in the cancer patients are often under diagnosed. Data regarding the prevalence of psychiatric disorders in cancer patients are sparse.

In the present study we are trying to find out the percentage of cancer patients suffering with anxiety and depression by making use of the HADS scale (Hospital Anxiety and Depression Scale) in about 200 subjects. In this study, about half of the patients were found to have psychiatric disorders. The presence of psychiatric disorders in about half of the patients reflects the negative impact of the illness on the patients. Further, these findings suggest that there is a need for close liaison between oncologists and mental health professionals

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I. Introduction

Cancer in the elderly has become an increasingly common problem [1]. Indeed, epidemiologic studies describe that about 60% of all malignancies occur in people aged 65 years or older [2], and if the current demographic trends continue, it can be estimated that by 2020 about 70% of all cancers will be diagnosed in those aged 65 years or older [3]. One out of two cancer patients report psychiatric disorders, especially depression [4–7]. At the same time, depression is a burdensome problem even in elderly people [8]. Thus, depression is highly prevalent both in cancer and in the elderly [9,10]. Consequently, depression appears to be a relevant problem in people with cancer.

The diagnosis of cancer is associated with a lot of psychological distress. Untreated psychiatric morbidities among patients with cancer can significantly impact morbidity, lead to poor adherence to treatment, longer and more frequent hospitalizations, contribute to poor prognosis, poor quality of life, and lead to increased mortality.[11,12] The psychiatric co-morbidities in the cancer patients are often under diagnosed.[13] Data regarding the prevalence of psychiatric disorders in cancer patients are sparse.[12,14] Most of the data are from developed countries where the socio-demographic scenarios are different from developing countries. Although there are some studies from India, these are limited by small sample sizes.[12] In this background, the present study aimed to screen the patients with various malignancies for the presence of depressive disorders and anxiety disorder using standardized rating scales.

Depression and anxiety are not uncommon among people diagnosed with cancer. Stress is often a trigger for depression and anxiety, and cancer is one of the most stressful events that a person may experience. These conditions may interfere with cancer treatment. For example, the patients with untreated depression or anxiety may be less likely to take his cancer treatment medication and continue good health habits because of fatigue or lack of motivation. They may also withdraw from family or other social support systems, which means they will not ask for the needed emotional and financial support to cope with cancer. This in turn may result in increasing stress and feelings of despair (15). Routine screening for distress is internationally recommended as a necessary standard for good cancer care (16). Hospital anxiety and depression scale (HADS)

is a useful instrument for screening depression and anxiety in clinical settings. It was developed by Zigmond and Snaith in 1983. Its purpose is to provide clinicians with an acceptable, reliable, valid and easy to use practical tool for identifying and quantifying depression and anxiety (17).

II. Patients and Methods

From 2016 through 2018 patients with recent diagnosis of breast, colorectal, stomach, esophagus, lung or thyroid cancer scheduled for surgery, chemotherapy, radiotherapy or combination therapy and referred to three main hospitals of Visakhapatnam were included in the study. The patients with past history of psychological disorders were excluded from the study. The sample size was calculated as 200 cases.

A presumptive diagnosis of anxiety and depression was based on a four point 14-item Hospital Anxiety and Depression Scale (HADS). HADS has two subscales for anxiety (seven items) and for depression (seven items). For each item, the participants were asked to indicate which of the 4 options (rated from 0 to 3; score range, 0-42). The score of 0-7 means without clinical symptoms of anxiety or depression, 8-10 mild anxiety or depression and 11-21 symptomatic anxiety or depression. The spectrum of depression means cumulation of symptomatic plus mild depression and the spectrum of anxiety means cumulation of symptomatic plus mild anxiety. The data were collected and analyzed. The outcomes were compared with socio-demographic characteristics of the participants.

The staging of carcinoma in the patients was also taken from their relevant case sheets after obtaining prior permission from the hospital management.

III. Results

The results of the present study are tabulated as below:

Type of Cancer	No clinical symptoms of anxiety N (%)	No clinical symptoms of depression N (%)	mild anxiety N (%)	mild depression N (%)	symptomatic anxiety N (%)	symptomatic depression N (%)	Total N (%)
Breast	2 (1%)	1 (0.5%)	16 (8%)	18 (9%)	11 (5.5%)	9 (4.5%)	57 (28.5%)
Stomach	1 (0.5%)	1 (0.5%)	11 (5.5%)	13 (6.5%)	5 (2.5%)	3 (1.5%)	34 (17%)
Oesophageal	1 (0.5%)	2 (1%)	9 (4.5%)	8 (4%)	-	2 (1%)	22 (11%)
Colo-rectal	2 (1%)	2 (1%)	10 (5%)	15 (7.5%)	6 (3%)	5 (2.5%)	40 (20%)
Lung	1 (0.5%)	1(0.5%)	10 (5%)	8 (4%)	3 (1.5%)	1 (0.5%)	24 (12%)
Thyroid	2 (1%)	2 (1%)	10 (5%)	7 (3.5%)	1 (0.5%)	1 (0.5%)	23 (11.5%)
Total	9 (4.5%)	9 (4.5%)	66 (33%)	69 (34.5%)	26 (13%)	21 (10.5%)	200

The results indicate a higher incidence of anxiety and depression in breast cancer patients followed by colorectal cancer and stomach cancer patients.

The results indicate that more than half of the patients with carcinoma are suffering with anxiety and depression. The results of the present study shows positive correlation between the staging and psychiatric symptoms, i.e, the patients with end stage malignancy had symptoms related to anxiety and depression.

IV. Discussion

In this study, about half of the patients were found to have a psychiatric disorders. The presence of psychiatric disorders in about half of the patients reflects the negative impact of the illness on the patients. Further, these findings suggest that there is a need for close liaison between oncologists and mental health professionals. In India, most of the oncology centres do not have full-time mental health professionals such as psychiatrists, or psychiatric social workers who could identify and manage the psychological aspects associated with malignancy. These findings call for having full-time mental health professionals attached to all the oncology units. An important finding of the present study includes increase in the prevalence of psychiatric morbidity with increase in stage of the malignancy. This finding suggests that if sufficient manpower is not available to screen all patients with malignancy for psychiatric disorders, then the resources should be diverted to those with higher stage of malignancy.

Breast and stomach cancer patients had the highest prevalence of anxiety and depression which had similarities and differences with other researches in Iran or other countries (18-31). In breast cancer patients, the importance of body image and the influence of mastectomy on it, self-image and its effect on sex drive, can justify the higher frequency of anxiety and depression in this group. In gastrointestinal tract cancer patients, the high frequency of anxiety and depression can be related to the changes due to the disease itself or the effect of different treatments on the patient, s appearance. Fatigue, malaise, weight loss and surgical consequences like colostomy are the common causes of anxiety and depression in these patients (32).

Various remedial measures may be tried for treatment of anxiety and depression in cancer patients. They are as follows (33)

- Encourage the depressed person to continue treatment for depression until symptoms improve, or to talk to the doctor about different treatment if there's no improvement after 2 or 3 weeks.
- Promote physical activity, especially mild exercise such as daily walks.
- Help make appointments for mental health treatment, if needed.
- Provide transportation for treatment, if needed.
- Engage the person in conversation and activities they enjoy.
- Reassure the person that with time and treatment, he or she will start to feel better – and although changes to the treatment plan are sometimes needed, it's important to be patient.
- Talk with a doctor about using anti-anxiety or anti-depressant medicines.

V. Conclusion

The present study suggests that about half of the patients with various malignancies have psychiatric issues in the form of depressive disorders or anxiety disorders or both. These findings call for close liaison between oncologists and mental health professionals to improve the outcome of patients with various malignancies.

In conclusion, continuous screening for anxiety and depression is recommended as a necessary approach for good cancer care; on the other hand, after the diagnosis of clinically important psychological disorders, proper treatment interventions must be performed to improve the quality of life in these patients.

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