

Monograph on Psychological Issue among Cancer Patients

Prabhuswami Hiremath

Lecturer (Mental Health Nursing), Krishna Institute of nursing Sciences, Malkapur Main Road, Malkapur, Karad- 415110, District: Satara, (Maharashtra).

Abstract

The word cancer, abbreviated ca, is a term that frightens most people. The word neoplasm is derived from the Greek word which means new, and plasma which means growth of new tissue (molding). Previously cancer was considered as a non treatable disease and having very painful experiences throughout the disease. There is need of concentrating on psychological aspect of cancer patient's health along with treating disease process. Health care professionals at Out Patients Department as well as in oncology ward often forget to discover psychological changes while dealing with treatment and chemotherapy care. There is need for psychological assessment right from the diagnosis till the patient recovers and leads happy life. This article is simple review on Psychological Aspect of Cancer patients.

Keywords: Psychological; Cancer Patients; Anxiety; Depression; Stress; Death anxiety.

Introduction

Diagnosis of cancer for any individual is a real life crisis. Lots of psychological changes are common among patients as well as family members of the patients. Starting from simple anxiety patient's emotion may range till suicide. Previously cancer was

considered as a non treatable disease and having very painful experiences throughout the disease. There is need of concentrating on psychological aspect of cancer patient's health along with treating disease process. Health care professionals at Out Patients Department as well as in oncology ward often forget to discover psychological changes while dealing with treatment and chemotherapy care. There is need for psychological assessment right from the diagnosis till the patient recovers and leads happy life. This article is simple review on Psychological Aspect of Cancer patients. Cancer is a group of more than 200 diseases characterized by uncontrolled and unregulated growth of cells. Cancer is often considered a disease of aging, with the majority of cases (76%) diagnosed in those over the age of 55 years, it occurs in people of all ages [1].

The word cancer, abbreviated ca, is a term that frightens most people. The word neoplasm is derived from the Greek word which means new, and plasma which means growth of new tissue (molding). A neoplasm is defined as an abnormal new growth of tissue that serves no useful purpose and may harm the host organism [2]. Irrespective of type and site of cancer patients experiences range of emotional changes. The aim of this review article is to discuss major emotional changes with some review.

Anxiety

Anxiety is a normal human emotion. Mild anxiety motivates individual to goal directed activity but severe and prolonged anxiety is a disorder that may interfere with daily living activities and relationships. In fact, patients report anxiety as a combination of symptoms including an inability to carry out physical exertion, lack of interest, or motivation, impairment of

Corresponding Author: Prabhuswami Hiremath, Lecturer (Mental Health Nursing), Krishna Institute of nursing Sciences, Malkapur Main Road, Malkapur, Karad- 415110, District: Satara, (Maharashtra).

E-mail: prabhu252003@yahoo.co.in

short-term memory, and attention or concentration; along with sleep disturbances (hyper or insomnia), and emotional reactivity. On the basis of its characteristics, it has been proposed that anxiety is a syndrome rather than an isolated complaint [2]. For many patients, anxiety is a severe and limiting problem. The impairment of physical and mental performance prevents from working or carrying out regular daily activities and hence results in a substantial reduction of the quality of life [2].

Cognitive behavior therapies and psychotherapy may reduce anxiety in cancer patients. However, these interventions do not correct the impairment of physical performance frequently observed in this patient group. Using diversion therapy and supportive system like family have been proposed as a non-pharmacologic intervention for the treatment of cancer related anxiety. When carried out during chemo or radiation therapy, the above mentioned therapies reduce the impairment of performance status related to treatment. It has been shown that they improve the quality of life in women treated for breast cancer.

Anxiety which is part of human life is a relevant problem of cancer patients during and after treatment. Cancer related anxiety is subjectively experienced symptom that is multi-dimensional and multi-factorial which leads to depression in their lives. An anxiety and depression were common in cancer patients and reduced their quality of life. (Rolke. H. B, Bakke P. S., Gallefoss. F) [3]. Fletcher. B. A. et al in their study at Omaha suggested that considerable inter-individual variability in the trajectories of evening and morning fatigue. While evaluating the care givers, they found that the presence of anxiety, poor family support, as well as high levels of patient fatigue showed that the family care givers were at highest risk for sustained fatigue trajectories [4].

Chen. A. M. et al conducted a study among 40 patients (25 women and 15 men) patients undergoing radiation therapy for head and neck cancer in Sacramento about psychosocial distress with Hospital Anxiety and Depression Scale (HADS) and Beck Depression Inventory-II (BDI-II) instrument before radiation therapy, during the last day of radiation therapy, and at the follow-up visit. They found that the variables like employment status (working at enrollment), younger age (<55 years), single marital status and living alone were playing a major role in the level of anxiety [5].

Lee. P. W. et al at Hong Kong showed that the period from the diagnosis to two months of post radiation therapy was a high risk period both physically and emotionally with the help of about 70 Chinese patients (46 men and 24 women) of naso-

pharyngeal cancer. They measured physical and psychological adjustments by Rotterdam symptom checklist, Beck Anxiety Inventory, Perceived stress scale and the 36-Item short form health survey (Survey-36). The percentage of fear of dying and anxiety were reduced from 28% from pre radiotherapy to 2% at one year [6].

Korfage. I. J. et al conducted a study among 299 patients and follow-up was done for five years. Among men treated by radiation therapy, 27% reported clinically significant levels of anxiety while 20% was expected in a general population. So they predicted that the anxiety levels were high in pre-radiation therapy patients and were gradually decreased according to the duration of treatment.

Depression

Depression is disabling illness commonly affects about 15% to 25% of cancer patients and equally for both men and woman. Depression is one concern that many cancer patients experience. It is important to make an accurate and complete assessment of depressive symptoms. Furthermore, a heightened awareness of patients' culture and their perceptions are vital to their assessment, diagnosis, and treatment of depression. In cases of clinical depression, appropriate antidepressants prescribed along with the treatment for Cancer are significant for the patient. Palliative counseling for patients and supportive counseling for their family are recommended as part of a treatment plan [7].

Angelopoulos N.V in their cross sectional study with 100 samples (59 men and 41 females) suffering from cancer was conducted about the mental symptoms hostility features and stress in people with cancer. 58% of the females and 49% of the men patients experience severe anxiety, 32% of the females and 24% men reports depression. Study showed that cancer patients experience severe stress, anxiety, depression and hostility features [8].

John in his study assessed depression among low-income, ethnic minority women with breast or gynecologic cancer, counseling services, and correlates of depression on 472 women receiving cancer care which shows Twenty-four percent of women were suffering with moderate to severe levels of depressive disorder (30% of breast cancer patients and 17% of gynecologic cancer patients). Only 12% of women meeting criteria for major depression reported currently receiving medications for depression, and only 5% of women reported. Author also stated that depression is one concern that many cancer patients

experience. It is important to make an accurate and complete assessment of depressive symptoms. Furthermore, a heightened awareness of patients' culture and their perceptions is vital to their assessment, diagnosis, and treatment of depression. In cases of clinical depression, appropriate antidepressants prescribed along with the treatment for cancer are significant for the patient. Palliative counseling for patients and supportive counseling for their family are recommended as part of a treatment plan [9].

Prevalence rates of depression are high at diagnosis, during treatment, and in the first six months following treatment, and mild to moderate depression may continue for three to six years after diagnosis. Certain patient demographic characteristics (e.g., marital status, education), symptoms, and specific time points in the illness trajectory (e.g., time of treatment) are having strong correlation with depression [10].

Stress

Stress among cancer patients is a net result of multidimensional stressors that disturbs individuals and family coping capabilities, which leads from having normal feeling of fear, sadness and anger to meeting diagnostic criteria for adjustment or mood disorders. The ability to successfully adapt to the multitude of stressors that accompany the cancer experience often depends on intervention by health care team [11].

A study conducted at Dartmouth-Hitchcock medical centre in Lebanon on distress, psychiatric syndromes, and impairment of function in 236 women with newly diagnosed breast cancer, by using distress thermometer scale, shown that, 41% rated their distress, 11% for major depression and 10% for PTSD. Study concludes that emotional distress and psychiatric syndromes were prevalent in these populations [12].

Prospective cohort study conducted with 18 year follow up on self reported stress and risk of breast cancer at Copenhagen city, Denmark to assess the relation between self reported intensity and frequency of stress and first time incidence of primary breast cancer. The 6689 women participating in the Copenhagen City heart study were asked about their perceived level of stress at baseline in 1981-1983. These women were followed until 1999 in the Danish nationwide cancer registry, with < 0.1% loss during follow up. Results showed that during follow-up 251 women were diagnosed with breast cancer. Women with high levels of stress had a hazard ratio of 0.60 (95% confidence interval 0.37 to 0.97) for breast cancer compared with women with low levels of stress [13].

This indicates that the level of stress increases the chances of diagnosing cancer which is an important factor to be taught while giving advice to patients.

Stress, disappointment were soon followed by such a growth and increase in cancer so that it would be quite realistic mental depression is a weighty addition to the other influences favoring the development of cancer. The patients undergo stress because of the nature of the illness, concept about cancer, prognosis of the disease and nature of the treatment modalities. Especially the middle age people have more stress because of they are more concern about their roles in family, responsibilities and their life's [14].

Fear of Death

Fear of death or death anxiety is also known as thanatophobia, is an abnormal fear of death, or anything that is related or associated with death. The common symptoms of these emotions are shortening of breathing, infrequent and asymmetrical heart beat, prolonged sweating, rapid heartbeat, dry mouth, Shaking Feels sick queasy, Psychological instability.

As death approached, patients were more likely to prefer Do Not Resuscitate (DNR) status, with the percent of patients preferring DNR rising from 33% at 6 months to 3 months before death to 47% at 1 month to 3 days before death. The frequency with which DNR orders were written for hospitalized patients also increased as death approached.

The prevalence of death anxiety is often higher with women. The concept of morality was believed to have developed 150,000 thousand years ago. Through the evolutionary period, a basic method was created to deal with death anxiety and also as a means of dealing with loss [15].

A study has conducted on "Death Anxiety in the Outpatient Leukemic Child" says that awareness of the seriousness of their illness seems to persist with fatally ill children, even when they are not in the hospital. Not only did they express a greater general anxiety and greater anxiety in relating the stories, but also in contrast to their chronically ill counterparts, the leukemic children exhibited a lack of adaptability to the necessity of clinic visits, becoming increasingly more anxious about the clinic both as visits became more frequent and as their illness became of longer duration [16].

A sample of 60 cancer patients from Apollo BSR Hospital, Bhilai (C.G.) was randomly selected. Fear of death and depression level in cancer patients were measured by the Fear of Personal Death Scale and the Beck's Depression Inventory (BDI). The Cope Scale was administered to measure their coping strategies.

It was observed that 21.7% patients had fear of death; 46.7% had moderate level of depression followed by mild (38.3%). Significant gender differences in fear of death and depression ($P < .05$) were also observed. Different treatment groups differed significantly on depression, it was more in those who were receiving both radio and chemotherapy (26.7%) than those who were receiving only chemotherapy (20%). Fear of death and depression was comparatively higher in female patients [17].

Tsai JS. et al; conducted study in 224 patients with terminal cancers admitted to the Palliative Care Unit in National Taiwan University Hospital during the period of January 1 through October 31, 2001 shows that The severity of death fear decreased gradually in both groups after being admitted to the hospice ($P < 0.05$). However, the elderly ($> \text{ or } = 65$ years of age) displayed higher levels of death fear than the younger group at two days before death ($P < 0.05$). A significant negative correlation was observed between the degree of death fear and the total good death score in both groups at two days before death ($P < 0.05$). They also stated that Fear of death is a common characteristic among palliative care patients. We might think that the elderly display a higher degree of acceptance of the inevitability and less fear in the face of death. The comprehensive care in the palliative care unit might relate to the relief of the death fear of terminal cancer patients. There is a need for psychological and spiritual care in elderly patients [18].

Suicide

Among medical disorders cancer is one of the chronic, painful and most depressive diseases, which have highest risk for committing suicide by the sufferers in spite of advances in cancer treatments, improved prognosis and quality of life. A study conducted in USA to identify risk of suicide in cancer patients revealed that 19 out of every 1,000 male cancer patients and four out of every 1,000 female cancer patients committed suicide [19]. All patients with life-limiting chronic illnesses should be routinely screened for suicidal thoughts. Patients who are at risk should be asked about specific plans for self-harm, past history of suicide attempts, access to firearms or other lethal means to carry out a suicidal act, and level of support/supervision available in the home (e.g. family care-givers) [20].

A study conducted in India to explore the psychological and social problems faced by the terminally ill with fifteen incidentally available terminally ill patients at the Pain Clinic, I.R.C.H, AIIMS, ranging from 30-65 years. The co-relation

between Internal Health Locus of Control and Depression was found to be significant below the 0.05 level. Statistics also revealed that a large number of participants were either severely depressed (33.33%) or extremely depressed (20%). The seven common themes running through all the narratives were identified; Concern for physical pain; Anxiety and Depression; Body-image problems; Social withdrawal; Disease viewed as bad 'karma'; Desire for hastened death; and lastly Hope. This study concluded that awareness among all the concerned people working with cancer patients on what intervention strategies should be utilized to help the patients [21].

A retrospective cohort study of suicide in persons with cancer in United States conducted revealed that suicide rate in the general US population was 16.7/100,000 person-years. The highest suiciderisks were observed in patients with cancers of the lung and bronchus, stomach, oral cavity and pharynx, and larynx [22].

Desire for hastened death among terminally ill cancer patients is not uncommon. Depression and hopelessness are the strongest predictors of desire for hastened death in this population and provide independent and unique contributions. William Breitbart, et al in their study with 92 terminally ill cancer patients (60% female; 70% white; mean age, 65.9 years) found that Sixteen patients (17%) were classified as having a high desire for hastened death & 15 (16%) of 89 patients met criteria for a current major depressive episode. Desire for hastened death was significantly associated with a clinical diagnosis of depression ($P = .001$) as well as with measures of depressive symptom severity ($P < .001$) and hopelessness ($P < .001$) [23].

Conclusion

Health care professional must be trained in identifying psychological variation among cancer patients. It depends on the stages of cancer and site of cancer, which causes range of emotional variations. Psychological care along with medical care has to be integrated to prevent psychological problems, quick recovery, to improve quality of life and better adaptation to life.

Reference

1. Luckmann and Sorensens. Medical Surgical Nursing. 4th ed. Philadelphia: W.B Saunders Company; 1997; 118-21.

2. Agnihotram, V, Ramanakumarl, Yeole Balakrishna, Garimella Ramarao., Breast and Cervical cancers in Mumbai. *Journal of cancer prevention*. 2007; 21(1): 129-135.
3. Rolke. H. B. Bakke. P. S. Gallefoss. F., Health related quality of life, mood disorders and coping abilities in an unselected sample of patients with primary lung cancer. Department of Pulmonary medicine, Sorlandet Hospital, Kristiansand, Norway. 2008; 1460-7.
4. Fletcher. B. A. Schumacher. K. L., Dodd. M., et al. Trajectories of fatigue in family caregivers of patients undergoing radiation therapy for prostate cancer. University of Nebraska college of Nursing, Omaha, USA. 2008; 125-39.
5. Tian. J. Chen. Z. C. Hang. L. F. Effects of nutritional and psychological status in gastrointestinal cancer patients on tolerance of treatment. Department of Epidemiology and Health Statistics, Fujian Medical University, China. 2007; 4136-40.
6. Lee. P. W.wan. T. T., Kwong. D. L et al, A prospective study of the impact of nasopharyngeal cancer and radiotherapy on the psychosocial condition of Chinese patients. Division of Clinical Health Psychology, Department of Psychiatry, The University of Hong Kong, China. 2007; 1344-54.
7. Bhatia M.S. "Essentials of Psychiatry" V Ed, CBS, New Delhi, 2006; 8.1 – 8.14.
8. Angelopoulos N.V, 'Mental symptoms, hostility features stressful life events in people with cancer' *Scandinavica* 1997 Feb; 27-34, 44-50.
9. John, Coping with depression, "Health Action", 2004; 22-26.
10. "Counseling" www.samhsa.org retrieved on 30.4.2008.
11. Psychological stress and cancer [Online]. 2008 [cited 2009 Nov 12]; Available from: URL: <http://www.cancer.gov/cancertopics/factsheet/risk/stress>.
12. Hegel MT, Moore CP, Collins ED, Kearing S, Gillock KL, Riggs RL et al. Distress, psychiatric syndromes and impairment of function in women with newly diagnosed breast cancer. *Cancer* 2006; 107(12): 2924-2931.
13. Phyllis N. butow & Janet E Hiller, 'Epidemiological events for a relationship between life events, coping strategies and personality factors in the development of cancer' *Journal of psychosomatic research*- 2000; 49(5): 169-181.
14. Levenson J W, McCarthy E P. et al. The last six months of life for patients with congestive. heart failure. Pubmed.available at RL: <http://www.ncbi.nlm.nih.gov/pubmed/10809463>.
15. Death Anxiety and its Prevalence in Women, the Philosopher's zone. Available at URL: <http://www.philosopherzone.com/articles/death-anxiety-and-its-prevalence-in-women/>.
16. John Spinetta, Lorrie Maloney. Death anxiety in the outpatient leukemic child. *PEDIATRICS* 56; 1034-1037. Available at <http://pediatrics.aappublications.org/cgi/content/abstract/56/6/1034>.
17. M. I. R. Shahid Ali ¹, Meena Osmany ¹, Waheeda Khan ¹, Deepti Mishra ² Fear of Death, Depression and Coping among Cancer Patients, *Indian Journal of Health and Wellbeing*, 2014; 5(6): 681-686.
18. Tsai JS¹, Wu CH, Chiu TY, Hu WY, Chen CY., Fear of death and good death among the young and elderly with terminal cancers in Taiwan, *Journal of Pain and Symptoms*, 2005 Apr; 29(4): 344-51.
10. Kendal W. RISK of suicide in cancer patients. *Biomedicine* 2006 October; Available from: URL:<http://www.bio-medicine.org>.
20. Sean M, Drew R. Suicide attempts in the terminally ill. Fast facts and concepts #210 2008 December 3. Available from: URL:<http://epercfastfacts.blogspot.com>.
21. Pahwa Manasi, Babu Nandita, Bhatnagar Sushma. Fighting cancer is half the battle... living life is the other half. *Journal of Cancer Research and Therapeutics* 2005 April-June; 1(2): 98-102. Available from: URL:<http://www.bioline.org>.
22. Stephanie M, Noel S. Weiss, Jesse RF, Mary R, Bevan Y. Incidence of Suicide in Persons with Cancer. *Journal of Clinical Oncology* 2008 October 10; 26(29): 4731-4738. Available from: URL:<http://www.jco.org>.
23. William Breitbart, MD; Barry Rosenfeld, PhD; Hayley Pessin, MA; Monique Kaim, PhD; Julie Funesti-Esch, RN; Michele Galietta, MA; Christian J. Nelson, MA; Robert Brescia, MD, Depression, Hopelessness, and Desire for Hastened Death in Terminally Ill Patients With Cancer, *Journal of american medical association*, 2000; 284(22): 2907-2911.