

Original Research

Assessment of incidence of anxiety and depression among cancer patients

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ABSTRACT:

Background: The present study was conducted for assessing the incidence of anxiety and depression among cancer patients. **Material and methods:** The study looked at individuals with breast, stomach, lung, or thyroid cancer who were planned for surgery, chemotherapy, radiotherapy, or a combination of these treatments. Participants with a previous history of psychological illnesses had been excluded from the study. A total of 500 subjects were screened. Among them, anxiety and depression were seen in 100 patients. A provisional diagnosis of anxiety and depression was made using a four-point 14-item Hospital Anxiety and Depression Scale (HADS). HADS has two subscales: anxiety (seven items) and depression (seven items) (3). For each topic, participants were asked to select the four options (rated from 3 to 0; score range, 0-42) that best described how they felt in the previous week. Statistical analysis was carried out using SPSS software. **Results:** Anxiety and depression were seen in 100 patients. There were 25 males and 75 females in this study. Among 100 subjects, 65 subjects had breast cancer out of which 36 subjects had anxiety and 29 subjects had depression. Out of 19 subjects having stomach cancer, 10 subjects had anxiety and 9 had depression. 9 subjects had lung cancer and 7 subjects had thyroid cancer. **Conclusion:** The most common type of cancer in this study was breast cancer. There was a high rate of depression and anxiety among subjects having breast cancer. The other types of cancers were lung, stomach and thyroid cancer.

Keywords: breast, cancer, anxiety, depression

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INTRODUCTION

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.¹ Routine screening for distress is internationally recommended as a necessary standard for good cancer care.² 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.³

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.⁴ The psychiatric comorbidities in the cancer patients are often underdiagnosed.⁵ Data regarding the prevalence of psychiatric disorders in cancer patients are sparse.⁶ Most of the data are from developed countries where the sociodemographic scenarios are different from developing countries. Although there are some studies from India, these are limited by small sample sizes.⁷ This study was conducted for the Assessment of incidence of anxiety and depression among cancer patients.

MATERIAL AND METHODS

The study looked at individuals with breast, stomach, lung, or thyroid cancer who were planned for surgery, chemotherapy, radiotherapy, or a combination of these treatments. Participants with a previous history of psychological illnesses had been excluded from the study. A total of 500 subjects were screened. Among them, anxiety and depression were seen in 100 patients. A provisional diagnosis of anxiety and depression was made using a four-point 14-item Hospital Anxiety and Depression Scale (HADS). HADS has two subscales: anxiety (seven items) and depression (seven items) (3). For each topic, participants were asked to select the four options (rated from 3 to 0; score range, 0-42) that best

described how they felt in the previous week. Statistical analysis was carried out using SPSS software.

RESULTS

A total of 500 subjects were screened. Among them, anxiety and depression were seen in 100 patients. Among 100 subjects, 65 subjects had breast cancer out of which 36 subjects had anxiety and 29 subjects had depression. Out of 19 subjects having stomach cancer, 10 subjects had anxiety and 9 had depression. 9 subjects had lung cancer and 7 subjects had thyroid cancer. Out of 100 subjects, 25 were males and 75 were females.

Table 1: Distribution of anxiety and depression in different cancers

Type of cancer	Number of subjects having anxiety	Number of subjects having depression	Total
Breast	36	29	65
Stomach	10	09	19
Lung	04	05	09
Thyroid	03	04	07

Table 2: Gender-wise distribution of subjects

Gender	Number of subjects	Percentage
Males	25	25%
Females	75	75%
Total	100	100%

DISCUSSION

Comprehensive cancer care includes not only medical procedures but should also include psychosocial support if needed. The issue of whether psychological care should be delivered by mental health professionals has been often debated and specifically whether hospitals should employ psycho-oncologists to deliver such care remains contested.⁷⁻⁹ Having a clear understanding of the prevalence of common mental disorders in patients with cancer is important not only from the point of planning services geared towards holistic care but also because there is evidence to indicate that untreated psychiatric comorbidities in patients with cancer have a significant impact on disability and quality of life and they tend to worsen if not treated adequately.¹⁰⁻¹² Anxiety disorders are the most prevalent psychiatric disorders and are associated with a high burden of illness.¹³⁻¹⁵ With a 12-month prevalence of 10.3%, specific (isolated) phobias are the most common anxiety disorders,¹⁶ although persons suffering from isolated phobias rarely seek treatment. Panic disorder with or without agoraphobia (PDA) is the next most common type with a prevalence of 6.0%, followed by social anxiety disorder (SAD, also called social phobia; 2.7%) and generalized anxiety disorder (GAD; 2.2%). Evidence is lacking on whether these disorders have become more frequent in recent decades.^{17,18} Women are 1.5 to two times more likely than men to receive a diagnosis of anxiety disorder.¹⁹

A total of 500 subjects were screened. Among them, anxiety and depression were seen in 100 patients. Among 100 subjects, 65 subjects had breast cancer out of which 36 subjects had anxiety and 29 subjects had depression. Out of 19 subjects having stomach cancer, 10 subjects had anxiety and 9 had depression. 9 subjects had lung cancer and 7 subjects had thyroid cancer. Aass N et al¹⁹ investigated the prevalence of anxiety and depression in cancer patients seen at the Norwegian Radium Hospital, using the Hospital Anxiety and Depression Scale (HADS), the EORTC QLQ-C33 and an ad hoc designed questionnaire. In addition, information about the patients' malignant disease and treatment was obtained. The prevalence of anxiety and depression among 716 evaluable patients was 13% and 9% respectively, as assessed with HADS. In hospitalised patients, the risk of psychiatric distress was approximately twice that of patients in the outpatient clinic. Female patients reported significantly more anxiety than men. Patients < 30 or > 70 years old expressed less anxiety than all other patients. Age or gender had no influence on the occurrence of depression. Impaired ability to continue professional work and/or daily life activities, impaired social life and previous psychiatric problems were significantly correlated with anxiety and depression as were impaired physical function, fatigue and pain. The prevalence of depression, but not anxiety, increased in the presence of distant metastases, with less than a month since diagnosis, and with relapse or

progression. In the logistic regression analysis, a history of previous psychiatric problems and impaired social life were correlated with both anxiety and depression. Female gender, impaired physical activity and impaired social role function were additional predictive parameters for anxiety, whereas fatigue predicted depression. Careful attention should be paid to cancer patients displaying these problems in order to diagnose and treat depression and anxiety disorders. Tsaras K et al²⁰ assessed the prevalence and associated factors of depression and anxiety in breast cancer patients, in order to identify independent predictors of mental health disorders risk. A cohort of 152 breast cancer patients who were attending an outpatient oncology department was recruited. Data were collected with a structured questionnaire consisted by social, clinical and demographic information and PHQ-2 and GAD-2 scales. The mean age of the patients was 53.25 years (SD=12.10), 69.7% of the patients underwent mastectomy and 30.3% onectomy. Chemotherapy received 46.1% of patients as adjuvant therapy, 15.8% radiotherapy and 38.2% received both chemotherapy and radiotherapy. A large percentage found to be classified as depressed (38.2%) and anxious (32.2%) and factors that found to be associated were age, marital status, educational level, stage of cancer from univariate analyses and place of residence, religion, symptoms burden from multivariate analysis (for depression and anxiety). Breast cancer patients were in high risk for developing psychiatric disorders such as depression and anxiety. Being rural resident, non-Orthodox Christian and experiencing extend symptom burden can be predicting factors associated with depression and anxiety in breast cancer patients.

CONCLUSION

The most common type of cancer in this study was breast cancer. There was a high rate of depression and anxiety among subjects having breast cancer. The other types of cancers were lung, stomach and thyroid cancer.

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