Original Article

Psychiatric Morbidity In Hospitalized Cancer Patients

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Summary

Cancer is a stressful life event that cause numerous adverse physical and psychological changes. Psychiatric consequences of cancer are such as emotional reaction on diagnosis or recurrence, anxiety, depression, anticipatory nausea with chemotherapy, neuropsychiatric syndrome (due to metastases, paraneoplastic syndromes). The study was conducted from January 2007 to March 2007 to assess the psychiatric morbidity among hospitalized cancer patients. One stage assessment procedure was used in the study. Diagnosis was made clinically on the basis of DSM-IV criteria. Hundred diagnosed admitted cancer cases of above 18 years with no past history of psychiatric disorder were interviewed by using structured questionnaire containing socio-demographic and relevant variables, covering with mental status examination and stress factors. Fifty-three cases (53%) found suffering from psychiatric disorders. Among them 56.6% were suffering from major depressive disorder, 18.9% of generalized anxiety disorder and 24.5% suffering from adjustment disorder. The present study highlights that the psychiatric morbidity is considerable among the cancer patients that need to be adressed. Such awareness requires the physicians not only to treat the cancer but also to mobilize and involve the patients and their family in the successful confrontation with this final life crisis.

Introduction

Cancer is a stressful life event that causes numerous adverse physical and psychological changes. Becoming a cancer patient may result in three types of changes; in self-concept regarding appearance and physical functioning, reduction in the sense of personal control and acknowledge one's own mortality[1]. So, it is not surprising that cancer patients have emotional reactions to the disease.

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Distress is particularly likely to occur at particular points; during the patient's experience of cancer at diagnosis, during treatment (surgery, radiotherapy or chemotherapy) and if terminal stages of disease occurs[2]. There is high prevalence of psychiatric disorders especially depression and anxiety among cancer patients.

Usually depressed mood is common in cancer patients due to psychological reaction to the disease and treatment. Young group of people, female patients are more prone to psychiatric illness specially anxiety disorder, which was high soon after onset of cancer and reduces over time. So psychiatric intervention is helpful in these patients along with their medical treatment.

Many studies have shown that major depressive disorder is the most widely recognized psychiatric disorders among cancer patients. It not only produces serious suffering but also worsens quality of life, reduces compliance with anticancer treatment, can lead to suicide, is a psychological burden on the family and prolongs hospitalization. Thus, early detection and appropriate management of major depression in cancer patients are crucial[3].

In general population in our country the prevalence of major depressive disorder is 4.6%, generalized anxiety disorder is 2.9%, and adjustment disorder is 0.1%[4].

The objective of the study was design to assess the prevalence and specific type of psychiatric disorders in cancer patients and also to find out the socio-demographic and relevant factors among them.

Materials and Methods

The study was cross-sectional and descriptive study, carried out in the inpatient department of National Institute of Cancer Research Hospital (NICRH) from January 2007 to March 2007. Patient's registers was the sampling frame. Hundred cases of above 18 years, conscious and communicable admitted patients, without any previous history of psychiatric disorder were interviewed, after taking informed written consent and freedom of choice of participation by using structured questionnaire containing socio-demographic and relevant variables including mental status examination. Psychiatric diagnosis was made clinically by using Diagnostic and Statistical manual of mental disorder-4th edition(DSM-IV) criteria which was confirmed by psychiatrist[5]. The participation rate of cancer patients were 86.9% and the sampling was consecutive and purposive.

Results

A consecutive series of 100 cancer patients were interviewed. The present study found 53% of psychiatric morbidity among cases. Among them 30 (56.6%) cases were suffering from major depressive disorder, 10 (18.9%) cases were suffering from generalized anxiety disorder and 13 (24.5%) cases were suffering from adjustment disorder. Maximum morbidity was found in lung

cancer and breast cancer cases. Maximum patients were from middle age (38-47years), male(65%), muslim(92%), married(80%), illiterate(45%), housewife (32%), rural(81%), with family income of taka less than5000(83%).

Table 1 : Psychiatric morbidity among cancer patients(n=100)

Psychiatric morbidity	Cancer patients
Present	53%
Absent	47%

Table 2 : Distribution of types of psychiatric disorders in cancer patients

Psychiatric disorder	Cases (n=53)	Percentage (%) of cases
Major Depressive disorder	30	56.6
Generalized Anxiety Disorder	10	18.9
Adjustment Disorder	13	24.5

Table 3 : Psychiatric morbidity according to organic sites of cancer

Group	Psychiatric Morbidity	
A. Cancer Group In Systems	Present	Absent
Head–neck system	4	13
Respiratory system	12	2
GI- Tract system	7	4
Hepatobiliary system	4	3
Reproductive system	13	8
Musculoskeletal system	5	7
Haemopoitic system	1	4
Skin	1	3
Others	6	3

Table 4 : Distribution of sites of organ in cancer patients (n=100)

Site of cancer	Number of patients
Head-neck system	17
Respiratory system	14
GI-Tract system	11
Hepatobiliary system	7
Reproductive system	21
Musculoskeletal system	12
Haemopoitic system	5
Skin	4
Others	9
Total	100

Table 5 : Stress score by using presumptive stressful life events scale

Score	Cancer
Mean±SD	14.85±44.72
Range	0.0-236

Table 6 : Socio-demographic variables of cancer patients (n=100)

Characteristics	Cancer patients	
	N	Percentage (%)
Age group (years)		
18-27	20	20.0
28-37	17	17.0
38-47	22	22.0
48-57	20	20.0
58-67	16	16.0
> 68	5	5.0
Sex		
Male	65	65.0
Female	35	35.0
Religion		
Muslim	92	92.0
Hindu	8	8.0
Marital status		
Married	80	80.0
Unmarried	20	20.0
Level of Education		
Illiterate	45	45.0
Class-I-V	33	33.0
Class-VI- X	4	4.0
SSC	12	12.0
HSC	4	4.0
Graduate	2	2.0

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Characteristics	Cancer patients(n=100)	
	N	Percentage (%)
Occupation		
Service	8	8.0
Business	9	9.0
Student	5	5.0
Housewife	32	32.0
Daylabour	4	4.0
Farmer	18	18.0
Unemployed	1	1.0
Others	22	22.0
Habitat		
Urban	19	19.0
Rural	81	81.0
Monthly family income in Taka		
Less than 5000	83	83.0
5000-10000	14	14.0
Above 10000	3	3.0

Discussion

It has been evident that the overall psychiatric morbidities in cancer patients are higher than that of general population. In this study it is found that psychiatric morbidity is high in cancer (53%).It correlates with other study where it was 47% and 85% respectively[6,7]. The age of the patients included in this study ranged between 18-75 years.

Among cancer patients 65% were male and 35% female.This is probably due to difference of pattern of hospital attendance of male and female patients due to socio-economic reasons. So there is low inclusion of female patients and high inclusion of male patients in the study. This result is also similar to other studies done in our country[7,8].

As evident from the results, majority of cancer population were in rural (81%) areas. The result is quite consistent with this normal distribution of population in our country, also the people living in rural area do not have easy access to hospital facilities and patients have to come to this institution for proper management. This study is also similar to other study[8,9,10].

Eighty (80%) patients were married.It also correlates with other studies[9]. One possible explanation might be, during the interview the married patients were more pre-occupied about the thoughts of the impending loss of friends and family. They were also more concerned about their own future and the uncertainty of their

relatives, spouses and offspring. On the other hand unmarried patients were relatively young and their anxiety about their families were much less and they also received very warm nursing care from their parents. As we know that the quality of care given is a very crucial factor in determining the development of psychiatric morbidity.

Regarding religion, Islam was found to be more which is consistent with our national context and it correlates with other studies done in our country[10]. As regards educational background 45% of cancer patients were illiterate .This is quite usual that literate persons are aware of their illness and report more to the physicians.

Regarding occupation, cancer was more in house wife (32%) and farmers (18%) and other jobs (22%),which also correlates with other study[7,9]. This may due to housewives hide their problems themselves usually do not disclose to others, and farmers are not aware of their health (e.g.using pesticides, other chemicals, taking biri and tobacco which may cause hazards of their health).

The present study showed that the cancer patients with lower economic background had higher prevalence of psychiatric illness. This is similar with other study done in our countries[7-10].

Regarding stress score the result was not significant. It might be that the physical illness, sufferings of the patients and treatment of the illness were the stressors responsible for development of psychiatric disorders among these patients[11].

In the present study psychiatric morbidity is 53%.This morbidity may be due to prolong time of suffering of physical illness, frustration and repeated episodes of illness along with other socioeconomic reasons. Regarding types of psychiatric disorders in cancer patients, major depressive disorder was found more (56.6%). The generalized anxiety disorder found 18.9% and adjustment disorders found 24.5%The result was statistically significant. This result correlates with other similar studies. Where it was 45.10%, 54%, 50% respectively for depression[7,10,12]. For generalized anxiety disorder it was18.63%,12%,48%,34%[7,10,13,14]. For adjustment disorder it was respectively 21.56%,14%,21%[7,14,15]. This variation of types may be cause of disease pattern itself, treatment outcome and perception about illness. Such as major depressive disorder was more due to disease process, treatment side-effect and long duration of suffering which causing psychologically burden themselves. Anxiety disorder is due to onset of disease process along with socio-economic reason. Adjustment disorder may be due to onset of disease and adjustment of patients with the disease process and surrounding circumstances.

Review of different study has shown that cancer patients have got many psychological consequences; chronicity of this illness may lead to

depressive disorder, adjustment disorder and anxiety disorder, which hamper the personal, familial and occupational life. The quality of life of the affected individuals may deteriorate. So, psychological screening and appropriate intervention is an essential part of palliative care.

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