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Research Article

**ANALYSIS OF DEPRESSION AND ANXIETY AMONG  
PATIENTS UNDERGOING SURGERY FOR BREAST  
CANCER**<sup>1</sup>Aimen Mubashar, <sup>2</sup>Muhammad Shahid, <sup>3</sup>Sulaman Ghafoor<sup>1</sup>Government Tehsil Headquarter Hospital Manawan, Lahore, draimen15559@gmail.com<sup>2</sup>District Headquarter Hospital, Bahawalnagar, muhammadshahidbuzdar@gmail.com<sup>3</sup>District Headquarter Hospital, Rajanpur, drsalmanlashari@gmail.com**Abstract:**

**Introduction:** Pakistan is a developing country where up to 70% of women present when breast cancer is in its advanced stage. Advanced breast cancer is cancer that is metastatic. Advanced breast cancer is a life threatening disease with a poor prognosis profile. Women with a diagnosis of advanced breast cancer engage in a multi-stage cancer treatment cycle often involving surgery, radiation treatment and chemotherapy. **Aims and objectives:** The basic aim of the study is to analyze the sources of distress among patients undergoing surgery for breast cancer in Pakistan. **Material and methods:** This study was conducted at Jinnah Hospital Lahore during December 2017 to May 2018. Using a purposive sampling strategy, 14 adult female breast cancer patients were selected for this study with variations in their age, educational level, socioeconomic status, and number of exposures to RT. Data were collected through the recording of the face-to-face in-depth interviews, using a semi-structured interview guide. **Results:** A total of 14 female breast cancer patients participated in this study. Their age ranged between 20 and 60 years, with an average of 35 years. Majority (79%) of them were married. About 50% of them were illiterate, whereas 43% were matriculate. All of them were Muslims and of Pathan ethnicity. Before RT, all of them had mastectomy of the affected breast, followed by chemotherapy. **Conclusion:** It is concluded that a substantial number of adult cancer patients were depressed and have a suicidal ideation, causing a significant functional impairment.

**Corresponding author:****Aimen Mubashar,**Government Tehsil Headquarter Hospital Manawan,  
Lahore, draimen15559@gmail.com

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**INTRODUCTION:**

Pakistan is a developing country where up to 70% of women present when breast cancer is in its advanced stage. Advanced breast cancer is cancer that is metastatic. Advanced breast cancer is a life threatening disease with a poor prognosis profile. Women with a diagnosis of advanced breast cancer engage in a multi-stage cancer treatment cycle often involving surgery, radiation treatment and chemotherapy. These cycles of treatment are not free of side effects. Women have to face possible disfigurement, surgical pain, the side effects from chemotherapy which can include feelings of anger, frustration, fear, isolation, fatigue as well as burns from targeted radiotherapy [1]. Globally, breast cancer is the most common cancer among women, and also a leading cause of cancer-related deaths in this gender. It accounts for 23% of all cancer cases worldwide. The incidence of breast cancer has been increasing rapidly in the developing countries. Among the Asian countries, Pakistan has the highest prevalence of breast cancer, where one in every nine women is at risk of developing breast cancer [2]. In western countries, breast cancer is prevalent among women aged 60 years and above, whereas, in Asian countries, including Pakistan, it occurs during the reproductive age between 30 and 50 years. Hence, women with breast cancer, in Pakistan, may face more challenges due to household and child-rearing responsibilities, as compared to those living in the western countries [3]. According to the American Society for Radiation Oncology, radiotherapy (RT) is a common treatment modality for cancer which is prescribed to about two-thirds of the cancer patients, either before or after surgery. In breast-conserving surgery, RT reduces the chances of recurrence as well as the risk of metastasis and

death from breast cancer [4,5].

**Aims and objectives**

The basic aim of the study is to analyze the sources of distress among patients undergoing surgery for breast cancer in Pakistan.

**MATERIAL AND METHODS:**

This study was conducted at Jinnah Hospital Lahore during December 2017 to May 2018. Using a purposive sampling strategy, 14 adult female breast cancer patients were selected for this study with variations in their age, educational level, socioeconomic status, and number of exposures to RT. Data were collected through the recording of the face-to-face in-depth interviews, using a semi-structured interview guide.

**Statistical analysis**

Student's t-test was performed to evaluate the differences in roughness between group P and S. Two-way ANOVA was performed to study the contributions. A chi-square test was used to examine the difference in the distribution of the fracture modes (SPSS 19.0 for Windows, SPSS Inc., USA).

**RESULTS:**

A total of 14 female breast cancer patients participated in this study. Their age went somewhere in the range of 20 and 60 years, with a normal of 35 years. Larger part (79%) of them were hitched. About half of them were ignorant, while 43% were register. Every one of them were Muslims and of Pathan ethnicity. Before RT, every one of them had mastectomy of the influenced breast, trailed by chemotherapy. Examination of the meetings data every class and its subcategories are portrayed beneath with certain extracts from the members' accounts.

**Table 01:** Demographic characteristics of participants

Variables	Frequency (%)
Age (years)	
20-29	5 (35.71)
30-39	4 (28.57)
40-49	4 (28.57)
50-60	1 (7.14)
Marital status	
Married	11 (78.57)
Unmarried	2 (14.29)
Widowed/divorced	1 (7.14)
Educational status	
Illiterate	7 (50.00)
≤10 <sup>th</sup> grade	6 (42.86)
>10 <sup>th</sup> grade	1 (7.14)
Social status	
Homemakers	13 (92.86)
Working woman	1 (7.14)

**Table 02:** Findings of the interview

Categories	Subcategories
Feelings and perceptions	Grief and sorrow
	Shame and guilt
	Fear and anxiety
	Uncertainty of treatment
Challenges faced by women	Role performance
	Emotional instability
	Access and affordability of treatment
	Faith and prayers
Coping strategies	Family support
	Mind diversion
Teaching and informational needs	Source of information
	Quality of information

**DISCUSSION:**

Breast cancer is second most pervasive kind of cancer and is similarly regular in creating just as created nations. The treatment consumption of breast cancer is a weight for individuals determined to have cancer as well as for their families and society in general. As indicated by American Cancer Society (2010) breast cancer is one of the main three kinds of cancer that caused the most monetary effect (\$88 billion) [6].

Despite the fact that fruitful treatment alternatives are accessible to manage breast cancer, torment and enduring related with accessible treatment modalities is critical. Ceaseless, steady torment goes about as an extra stressor for an individual effectively experiencing numerous mental, social and medicinal stressors [7]. Research has exhibited association between clinically important agony and breast cancer medical procedure in 10-half patients. There are pathogenic components associated with breast cancer like nerve harm and certain tactile aggravations (e.g., consuming and tangible misfortune) are a piece of symptoms of careful procedures [8]. Breast cancer medical procedure is trailed by incessant neuropathic torment disorder like Phantom breast torment (a tangible experience that is available even after expulsion of breast and is agonizing), Inter costo brachial Neuralgia (torment in the conveyance of bury costo brachial nerve) and Neuroma (torment in the district of scar on breast, chest or arm). Radical mastectomy is most deforming sort of breast cancer medical procedure and it includes expulsion of breast, major and minor chest muscles, and lymph hubs [9]. Breast moderating procedures, another treatment alternative, were required to lessen mental dismalness and sexual brokenness, yet none of the investigations including fitting evaluation of mental horribleness demonstrated any preferred position of breast saving treatment [10].

**CONCLUSION:**

It is concluded that a considerable number of grown-up cancer patients were discouraged and have a self-destructive ideation, causing a huge useful impedance. This investigation plainly showed a noteworthy association between agony grumbling and depression among grown-up cancer patients.

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