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Research Article

**A COMPREHENSIVE STUDY ON DEPRESSION AND
PSYCHIATRIC ILLNESS AMONG FEMALE BREAST CANCER
PATIENTS**¹Dr Iqra Qayyum, ²Dr Rijab Nasir, ³Dr Ayesha Kanwal¹DHQ Hospital, Rawalpindi, ²Benazir Bhutto Hospiyal, Rawalpindi, ³Shifa International Hospital, Islamabad**Abstract:**

Introduction: Breast cancer is the most commonly diagnosed cancer worldwide and the leading cause of cancer death in women, with roughly 1.4 million new breast cancer cases and 458,000 deaths in 2008. It is considered as a terrifying disease due to a high mortality rate, its impact on self-image and sexual relationship.

Aims and objectives: The basic aim of the study is to analyze the depression and psychiatric illness among female breast cancer patients.

Material and methods: This study was conducted at Shifa International Hospital, Islamabad during June 2018 to October 2018. The study population included patients aged above 18 years who were diagnosed with breast cancer and are undergoing surgery or chemotherapy or radiotherapy or a combination of therapies. Patients with a family history of mood disorder or other psychiatric disorder were included in this study.

Results: A total of 100 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. Depression was higher in the age group 18–40 years and lowest among those above 60 years but the association was not statistically significant. Depression was higher among the low socioeconomic group than those the high or middle socioeconomic group, but the comparison was not statistically significant.

Conclusion: It is concluded that depression is quite treatable is a common psychiatric morbidity faced by breast cancer patients.

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INTRODUCTION:

Breast cancer is the most commonly diagnosed cancer worldwide and the leading cause of cancer death in women, with roughly 1.4 million new breast cancer cases and 458,000 deaths in 2008. It is considered as a terrifying disease due to a high mortality rate, its impact on self-image and sexual relationship. The different modalities for treatment of primary breast cancer include surgery, chemotherapy, radiotherapy and hormonal therapy, all four of which can be used alone or as combination [1]. Surgery is the primary treatment for breast cancer, whereas chemotherapy and radiotherapy are adjuvant therapies commonly used after primary treatment to inhibit metastasis and enhance long-term survival rates [2].

The number of women who survive breast cancer has significantly increased in recent years due to the advances in detection and treatment. However, the aggressiveness of the treatment exposes the patients to various treatment side-effects. In fact, cancer and treatment-related symptoms can be major stressors in a patient with breast cancer who is undergoing treatment for the disease. Therefore, addressing the impact of breast cancer and its treatment on long-term outcomes is an important issue [3].

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 [4]. 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 [5].

AIMS AND OBJECTIVES:

The basic aim of the study is to analyze the

depression and psychiatric illness among female breast cancer patients

MATERIAL AND METHODS:

This study was conducted at Shifa International Hospital, Islamabad during June 2018 to October 2018. The study population included patients aged above 18 years who were diagnosed with breast cancer and are undergoing surgery or chemotherapy or radiotherapy or a combination of therapies. Patients with a family history of mood disorder or other psychiatric disorder were included in this study. Patients with current psychiatric disorders or cognitive deficits and with hearing or visual impairments were excluded from the study. Depression was assessed using the Patient Health Questionnaire (PHQ-9) which is a self-administered 9-item depression scale derived from the Primary Care Evaluation of Mental Disorders.

STATISTICAL ANALYSIS:

The data obtained was tabulated on Microsoft Excel sheet, and the analysis was done on Social Package for the Social Sciences software version 20 (SPSS Statistics is a software package used for logical batched and non-batched statistical analysis). Frequency tables for sociodemographic details including age, gender, marital status, type of family, education status, employment status, family income per annum, history of depression, family history of mood disorder, medical comorbidity, and depression were generated.

RESULTS:

A total of 100 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. Analysis of the interviews data each category and its subcategories are described below with some excerpts from the participants' narratives.

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 th grade	6 (42.86)
>10 th grade	1 (7.14)
Social status	
Homemakers	13 (92.86)
Working woman	1 (7.14)

Depression was higher in the age group 18–40 years and lowest among those above 60 years but the association was not statistically significant. Depression was higher among the low socioeconomic

group than those the high or middle socioeconomic group, but the comparison was not statistically significant.

Table 02: Findings of the interview

Variables	Depression	<i>n</i>	Mean ± SD	<i>P</i>
QOL	Without depression	212	91.08±7.46	<0.001
	With depression	58	73.26±10.22	
Domain 1	Without depression	212	12.85±1.22	<0.001
	With depression	58	10.29±1.62	
Domain 2	Without depression	212	13.37±1.18	<0.001
	With depression	58	10.76±1.84	
Domain 3	Without depression	212	14.70±2.45	<0.001
	With depression	58	12.25±2.94	
Domain 4	Without depression	212	14.93±1.72	<0.001
	With depression	58	12.34±2.24	

QOL: Quality of life, SD: Standard deviation

DISCUSSION:

Cancer, especially breast cancer among women, can be one of the important causes of depression in patients. The present study was conducted to determine the levels of depression in Iranian women with breast cancer in a systematic review. According to the findings, of the most studies conducted so far, mild levels of depression have been reported in women with breast cancer, but one study reported that 69.4% of the patients suffered from severe levels

of depression [6]. Breast cancer is second most prevalent type of cancer and is equally common in developing as well as developed countries. The treatment expenditure of breast cancer is a burden not only for people diagnosed with cancer but also for their families and society as a whole. According to American Cancer Society (2010) breast cancer is one of the top three types of cancer that caused the most economic impact (\$88 billion) [7].

Breast cancer surgery is followed by chronic neuropathic pain syndrome like Phantom breast pain (a sensory experience that is present even after removal of breast and is painful), Inter costo brachial Neuralgia (pain in the distribution of inter costo brachial nerve) and Neuroma pain (pain in the region of scar on breast, chest or arm). Radical mastectomy is most disfiguring type of breast cancer surgery and it involves removal of breast, major and minor chest muscles, and lymph nodes [8]. Breast conserving techniques, another treatment option, were expected to reduce psychiatric morbidity and sexual dysfunction, but none of the studies involving appropriate assessment of psychiatric morbidity showed any advantage of breast conserving therapy [9]. Early diagnosis and intervention may be beneficial to these patients. According to a study by Ell *et al.*, 30% of 472 women receiving cancer care had depression, but only 12% of these women were receiving medication, and only 5% reported seeing a counselor [10].

CONCLUSION:

It is concluded that depression is quite treatable is a common psychiatric morbidity faced by breast cancer patients. As depression is proven to be associated with QOL, it is important to improve the sensitivity of screening for depression and to make psychiatric services available for patients with breast cancer.

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