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Research Article

ANALYSIS OF DEPRESSION AND ITS ROLE IN EXPECTING THE QUALITY OF LIFE AMONG CANCER PATIENTS

¹Dr Sadaf Qureshi, ²Dr Hirra Hussain, ³Dr Mustapha Shesh

¹Quaid-e-Azam Medical College, Bahawalpur, ²Rawalpindi Medical College, Rawalpindi,
³Venus Hospital, Kathmandu.

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Abstract:

Introduction: Cancer is the main health issue in the community across the world. Globally, cancer is one of the most common causes for morbidity and mortality.

Objectives of the study: The main objective of the study is to analyze the depression and its role in expecting the quality of life among cancer patients.

Material and Methods: This cross sectional study was conducted in Quaid-e-Azam Medical College, Bahawalpur during June 2018 to February 2019. This study was done with the permission of patients. Total 100 patients of different cancer were selected for this study. Patients were included for analysis if they had pathology-confirmed diagnosis of cancer and had recently undergone (postoperative) or were about to undergo (preoperative) curative resection for cancer.

Results: The data was collected from 100 patients of different cancer types. The median age of the patients was 56 years. The data also show that the majority, i.e. 85.8%, of the participants felt that they were physically performing very less, 95.25% of them were not at all confident about managing their financial needs at any situation, and 92.7% were not getting support from friends and relatives. Most of the participants' physical well-being was affected by pain for 72.9%. The sleep problem was experienced by 71.7% and fatigue by 91.8%. Most of the participants did not have problem in passing the urine (97.1%) and motion (97%).

Conclusion: It is concluded that psychological distress is a common factor among cancer patients. Cancer patients experience many symptoms which affect their QOL

Corresponding author:

Dr. Sadaf Qureshi,

Quaid-e-Azam Medical College, Bahawalpur.

QR code



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INTRODUCTION:

Cancer is the main health issue in the community across the world. Globally, cancer is one of the most common causes for morbidity and mortality. The results from GLOBOCAN (2012) showed that 14.1 million new patients were diagnosed with cancer and 8.2 million deaths were due to cancer. The cancer patients experience a variety of symptoms. Inadequate management of symptoms might hamper the performance of the daily activities of an individual [1]. The treatment of symptoms will help relieve the suffering and improve the quality of life (QOL). The symptoms have a major impact on QOL among the patients with breast cancers. Greater symptom load has been associated with the higher levels of emotional suffering and poor physical and societal functioning and global QOL [2].

In patients with cancer there is significant evidence of psychological distress. Psychological distress is defined as a multifactorial, unpleasant, emotional experience of a psychological (cognitive, behavioral, emotional), social and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment [3]. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears, to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis [4]. Prior studies indicated that the majority of patients have the ability to cope with the psychological burden that can be caused by hearing the diagnosis, suffering from the disease or its treatment. However, although precise estimates vary with different types and sites of cancer, approximately 30-40% of patients receiving cancer care experience psychological symptoms of distress, such as depression and anxiety [5]. These findings also apply to patients with CRC: a large proportion of patients seems to suffer from psychological morbidity, the presence of metastases is associated with even more psychological symptoms

An estimated one-third of patients with cancer will experience clinically significant distress, such as anxiety or depression that is associated with their diagnosis and treatment [6]. The presence of anxiety and depression has been shown to negatively impact health outcomes and quality of life in patients with cancer. Distress extends along a continuum from normal feelings of sadness and fear to disabling components of depression, anxiety, and existential

crisis. Distress is known to be multifactorial and may interfere with a patient's ability to cope with treatment [7].

OBJECTIVES OF THE STUDY:

The main objective of the study is to analyze the depression and its role in expecting the quality of life among cancer patients.

MATERIAL AND METHODS:

This cross-sectional study was conducted in Quaid-e-Azam Medical College, Bahawalpur during June 2018 to February 2019. This study was done with the permission of patients. Total 100 patients of different cancer were selected for this study. Patients were included for analysis if they had pathology-confirmed diagnosis of cancer and had recently undergone (postoperative) or were about to undergo (preoperative) curative resection for cancer. Informed consent was obtained patients were given a series of validated patient-reported surveys to capture baseline levels of functional independence, symptoms of anxiety and depression, quality of life, and satisfaction with surgical care if they had undergone surgery. Additional information was collected from the medical record including the clinical or pathologic stage, treatment with chemotherapy or radiation, length of stay, complications, and readmissions. Semi structured, open-ended, one-on-one interviews were conducted between a researcher trained in qualitative interviewing and the patient.

STATISTICAL ANALYSIS:

The obtained data were coded, tabulated, and analyzed using the SPSS package version 18.0 and were interpreted using descriptive and inferential statistics on the basis of objectives and hypotheses of the study.

RESULTS:

The data was collected from 100 patients of different cancer types. The median age of the patients was 56 years. The data also show that the majority, i.e. 85.8%, of the participants felt that they were physically performing very less, 95.25% of them were not at all confident about managing their financial needs at any situation, and 92.7% were not getting support from friends and relatives. Most of the participants' physical well-being was affected by pain for 72.9%. The sleep problem was experienced by 71.7% and fatigue by 91.8%. Most of the participants did not have problem in passing the urine (97.1%) and motion (97%).

Table 02: Prevalence of psychological distress by disease stage

	All Patients		Stage I-III		Stage IV		P-value
	N = 30	%	N = 30	%	N = 40	%	
MDT	93	40.6	46	34.8	47	48.5	0.038
Insomnia	50	21.8	28	21.2	22	22.7	0.79
Anxiety	69	30.1	30	22.7	39	40.2	0.004
Depression	68	29.7	31	23.5	37	38.1	0.016
HADS	106	46.3	52	39.4	54	55.7	0.015
HADS-A	62	27.1	29	22	33	34	0.043
HADS-D	92	40.2	45	34.1	47	48.5	0.028
CES-D	76	33.2	38	28.8	38	39.2	0.099
Psychological distress	77	33.6	35	26.5	42	43.3	0.008

MDT Modified Distress Thermometer, HADS Hospital Anxiety and Depression Scale, CES-D Center for Epidemiologic Studies-Depression Scale

DISCUSSION:

Psychological support is an important part of the multidisciplinary approach, but there is no study that specifically evaluated the psychological distress in gastric cancer, which is the most common cancer in Korea. To our knowledge, this is the first study to explore the prevalence and prognostic impact of psychological distress among a large number of patients with gastric cancer [8]. In our study cohort of gastric cancer patients, significant psychological distress was identified in 33.6% of patients. In addition, we found that psychological distress has a poor prognostic impact for gastric cancer patients.

The presence of psychological distress is a risk factor for treatment noncompliance. A meta-analysis showed that noncompliance was greater in patients with depression compared to non-depressed patients [9]. Therefore, it is important to identify the patients who may be vulnerable to psychological distress to improve treatment adherence. We found that the patients with advanced disease, low levels of education, and who were female were found to be significantly vulnerable to psychological distress [10]. These findings are comparable to previous studies. Several studies reported a higher prevalence of psychological distress in patients with lower education. Lower coping skills seem to contribute to the higher rate of psychological distress in those with little education.

Concerning the sample's characterization, there was no predictive role between the studied categories (demographic data and characteristics of the disease) in the variable gender [11]. This result, however, indicates that the differences found in terms of distress, the type and frequency of problems reported, are more related to gender than to the remaining socio-demographic characteristics (age, marital status, education) and to clinical aspects (type of cancer and staging) [12].

CONCLUSION:

It is concluded that psychological distress is a common factor among cancer patients. Cancer patients experience many symptoms which affect their QOL. The management of cancer pain is a critical issue in the care of patients with cancer.

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