

ORIGINAL RESEARCH

Assessment of psychiatric illness among cancer patients

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ABSTRACT

Background: Psychiatric illnesses among cancer patients are not uncommon and can have a significant impact on their overall well-being and treatment outcomes. The present study was conducted to assess psychiatric illness among cancer patients.

Materials & Methods: 58 cancer patients of both genders were selected. The site of cancer, marital status, employment, stage, pain and type of psychiatric illness was recorded. The American Psychiatric Association's DSM-III diagnostic system was used in making the diagnoses.

Results: Out of patients, males were 38 and females were 20. 40 were married, 10 unmarried and 8 widow. 15 were housewife, 32 employed and 11 others. Site was lung in 12, breast in 16, head & neck in 7, colon in 9, esophagus in 5, stomach in 6 and others in 3 cases. Pain was absent in 16 and mild in 42 cases. Stage was recurrence in 7 and metastasis in 51 cases. The difference was significant ($P < 0.05$).

Conclusion: Common psychiatric illness was adjustment disorder, delirium, dementia, major depression, schizophrenia, bipolar disorder and panic disorder.

Key words: panic disorder, Psychiatric illnesses, metastasis

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Introduction

Psychiatric illnesses among cancer patients are not uncommon and can have a significant impact on their overall well-being and treatment outcomes.¹ The diagnosis of cancer can lead to a range of emotional and psychological responses, including anxiety, depression, stress, and adjustment disorders. These conditions can arise due to various factors associated with the cancer diagnosis and treatment journey.² The shock and fear associated with a cancer diagnosis can lead to feelings of helplessness, sadness, and anxiety. Patients may experience uncertainty about their prognosis and treatment outcomes, contributing to emotional distress. The physical symptoms of cancer and side effects of treatment, such as pain, fatigue, nausea, and changes in body image, can lead to emotional distress and impact mental well-being.³ The fear of cancer recurrence or progression can lead to persistent anxiety even after successful treatment. This fear may affect a patient's quality of life and their ability to engage in normal activities. Cancer patients

may experience social isolation due to the nature of their illness and treatment. Lack of social support can contribute to feelings of loneliness and depression.⁴ Patients may experience grief over the loss of their pre-diagnosis life and the challenges that cancer has brought.⁵ This grief can manifest as depression or adjustment disorders. Some cancer treatments, such as certain chemotherapies, hormonal therapies, or corticosteroids, can directly affect mood and cognitive function, leading to symptoms of anxiety and depression.⁶ The present study was conducted to assess psychiatric illness among cancer patients.

Materials & Methods

The present study consisted of 58 cancer patients of both genders. All gave their written consent to participate in the study. Data such as name, age, gender etc. was recorded. A thorough clinical examination was carried out. The site of cancer, marital status, employment, stage, pain and type of

psychiatric illness was recorded. The American Psychiatric Association's DSM-III diagnostic system was used in making the diagnoses. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

Results

Table: I Distribution of patients

Total- 58		
Gender	Male	Female
Number	38	20

Table : I shows that out of patients, males were 38 and females were 20.

Table: II Assessment of parameters

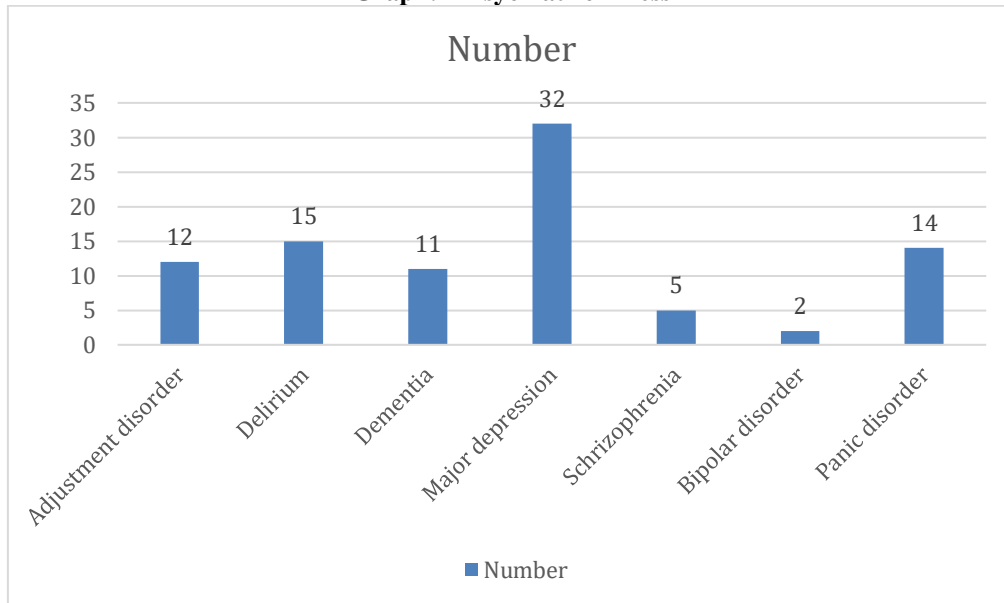
Parameters	Variables	Number	P value
Marital status	Married	40	0.02
	Unmarried	10	
	Widow	8	
Employment	Housewife	15	0.04
	Employed	32	
	Others	11	
Site	Lung	12	0.05
	Breast	16	
	Head & neck	7	
	Colon	9	
	Eso phagus	5	
	Stomach	6	
	others	3	
Pain	Absent	16	0.01
	Mild	42	
Stage	Recurrence	7	0.01
	Metastasis	51	

Table: II shows that 40 were married, 10 unmarried and 8 widow. 15 were housewife, 32 employed and 11 others. Site was lung in 12, breast in 16, head & neck in 7, colon in 9, esophagus in 5, stomach in 6 and others in 3 cases. Pain was absent in 16 and mild in 42 cases. Stage was recurrence in 7 and metastasis in 51 cases. The difference was significant (P< 0.05).

Table: III Psychiatric illness

Psychiatric illness	Number	P value
Adjustment disorder	12	0.72
Delirium	15	
Dementia	11	
Major depression	32	
Schizo phrenia	5	
Bipolar disorder	2	
Panic disorder	14	

Table: III, graph I shows that common psychiatric illness was adjustment disorder in 12, delirium in 15, dementia in 11, major depression in 32, schizop hrenia in 5, bipolar disorder in 2 and panic disorder in 14 cases. The difference was significant (P< 0.05).

Graph: I Psychiatric illness

Discussion

An growing number of people with cancer are being diagnosed with psychiatric illnesses.⁷ Delirium, depression, adjustment problems, anxiety, sexual dysfunctions, and sleep difficulties are the most typical psychological illnesses recognized, and they impact 30%–40% of patients with cancer on average.⁸ Those with cancer who are in an advanced stage of the disease have a higher frequency of psychological disorders. However, psychological illnesses are underdiagnosed, undertreated, and have an impact on a cancer patient's quality of life (QoL).^{9,10} The discipline of clinical psycho-oncology has benefited from advances in psychopharmacology and the availability of novel, better-tolerated medicines with a reduced adverse effect profile. There is mounting evidence that non pharmacological therapies can be used to treat psychiatric diseases and lessen distress.^{11,12} The present study was conducted to assess psychiatric illness among cancer patients. We found that out of patients, males were 38 and females were 20. 40 were married, 10 unmarried and 8 widow. 15 were housewife, 32 employed and 11 others. Site was lung in 12, breast in 16, head & neck in 7, colon in 9, esophagus in 5, stomach in 6 and others in 3 cases. Pain was absent in 16 and mild in 42 cases. Stage was recurrence in 7 and metastasis in 51 cases. Lr D et al¹³ in their study assessed two hundred fifteen cancer patients who were examined for the presence of formal psychiatric disorder. Each patient was assessed in a common protocol via a psychiatric interview and standardized psychological tests. Results indicated that 47% of the patients received a *DSM-III* diagnosis, with 44% being diagnosed as manifesting a clinical syndrome and 3% with personality disorders. Approximately 68% of the psychiatric diagnoses consisted of adjustment disorders, with 13% representing major affective disorders (depression). The remaining diagnoses were

split among organic mental disorders (8%), personality disorders (7%), and anxiety disorders (4%). Approximately 85% of those patients with a positive psychiatric condition were experiencing a disorder with depression or anxiety as the central symptom. The large majority of conditions were judged to represent highly treatable disorders. We found that psychiatric illness was adjustment disorder in 12, delirium in 15, dementia in 11, major depression in 32, schizophrenia in 5, bipolar disorder in 2 and panic disorder in 14 cases. Anuk et al¹⁴ reviewed the charts of 566 patients with cancer. The study includes the socio-demographic data, illness characteristics, psychiatric characteristics, psychiatric diagnoses, and treatment recommendations for these patients. The incidence of diagnoses of psychiatric disorders was 97.5%. The distributions of psychiatric diagnoses were as follows: any kind of adjustment disorders, mood disorders, anxiety disorders, organic brain syndrome, personality disorders, delusional disorder, and insomnia. Recurrence of cancer, other chronic medical illnesses, a history of psychiatric disorders, poor social support, and low income comprised the common significant risk factors for adjustment disorders, mood disorders, and anxiety disorders. These risk factors were also seen to be significant in the regression analysis in terms of sex. Tokgöz et al¹⁵ found that depression prevalence was 22% in patients with cancer and sleep problems were frequent. Burgess et al¹⁶ found that 222 women with early breast cancer had depression and anxiety disorders at a rate of 33% during the course of diagnosis, at a rate of 15% at 1 year, and at a rate of 45% during recurrence of diseases.

The limitation of the study is small sample size.

Conclusion

Authors found that common psychiatric illness was adjustment disorder, delirium, dementia, major

depression, schizophrenia, bipolar disorder and panic disorder.

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