

# Psychiatric Morbidity in Cancer Patients

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A diagnosis of cancer is shattering for the patient and their loved ones. High prevalence of psychiatric morbidity has been reported in cancer patients. Fifty-four consecutive cancer patients were studied in the department of Radiotherapy and oncology, Mayo Hospital, Lahore. Urdu version of Hospital Anxiety and Depression Scale was used to assess the psychiatric morbidity. Sixty percent of patients had a score above the cutoff point on anxiety sub scale and 54.54% scored above the cutoff point on depression sub scale. Implications of the results are discussed.

**Key Words:** Psychiatric morbidity, cancer patients, and liaison psychiatry.

A diagnosis of cancer is shattering for the patient and their loved ones. During the months after the diagnosis, the cancer sufferer must attempt to come to terms with both the uncertainty of the threat to life and often toxic and disabling treatment regime. Roles, relationships, employment and financial security may all be threatened. A significant proportion of cancer patients experience psychiatric morbidity in association with diagnosis and treatment. If this morbidity is to be reduced, a better understanding is needed of the factors which influence adjustment to cancer<sup>1</sup>.

Some studies have reported that between a quarter and a third of cancer patients experience significant psychiatric morbidity in association with diagnosis and treatment<sup>2</sup>. Research also suggests that such morbidity if undetected may be disabling and prolonged<sup>3</sup>. As with other physical illnesses, much of the psychiatric morbidity associated with cancer is not recognized by health professionals. Early detection and treatment of such morbidity has been shown to improve outcome<sup>4</sup>. Interventions targeted at high-risk individuals have been proved to be effective in preventing subsequent psychiatric morbidity<sup>5</sup>.

## Patients and Method:

This study was conducted in the Department of Radiotherapy and Oncology, Mayo Hospital, Lahore. Fifty-four consecutive patients admitted in the ward were studied. Demographic details including age, sex, socioeconomic status and duration of illness were noted. Site of the cancer was also recorded. Urdu version of Hospital Anxiety and Depression Scale was used to assess the presence of anxiety and depression. This scale has been validated for use in Pakistan<sup>6</sup>. A cut off point of 7 was used for both anxiety and depression.

## Results:

There were 33 males and 21 females in the sample. Mean age for males was 42.15 years (range 5-80 years) while mean age for females was 46.57 years (range 12-75 years). Combined mean age for all patients was 44.37 years. Majority of patients belonged to lower socioeconomic status. Mean duration of illness was 18.28 months.

As far as psychiatric morbidity is concerned, among male patients, 20 (60.6%) had a score above the cut off point on anxiety sub scale and 18 (54.54%) scored above the cut off point on depression sub scale. Sixteen patients (48.48%) had a score above the cut off point on both anxiety and depression sub scales. Among females 17

patients (80.95%) scored above the cut off point on anxiety sub scale while 18 patients (85.71) had a score above the cut off point on depression sub scale. Sixteen patients (71.19%) scored above the cut off point on both anxiety and depression sub scales.

There was no relationship between the duration of illness and psychiatric morbidity. Site of cancer also had no relationship with the presence of psychiatric morbidity.

## Discussion:

This study has shown some very important results. Prevalence of anxiety and depression was found to be very high in this study. When we are thinking about the quality of life of our patients, this is a very important finding.

Depression and anxiety were more common in females as compared to males. Among non-cancer samples, women generally report higher levels of anxiety and depression than men, with an often-quoted ratio of 2:1, many studies have suggested equal prevalence among cancer patients<sup>7</sup>.

Some authors have reported greater vulnerability to psychosocial problems among cancer patients from lower social classes<sup>8</sup>, while other investigators found no such relationship<sup>2</sup>. This aspect needs further investigation in our setup.

Though this study has shown very high psychiatric morbidity in cancer patients it should be replicated in a larger sample to confirm the findings.

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