



A study to assess the level of depression among cancer patients admitted in Krishna hospital, karad

KEYWORDS

level of depression, cancer patient

Mrs. Sangeeta. S. Patil

Clinical instructor, mental health nursing, Krishna institute of nursing sciences, karad

Prof. Mrs. Vaishali .R. Mohite

Dean, Medical surgical nursing, Krishna institute of nursing sciences, karad

Mrs. Manda.S Mulik

Clinical instructor, Community health nursing, Krishna institute of nursing sciences, karad

Mrs.-Afasana Mulla

Clinical instructor, obstetric& Gynecology, Krishna institute of nursing sciences, karad

ABSTRACT *BACKGROUND - Individuals and families who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Depression in patients with cancer not only affects the patients themselves but also has a major negative impact on their families.*

OBJECTIVES : To assess the level of depression among cancer patients& to find an association between demographic data and level of depression among cancer patients admitted in Krishna hospital karad.

MATERIAL AND METHODS- descriptive survey approach, 60 samples by using structured interview technique (Hamilton depression rating scale) used by convenience sampling technique.

Results: Hamilton depression rating scale used and out of 60 patients 14(23.33%) are normal, 24(40%) had mild depression, 20(33.33%) had moderate depression and 2(3.33%) had severe depression. Nobody in very severe depression. No association between demographic variables

CONCLUSION: The main outcome of the study that some cancer patients are always in depression. Any interventional programme or awareness programme on depression will help the cancer patients to minimize the depression and they will develop certain coping strategies

INTRODUCTION:

Depression is a co- morbid disabling syndrome that affects approximately 15% to 25% of cancer patients. Depression is believed to affect men and women with cancer equally; Individuals and families who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Depression in patients with cancer not only affects the patients themselves but also has a major negative impact on their families.

A survey in England of women with breast cancer showed that among several factors, depression was the strongest predictor of emotional and behavioral problems in their children. Fear of death, disruption of life plans, changes in body image and self-esteem, changes in social role and lifestyle, and financial and legal concerns are significant issues in the life of any person with cancer, yet serious depression or anxiety is not experienced by everyone who is diagnosed with cancer. Just as patients require ongoing evaluation for depression and anxiety throughout their course of treatment, so do family caregivers.

The important thing to know is that depression can be treated. Without treatment the symptoms of depression may go on for a very long time, sometimes months or years. But with the right treatment for depression, 8 out of 10 people (80%) will feel better within a few weeks. So if you suspect you could be depressed, it is best to speak to your doctor so that you can have treatment quickly.

AIMS &OBJECTIVES: assess the level of depression among cancer patients

To assess the level of depression among cancer patient.

To find the association between demographic data and level of depression among cancer patient admitted in Krishna hospital karad.

Methods and material: descriptive survey approach was used by using convenience sampling technique. The study was done in Krishna hospital Karad at oncology unit. Ethical permission taken to conduct study. Purpose of the study was explained to the subject. Informed written consent was taken from each subject. (Hamilton depression rating scale) structured questionnaire was used to assess the level of depression among cancer patient. Structured questionnaire was prepared to collect demographic data. The data were tabulated and analyze in term of objectives of the study using descriptive and inferential statistics.

RESULTS:

TABLE NO: 1

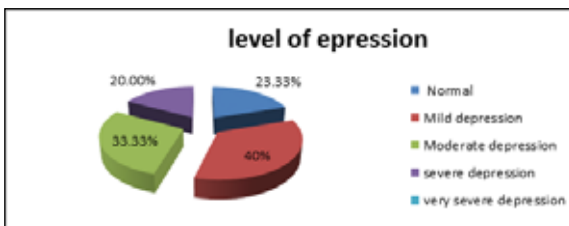
DISTRIBUTION OF FREQUENCY ACCORDING TO SOCIO-DEMOGRAPHIC VARIABLES:

Sr.No	socio demographic variable	frequency	percent-age
1	AGE(years)		
	30-40	7	11.66
	41-50	12	20
	51-60	15	25
	61-70	20	33.33
	71-80	6	10
2	GENDER		
	Female	36	60
	Male	24	40
3	RELIGION		

	Hindu	54	90
	Muslim	6	10
	Christian	0	0
	Other	0	0
4	EDUCATION		
	Illiterate	17	28.33
	Primary	20	33.33
	Secondary	18	30
	Higher secondary	2	3.33
	Graduate	1	1.66
	Post graduate	2	3.33
5	OCCUPATION		
	Worker	6	10
	Business	10	16.66
	Farmer	34	56.66
	Retired	2	3.33
	Other	8	13.33
6	MONTHLY INCOME		
	<5000	23	38.33
	5000-10000	18	30
	10000-15000	12	20
	15000-20000	7	11.66
7	TYPE OF FAMILY		
	Nuclear	22	36.66
	Joint	38	63.33
	Extended	0	0
8	HABITS		
	Alcoholism	3	5
	Tobacco chewing	20	33.33
	Misery	20	33.33
	Cigarette smoking	7	11.66
	Other	10	16.66
9	MARITAL STATUS		
	Unmarried	2	3.33
	Married	55	91.66
	Widow	3	5

TABLE NO-1 shown that patients with age group of 61-70 20 (33.33%), participated in the study Females were 36 (60%), in religion Hindu were 54 (90%),in education primary were 20(33.33%), in occupation Farmers were 34 (56.66%), in monthly income <5000 23 (38.33%),in types of family joint family affected more 38(63.33%),in habits Tobacco chewing & Misery equally affected 20 (33.33%), in marital status married were 55(91.66%)

Graph -1 Frequency and percentage distribution of sample according to their level of depression according to (Hamilton depression rating scale)



According to level of depression 24(40%) are in mild depression, 20 (33.33%) are in Moderate depression, 14 (23.33%) are in normal stage and 12 (20%) are in moderate depression

Table No: 2 Association between demographic variable and level of depression

SR NO.	DEMOGRAPHIC VARIABLES	χ^2	df	'P' VALUE	INFER-ENCE
1 .	AGE	0.1767	1	0.6742	NS
2.	SEX	1.194	1	0.1805	NS
3.	RELIGION	5.711	1	0.0169	NS
4.	EDUCATION	0.6525	1	0.4192	NS

SR NO.	DEMOGRAPHIC VARIABLES	χ^2	df	'P' VALUE	INFER-ENCE
5.	OCCUPATION	0.4631	1	0.4962	NS
6.	INCOME	0.05468	1	0.8151	NS
7.	TYPE OF FAMILY	0.001374	1	0.9704	NS
8	HABIT	0.5376	1	0.4634	NS
9	MARITAL STATUS	1.198	1	0.2738	NS

According to association between demographic variable and depression scale, no variables are associated with depression because p value is greater than 0.05%.

DISCUSSION: according (Hamilton depression rating scale) level of depression 24(40%) are in mild depression, 20 (33.33%) are in Moderate depression, 14 (23.33%) are in normal stage and 12 (20%) are in moderate depression. The aim of study to assess the level of depression in cancer patient. Another study A cross-sectional study was conducted in cancer patients admitted to a university hospital during December 2006-- December 2007. The Patient Health Questionnaire (PHQ-9) was used to assess all cancer patients. Of 108 cancer patients, 29.6% were diagnosed with a depressive disorder (mild, 14.8%; moderate, 5.6%; severe, 9.3%).The prevalence of depression is high in the cancer patients. However, depressive disorder in those patients is frequently undiagnosed. It is associated with several factors including pain, a number of cancer treatments, education duration, age and sex

CONCLUSION:

All people with cancer are depressed. Depression in a person with cancer is normal. Treatments are not helpful. Everyone with cancer faces suffering and a painful death. Sadness and grief are normal reactions to the crises faced during cancer. All people will experience these reactions periodically. Because sadness is common, it is important to distinguish between normal degrees of sadness and depressive disorders .The important thing to know is that depression can be treated. Without treatment the symptoms of depression may go on for a very long time, sometimes months or years. So if you suspect you could be depressed, it is best to speak to your doctor so that you can have treatment quickly.

REFERENCES:

1. Derogatis LR, Melisaratos N. The Brief Symptom inventory (BSI): An introductory report. Psychol Med. 1983;13:595-606. [PubMed]
2. Zigmond AS, Snaith RP. The Hospital Anxiety and Depression Scale. Acta Psychiatr Scand.
3. 1038/sj.bjc.6603057. [PMC free article] [PubMed]
4. US Mortality Public Use Data Tape 2001, National Center for Health Statistics, Centers for Disease Control and Prevention. 2003.
5. WHO International Consortium in Psychiatric Epidemiology. Cross-national comparisons of prevalences and correlates of mental disorders. Bulletin of World Health Organization. 2000;78:413-26. [PMC free article] [PubMed]