



A STUDY ON PSYCHIATRIC MORBIDITY IN CANCER PATIENTS

Dr.yanamala Sai Sudheer

Post Graduate In Psychiatry

Dr.R.krishna Naik

M.D,Assistant Professor In Psychiatry

Dr.T.V.pavan Kumar

M.D,Professor In Psychiatry,nri MC &GH, Chinakakani

Dr.Bolla Divya*

M.D Asst. Professor*Corresponding Author

ABSTRACT **INTRODUCTION:** Deaths from cancer worldwide are projected to continue to rise to over 11 million by 2030. An illness like cancer can have various psychiatric sequelae as a result of the disease itself or due to associated problems. **OBJECTIVES:** To study the psychiatric morbidity in patients suffering with cancer and measure the severity of psychiatric morbidity. **MATERIALS AND METHODS:** This study was conducted in Department of Oncology and Department of Psychiatry in NRI General Hospital, Chinakakani. A group of 60 eligible and consenting Cancer patients were taken for study. **RESULTS AND CONCLUSION:** The Prevalence of Psychiatric Morbidity in cancer patients according to the current study is 43% out of this major chunk goes to depressive disorders (23% Major Depressive Disorder(MDD), 2% Dysthymia) and other portion belong to Generalized Anxiety Disorder(GAD)15% and Panic Disorder 3%.

KEYWORDS : Generalised anxiety disorder, panic disorder, dysthymia, psychiatric morbidity

INTRODUCTION

Cancer is a leading cause of death worldwide accounting for 7.6 million deaths. Deaths from cancer worldwide are projected to continue to rise to over 11 million by 2030¹. The experience of having cancer has been associated with high levels of psychological stress. Correlations between neoplasia and psychological disorders were noted by numerous 18th and 19th century physicians. An illness like cancer can have various psychiatric sequelae as a result of the disease itself or due to associated problems. The diagnosis of cancer itself when revealed to the patient can cause emotional reactions such as shock and disbelief, followed by anger, depression, loss, and grief. Adjustment disorder is the most common psychiatric syndrome in cancer patients². Conceptually, these are disorders with emotional and behavioral symptoms which are responses to an identifiable stressor. A life-threatening illness like cancer will definitely have emotional consequences. There have been many criticisms against the prevalence studies of psychiatric illness in cancer. Despite modern progress in securing remission and possible cancer cure, it still remains a disease which is connected with hopelessness, pain, fear, and death. Its diagnosis and treatment often produce psychological stress resulting from the authentic symptoms of the disease and deep-rooted fear of a silent killer that moves stealthily upon us without warning. Ultimately cancer induces psychological trait that becomes a symbol for grief and pain; that is the reason why psychosocial oncology research studies indicated that a noteworthy percentage of cancer patients at all stages of the sickness have been confronted with psychosocial suffering³.

AIMS AND OBJECTIVES:

To study the psychiatric morbidity in patients suffering with cancer and measure the severity of psychiatric morbidity.

1. To assess the prevalence of various Psychiatric Disorders in patients with Cancer.
2. To assess the severity of Psychiatric disorder. 3. To assess the socio demographic factors relation to psychiatric morbidity in cancer patients.
3. To assess the relation between types of cancers and Psychiatric Morbidity

CASE STUDY

SITE : This study was conducted in Department of Oncology and Department of Psychiatry in NRI General Hospital, Chinakakani. **SAMPLE :** A group of 60 eligible and consenting Cancer patients were taken for study

Inclusion Criteria:

1. Patients in the age group of 18-60 yrs.
2. Patients with diagnosis of psychiatric disorders as per ICD 10.
3. Patients who gave informed consent for the study.
4. Patient should have at least one informant, who is a relative and willing to give consent.

Exclusion Criteria :

1. Patients who are unwilling to participate in the study.
2. Patients who are uncooperative for interview

STATISTICAL ANALYSIS:

Microsoft Excel and online statistical calculator was used for statistical analysis. Socio demographic variables like age and gender, religion, education, occupation, socioeconomic status, type of family etc. were taken as explanatory parameters.

HAM depression score, HAM anxiety score were taken as outcome variable. Descriptive analysis of all the explanatory and outcome parameters was done.

All the categorical variables were presented in frequencies and percentages.

The numerical variables presented in Means and Standard deviations. The association between explanatory and outcome parameters was assessed by calculating Mean, Mean difference and their 95% CI and p-value. Graphical representation of Analysis also presented in appropriate way.

RESULTS:

AGE DISTRIBUTION:

AGE	FREQUENCY	PERCENT
15-30	0	0
31-60	51	85
>61	9	15
TOTAL	60	100

SEX DISTRIBUTION:

SEX	FREQUENCY	PERCENT
MALE	17	28
FEMALE	43	72
TOTAL	60	100

Distribution of Socioeconomic status :

SOCIOECONOMIC STATUS	FREQUENCY	PERCENT
LOW	28	47
MIDDLE	29	48
HIGH	3	5
TOTAL	60	100

most common factor in females to cause psychiatric illness compared to other types.

REFERENCES:

1. Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. GLOBOCAN 2008, cancer incidence and mortality worldwide: IARC CancerBase No. 10. Lyon, France: International Agency for Research on Cancer. 2010 Jun;2.
- 2) Derogatis LR, Morrow GR, Fetting J, Penman D, Piasetsky S, Schmale AM, Henrichs M, Carnicke CL. The prevalence of psychiatric disorders among cancer patients. *Jama*. 1983 Feb 11;249(6):751-7.
- 3) Parker PA, Baile WF, Moor CD, Cohen L. Psychosocial and demographic predictors of quality of life in a large sample of cancer patients. *Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer*. 2003 Mar;12(2):183-93.

Psychiatric Morbidity Distribution from MINI

MINIDIAGNOSIS	FREQUENCY	PERCENT
NONE	34	57
MDD	14	23
DYSTHYMIA	1	2
GAD	9	15
PANIC DISORDER	2	3
TOTAL	60	100

CANCER	PSYCHIATRIC MORBIDITY		CHI-SQUARE	P-VALUE
	YES	NO		
CA BREAST	12	11	8.13	0.421
CA COLON	1	5		
CA STOMACH	3	0		
GENITAL CA (FEMALES)	5	9		
CA PROSTATE	1	1		
CA LUNG	2	3		
CA LIVER	1	3		
NHL	1	1		
AML	0	1		

DISCUSSION:

This is a cross sectional observational study on psychiatric morbidity in Cancer patients. This study was conducted to find the association between various psychiatric diagnosis in cancer patients and assess the role of various biological, psychological and socio- demographic factors in psychiatric morbidity. The study has analysed the data of 60 cancer patients, diagnosed by Oncologist. Once diagnosed by the Oncologist, they were interviewed using MINI international neuropsychiatric interview, a structured psychiatric interview protocol by the author. Severity of the psychiatric disorder is measured using appropriate scales using Hamilton anxiety rating scale (HAM-A) for anxiety related disorders and Hamilton Depression Rating Scale (HAM-D) for diagnosis with Major Depressive Disorder and Dysthymia. There were studies done to study the psychiatric morbidity in cancer patients but very few studies were done by psychiatrists using structured interview protocol. Hence it was felt that current study would prove beneficial in furthering our understanding in this field.

CONCLUSION:

1. The Prevalence of Psychiatric Morbidity in cancer patients according to the current study is 43% out of this major chunk goes to depressive disorders (23% Major Depressive Disorder, 2% Dysthymia) and other portion belong to Generalized Anxiety Disorder 15% and Panic Disorder 3%.
2. Psychiatric Morbidity is positively correlated with patients having cancer.
3. Psychiatric Morbidity is more in uneducated patients with low and middle socioeconomic status.
4. Psychiatric Morbidity is more in people with low social support like nuclear families compared to other types of families.
5. Psychiatric Morbidity is more in females and breast cancer being