



## ASSESSMENT AND MANAGEMENT OF ANXIETY, DEPRESSION AND QUALITY OF LIFE AMONG PATIENTS OF BREAST CANCER

### Psychology

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### KEYWORDS

#### Introduction

Cancer is considered as one of the gravest form of conditions from which it is not easy to return. It is a notion that once a person is diagnosed with cancer, there is a very slight chance of recovery. It is a group of diseases resulting from abnormal cell growth and can spread to other parts of the body<sup>[1]</sup>.

In U.S., by January 2018, around 3.1 million women were reported to have breast cancer<sup>[2]</sup>. Breast cancer is quite common in India also. The highest numbers of the cases are reported in cities like Mumbai, Bangalore, etc.<sup>[3]</sup>. It is the second most common condition found in rural areas. Breast cancer accounts for 25-32% of all females, implying that one-fourth of female cancer patients suffer from breast cancer.

Earlier-stage breast cancer made encouraging effort towards breast conserving surgery; further various refinements in the surgery kept taking place. The trauma related to breast cancer and its surgical impact was quite grave, scaring women both physically and psychologically.

Over the years, the physical and psychological consequence of breast cancer surgery has taken a new turn. The physical aspect is covered by various cosmetic innovations, whereas the psychological aspect is over taken by various therapies. Cancer being the life-threatening aspect, femininity was also gravely affected by it; from removal of breasts to decreased level of sexual attractiveness<sup>[4]</sup>. The news of cancer is in itself so grave that it leads to not only stress but also to depression, anger, etc. At this point of time, not only the chemotherapy is effective but the support of family members and keeping psychological features intact is also very important.

Limited research has been done to address the fact that psychotherapies could also play a certain role on cancer patients. Psychologists/therapists focus on providing the emotional and psychological support to such patients. Their main goal is to make them accept their condition and its consequences in a positive as the very common reaction to cancer is death. Psychologists focus on changing this attitude and focus on providing the guidance to the patients<sup>[5]</sup>.

It is believed that psychological factors affect the progress of both cancer and chemotherapy. If the patient continues to face psychosocial problems regarding cancer, there is a slight chance that chemotherapy will affect them positively. Stress, anxiety and other factors seem to have a lot of negative influence on progress of chemo. Therefore, various types of therapeutic steps have been seen to be quite effective for cancer patients. The most important one to consider is cognitive restructuring of the patients, while providing the scientific information about cancer and psychotherapy<sup>[1]</sup>. The main aim of cognitive restructuring is to challenge and change the patient's negative view towards cancer and its ultimate end-death. Most patients are of the view that cancer means death; but there are cases that leads to healthy and beautiful lives.

The most important part of psychotherapy is to help patients realise that there is life after or with cancer. An emerging discipline, psycho-oncology, works towards bringing the fields of oncology and

psychology to work for the better treatment strategies of breast cancer patients. This paper explores the importance of psychotherapy for breast cancer patient and explains that if psychotherapy is given along with chemotherapy, patient's treatment could be fruitful.

#### Objectives-

- 1) To assess and compare the level of anxiety, depression and quality of life of breast cancer patients from pre-to-post therapeutic intervention
- 2) To intervene with various psychotherapy to see its effects on breast cancer patients
- 3) To make comparison between control group and experimental group from pre-to-post intervention

#### Methodology-

**Sample-** Total of 42 patients having breast cancer were referred for the study. Those meeting the inclusion and exclusion criteria of the study were retained others were left out.

#### Inclusion Criteria-

- 1) Age range 35-55 years
- 2) Patients having moderate-to-severe levels of anxiety and depression
- 3) Patients showing reduced quality of life
- 4) Both literate and illiterate
- 5) Middle and advanced staged patients of breast cancer
- 6) Patients receiving chemotherapy
- 7) Only referred cases were taken
- 8) Patients who gave consent for participation

#### Exclusion Criteria-

- 1) Patients not falling under age range
- 2) Patients having psychotic features
- 3) Patients having no anxiety and depression
- 4) Patients having good quality of life
- 5) Patients at initial stage of breast cancer
- 6) Those patients who were not receiving chemotherapy
- 7) Patients who were not referred
- 8) Patients who did not give consent for participation

#### Tools Used-

- 1) **Hamilton Anxiety Scale (HAM-A)**- is a 14 item scale rated on 5-points. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56, where <17 indicates mild severity, 18-24 mild to moderate severity and 25-30 moderate to severe<sup>[6]</sup>.
- 2) **Beck Depression Inventory (BDI-2)**- consists of 21 item rated on 4-point rating. Scores 1-10 are considered normal, 11-16 mild mood disturbance 17-20, borderline clinical depression 21-30 moderate depression, 31-40 severe depression and over 40 extreme depression<sup>[7]</sup>.
- 3) **WHO Quality of Life- BREF**- consists of 26 items among them 24 items are based on a 4 domain structure that is Physical, health, Psychological, Social Relationships and Environment, in addition 2 items are from the Overall Quality of Life and General Health facet. The items are based on 5 point Likert Scale ranging from very poor, poor, neither poor nor good, good and very good. The higher the score, the higher is the quality of life<sup>[8]</sup>.

**Procedure-** Total of 52 patients suffering from breast cancer were referred from Radiotherapy OPD. After their detailed assessment using above mentioned tools, they were explained about the purpose of the study. After the detailed explanation about the study and the amount of time it will require, i.e. 14 sessions, their written as well as verbal consent was taken. Their level of anxiety, depression, and quality of life were assessed using Hamilton Anxiety Scale, Beck Depression Inventory and WHO Quality of Life respectively. These 52 patients were then randomly divided into control group and experimental group, both consisting of 26 patients. The control group was the one who did not received any kind of psychological intervention, whereas experimental group was given psychological interventions. Of 26 patients from control group, 5 patients dropped-out from the study due to personal reason.

Psychosocial intervention was given in Psychiatry OPD of JNMCH, AMU, up to 14 sessions for next 2 months, asking them to visit weekly. For patients in control group only assessment was done for next 2 months. They were given TAU. After every session of therapy, the above mentioned scales were reassessed to see whether any of the strategies have effected in reduction of anxiety and depression and increment in quality of life among the cancer patients.

**Various therapeutic Techniques Used-**

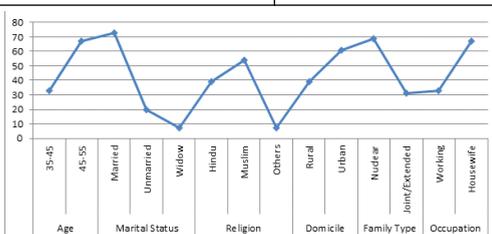
- 1) Scientific information related to breast cancer was given to the patients and family members.
- 2) Psycho-education was given to both the patients and family members regarding how psychosocial factors influence breast cancer and reduced quality of life
- 3) Supportive psychotherapy
- 4) Cognitive restructuring
- 5) Relaxation
- 6) Life-style modification
- 7) Activity Scheduling

**Statistical Analysis-**

Using SPSS version 21, t-test was used to see the effect of psychotherapies from pre-to-post-intervention and comparison was made between both the two groups. Line graphs were used to show the socio-demographic details of the patients and to represent the effect of psychotherapies on different psychosocial factors from pre-to-post-intervention.

**Table 1 showing socio-demographic details of patients (n=52)**

Characteristics	Patients (n=52), %
<b>Age (in years)</b>	
35-45	(17) 33
45-55	(35) 67
<b>Marital Status</b>	
Married	(38) 73
Unmarried	(10) 20
Widow	(4) 7
<b>Religion</b>	
Hindu	(20) 39
Muslim	(28) 54
Others	(4) 7
<b>Domicile</b>	
Rural	(20) 39
Urban	(32) 61
<b>Family Type</b>	
Nuclear	(36) 69
Joint/Extended	(16) 31
<b>Occupation</b>	
Working	(17) 33
ousewife	(35) 67

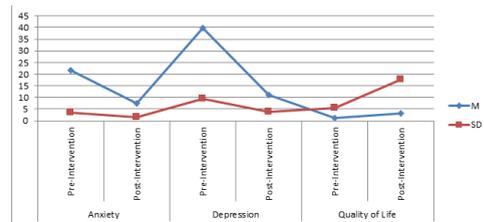


**Graph 1 explains the socio-demographic details of patients**

**Table 1 shows the effect of psychotherapy on psychosocial factors of Breast Cancer Patients in Experimental Group (n=26)**

Assessment	Variable	M	SD	t	Sig.
Pre Intervention	Anxiety	21.57	3.6	20.53	<0.05
Post Intervention		7.4	1.6		
Pre Intervention	Depression	39.93	9.39	20.08	<0.05
Post Intervention		11.24	3.91		
Pre Intervention	Quality of Life	1.08	5.59	60.00	<0.05
Post Intervention		3.29	17.68		

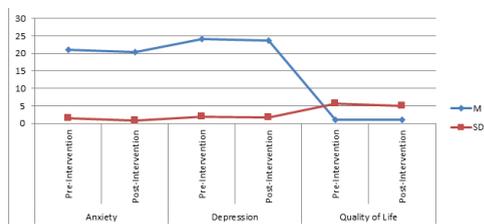
Table 1 indicates that significant difference was found on level of anxiety, depression and quality of life of cancer patients after receiving the various psychotherapies. After the intervention, level of anxiety reduced from pre-intervention (M=27.57, SD=3.6) to post-intervention (M=7.4, SD=1.6). The level of depression also went down from (M=39.93, SD=9.39) to (M=11.24, SD=3.91), i.e. from pre-to-post intervention. The significance of psychotherapy could also be seen on quality of life which was M=1.08 and SD=5.59 before the intervention and after the intervention it became M=3.29, SD=17.68. Following graph also explains the same result.



**Table 2 shows the result of only assessment of Breast Cancer Patients in Control Group (n=21)**

Assessment	Variable	M	SD	t	Sig.
Pre Assessment	Anxiety	21.00	1.41	2.89	<0.05
Post Assessment		20.30	0.86		
Pre Assessment	Depression	24.15	1.87	2.36	<0.05
Post Assessment		23.65	1.63		
Pre Assessment	Quality of Life	1.07	5.70	1.89	<0.05
Post Assessment		1.05	4.95		

Table 2 explains that no significant difference was found among the control group, who did not receive any therapeutic intervention. Their levels of anxiety, depression and quality of life changed but this change could be attributed to various other factors in their environment. The following graphical representation also explains the result obtained.



**Discussion-**

Cancer is considered as one of the main causes of death around the world, be it blood cancer, prostate cancer or breast cancer. The news of cancer is so grave in itself that it leaves a significant impact on not only the patient but also on their family members. The side effects of chemotherapy for breast cancer (hair loss, skin conditions, nausea, etc.) are quite aggressive in nature, leaving a scar on both psychological and social aspects of individuals [9]. Therefore, for patients with breast cancer, it is not just their physical being that is important but their psychological well-being is also of great significance.

The main aim of the study was to see the effect of psychotherapies on patients suffering from breast cancer. Various studies have been conducted to explain the significance of psychotherapy for cancer patients. Spiegel, et al conducted a study in 1989 to explain that patients with breast cancer, who received continued supportive psychotherapy, have better survival rate than those who did not received it [10]. This study, however, was criticised but gained lot of attention from future researchers, who worked to see the impact of

psychotherapy on cancer patients. In our study we also found that cognitive and supportive psychotherapy improved their quality of life and reduced anxiety, depression.

In a similar study conducted on breast cancer by Goodwin et al in 2001, it was found that patients receiving psychotherapy benefits in improving their quality of life<sup>[11]</sup>. Thus, supporting the present study and helps in explaining that psychotherapy indeed helps in uplifting the quality of living of patients with breast cancer and reducing their levels of depression<sup>[12]</sup>.

Even if the patient opts for surgery, there is fair chance of relapsing cancer, making patients even more anxious, affecting their quality of life even more. They are unable to make peace with cancer being gone and are always in pre-occupied with its relapsing nature. We tried in our study to improve their quality of life. It was also focused during therapy that they see their life meaningful and change life style which played significant role in their personal happiness. This notion was also supported previously by Cefrey's study of 2004, that accepting and adjusting with cancer can significantly help patients overcome the difficulties of treatment and it's after affects [13].

Anindita Mukherjee et al (2017) found that the fear of side effects of chemotherapy makes patients anxious, depressed and even refusal of therapy reduces their quality of life<sup>[14]</sup>. The chemotherapy puts a strain not only on the patient but also on their relationships<sup>[15]</sup>. Although, no one refused the treatment (chemotherapy along with psychotherapy) in this study, there were times when patients reported that their existence is of no more importance and it is better to die with cancer than to slowly kill yourself with chemotherapy but psychotherapy indicated that regular and proper psychological intervention is very important for patients, their acceptance of disease, its treatment and post-treatment consequences. It increased their tolerance, acceptance and maintained mental hygiene.

The various studies conducted over the years prove that psychotherapy helps in providing relief from number of psychological problems (stress, anxiety, emotional instability, etc.). There is a need to address the importance of psychotherapy in the treatment of cancer patients along with chemotherapy, improving their quality of life and life satisfaction<sup>[9]</sup>.

### Conclusion:

Present study indicated that psychological intervention improved overall psychological well-being of breast cancer patients. The collaboration of psychology with oncology will help in reaching the desired goal of providing better treatment plans for patients with cancer.

### Acknowledgement-

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