ORIGINAL RESEARCH PAPER
Volume - 9 | Issue - 8 | August - 2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

EVALUATION OF IMPACT OF COUNCELLING WITH RELATION TO COMPLIANCE TO TREATMENT IN HEAD AND NECK CANCER PATIENTS OF KUMAON REGION OF UTTRAKHAND.

Oncology

Dr. Nirdosh Kumar Pant
Dr. Kailash Chandra Pandey* *Corresponding Author
Dr. Jalaj Gaur
Dr. Vinod Pandey
Yuvraj Pant
Chhape Ram

KEYWORDS

INTRODUCTION

The disease of cancer is associated with stress in most of the patients as response to the diagnosis. These psychological stress usually present as adjustment disorders (Derogatis et al 1983)1, anxiety, depression, delirium and even suicidal ideation.

Adjustment disorders may manifest in cancer patients as poor coping, struggle to adapt to the reality of being cancer positive, adjustment for cancer treatment participation, the side effect of therapy and unpleasant situation precipitated by serious illness.

Head and neck cancer is arguably the most psychologically traumatic cancer to experience (Björklund M et al 2010) 2.

Anxiety in setting of cancer diagnosis is almost universal however its not pathological unless it impairs the functionality of the patient (Noyes R Jr 1998) 3.

Depression can manifest in various forms since diagnosis to rehabilitation process however major depressive episode should always merit attention.

Delirium and suicidal ideation are low in cancer patient however advance cases and lose of hope are strong risk factors for them (Chochinov HM 1998).4.

This study was conducted to assess the compliance of patient diagnosed with squamous cell carcinoma of head and neck (SCCHN). If they had long counseling sessions regarding the all available treatment modalities and there possible outcome, major side effects of all available treatment modalities and finally alternative treatment regimes if the chosen modality fails.

MATERIALAND METHODS.

The study design employed was observational and cross sectional in approach, in that the analysis was confined to a specific population, i.e of patients diagnosed with SCCHN for the time span between 1st July 2013- 30th June 2014. A total 206 patients of SCCHN were registered at department of Radiotherapy Swami Ram Cancer Hospital & Research Institute, Haldwani, Nainital (UK) in India. After excluding patients with carcinoma Nasopharynx, Maxillary Antrum, Nasal Carcinoma and Secondary Neck with Unknown Primary, a total 183 patients of SCCHN were included in the study.

Of these 183 patients male patients numbered 167 (91.3%) and female patients numbered 16 (8.7%). With regards to sub sites of a SCCHN, the number of patients of Oral Cavity were 71 (38.8%), Larynx were 49 (26.8%), Oropharynx were 41 (22.4%) and Hypopharynx were 22 (12.1%) respectively.

All the patients were offered counseling sessions for 03 consecutive days as-

Day 1 Various available treatment modalities & their possible outcomes.
Day 2 Side effects of the treatment modalities chosen.
Day 3 Alternative treatment available if the chosen modality fails.

RESULTS

Of the 183 patients who were offered counseling, 146 (79.8%) participated in all counseling sessions,while 36 (20.2%) did not wanted any detailed discussion.

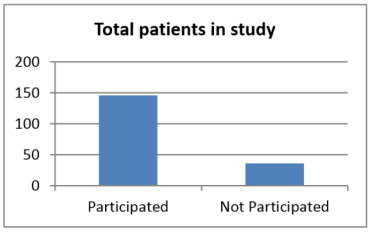

Figure I

Of 146 patients who participated in all counseling sessions, 139 (95.2%) were accompanied by at least one family member while 7 (4.8%) came alone.

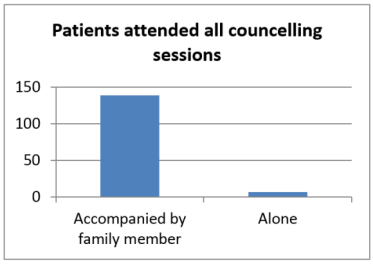

Figure II

Of 139 patients who participated in all counseling sessions along with their family members 117 (84.2%) initiated the treatment, while 22 (15.8%) did not even start the treatment while 7 patients who came alone only 1 (14.3%) initiated the treatment.

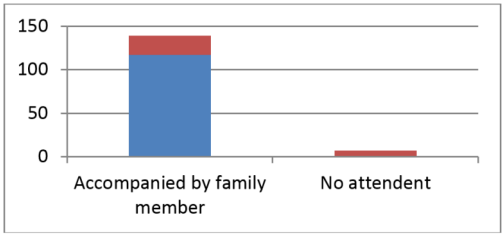

Figure III

Of 36 patients who did not participated in any counseling session 27 (75%) took no treatment, while 9 (25%) patients initiated the treatment.

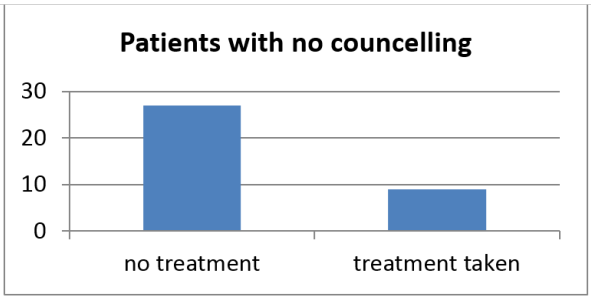

Figure IV

Of 118 patients who participated in all counseling sessions as well as initiated the treatment only 16 (13.5%) were non compliant to the treatment protocol of which 9 (56.25%) were after the failure of regime chosen while 6 (87.5%) lost follow up during the treatment and 1 (6.25%) patient died during the treatment.

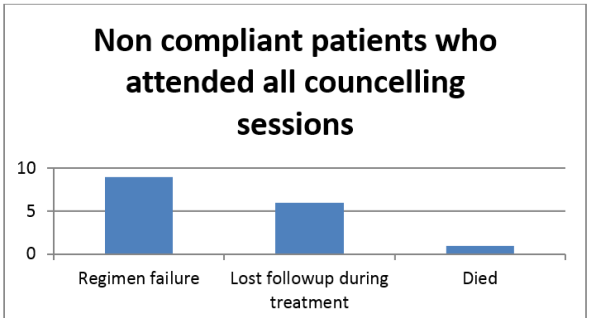

Figure V

Of 9 patients who initiated treatment without counseling sessions 6 (66.67%) were non compliant while 3 (33.33%) completed the treatment.

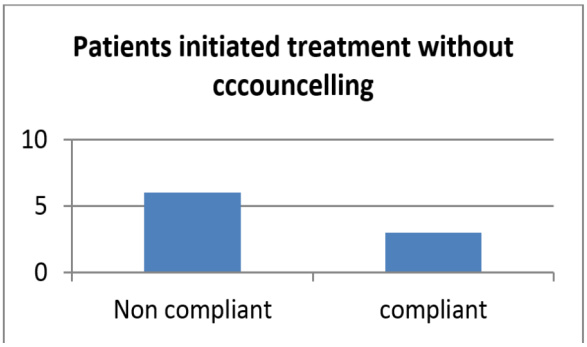

Figure VI

DISCUSSION

Cancer is a chronic condition requiring a multi modality treatment approach, treatment is extensive and time taking process. Mandatory follow up for a long period makes compliance of the patients very important for proper management of the disease process.

Patients with cancer benefits from education in terms of their ability to take care of themselves, enhanced self-image and self-esteem, improved symptom management, reduced anxiety and reduced disruption in daily life (Fernsler and Cannon 1991)5 explains the benefits of increasing compliance among the cancer patients by explaining the management part in detail.

Educating and explaining is done in a better way to a calm and composed mind. Approximately 90% of psychiatric disorders are reactions to cancer diagnosis or treatment. As treating physician along with clinical psychologists having long conversations and considering various treatment options might alley the anxiety and thus can increase the participation and compliance.

Adjustment disorder and anxiety are most commonly associated with initial stress at the time of diagnosis especially if diagnosed in advanced stage.

Review of literature has indicated that usually emotional support whether informal or formal, can relieve distress (Cwikel JG et al 1997) 6. Lesser distress allow people to adjust in a gradual way to decrease levels of arousal and anxiety that could significantly impair treatment participation (Weisman AD et al 1976) 7. during the treatment phase.

Adapting to cancer requires continuous coping efforts. As patient transits from initial shock of diagnosis they require long term coping skills. Substantial proportion of cancer patients experience depressive symptoms associated with their disease. Depression is associated with increased morbidity and mortality in cancer patients (Stommel M et al 2002)8. Depression in HNC patients has been estimated to be more prevalent then in other type of cancer (Massie M J et al) 9.

Hope as a cognitive process involves patient to become focused on goal and necessary planning to meet those goals (Snyder CR et al 1999)10.

Discussing all possible modalities of treatment initially and also the alternative treatment if the chosen modality fails increases the hope of achieving desired goal. Thus increasing the compliance to the protocol as focusing on concrete goals that one can reasonably count on reaching and look forward to accomplishing may increase feeling of hope in cancer patients (Post-White et al 1996). 11

CONCLUSION

Educating and explaining the disease process properly, discussing all the probable treatment modalities along with available alternatives in full length along with their side effect and probable outcomes initiate a cognitive process Hope in the patient. It leads to build up confidence of the patients to handle their disease by better adaptation to prolonged regimes. As the patient is made aware of possible outcomes initially his chances of getting depressed during the course of treatment are less, which tend to increase his chances of survival as well as compliance. Additional finding was increased compliance if family is in close participation of treatment. Goal disengagement and goal reengagement can be associated with ratings of high subjective well-being. (Wrosch C et al2003)12.

REFERENCES

1 Derogatis L R, Morrow G R, Fetting J, et al. The prevalence of Psychiatric disorders among cancer patient JAMA 1983; 249 (6); 751
2 Björklund M, Sarvimäki A, Berg A. Living with head and neck cancer: A profile of captivity. Journal of Nursing & Healthcare of Chronic Illness. 2010;2:22–31
3 Noyes R Jr, Holt C S , Massie M J. Anxiety disorders in ; Holland J C, ed. Psycho-Oncology, New York; Oxford University press 1998; 548
4 Chochinov H M,Wilson K G, Enns M, Lander S, Depression, hopelessness and suicidal ideation in the terminally ill. Psychosomatics 1998; 39(4);366
5 Fernsler J I, Cannon C A. The whys of patient education. Semin Oncol Nurs 1991; 7; 79
6 Cwikel J G, Behar L C, Zabora J R. Psychological factors that affect the survival of adult cancer patients; a review of research. J Psychosoc Onc 1997; 15; 1
7 Weisman A D, Worden J W. The existential plight in cancer; significance of first 100 days. Int J Psychiatry Med 1976; 7;1
8 Stommel M, Given B A, Given C S. Depression and functional status as predictors of death among cancer patients. Cancer 2002; 94; 2719
9 Massie MJ. Prevalence of depression in patients with cancer. Journal of the National Cancer Institute Monographs. 2004;32:57–71.
10 Snyder C R, Chevens J, Michael S T, Hoping In; Snyder C R, ed. Coping; the psychology of what works. New York; Oxford university press, 1999;205
11 Post-White J,Ceronsky C, Kreitzer M J et al. Hope, spirituality, sense of coherence and quality of life in patients with cancer. Oncol Nurs Forum 1996;23(10);1571.
12 Wrosch C, Scheier MF, Miller GE, Schulz R, Carver CS. Adaptive self-regulation of unattainable goals: Goal disengagement, goal reengagement, and subjective well-being. Personality & Social Psychology Bulletin. 2003;29:1494–1508.