



CHRONIC ILLNESSES AND LIFE STYLE

Social Science

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ABSTRACT

Aim: To Study the prevalence of PTSD in chronic illness and life style in cancer patients undergoing treatment.

Introduction: A traumatic event involves actual or threatened death, serious injury, or sexual violence.

A person can be exposed to a traumatic event in the following ways:

- Directly experiencing a trauma(s)
- Witnessing a trauma(s) in person
- Learning that the traumatic event occurred to a close family member or close friend. In cases of actual or threatened death to a family member or friend, the event must have been violent or accidental.

Repeated or extreme exposure to aversive details of someone else's trauma(s) (for example, law enforcement officials who are repeatedly exposed to details of child sexual abuse)

Stressful events of daily life will not consider in PTSD.

The DSM-5 PTSD Diagnostic Criteria lesson provides information on PTSD diagnostic criteria and reviews key changes to the definition of PTSD according to the Diagnostic and Statistical Manual for Mental Disorders, 5th edition (DSM-5).

Materials and methods: The study group included man and women patients age group 18 yrs. and above patient population included are already diagnosed and who were receiving treatment with Radiotherapy after completing chemo and surgery. D.S.M scale 4 physicians' administrated PTSD scales were used to assess.

Inclusion criteria: Inclusion criteria included the patient age greater than 18 years who have given consent form for the study follow up through phone calls or direct interview as per the study designed.

Exclusion criteria: Patients who are less than 18 years, previous mental illness, patient who are not willing to give consent forms, not willing to follow-up and past history of PTSD were not included in this study.

KEYWORDS

chronic illness, Life style, PTSD, Cancer Patients

Aim:

To Study the prevalence of PTSD in chronic illness and life style in cancer patients undergoing treatment.

Introduction:

The stress that results from traumatic events precipitates a spectrum of psycho-emotional and physiopathological outcomes. Post-traumatic stress disorder (PTSD) is a psychiatric disorder that results from the experience or witnessing of traumatic or life-threatening events. A traumatic event involves actual or threatened death, serious injury, or sexual violence.

A person can be exposed to a traumatic event in the following ways:

- Directly experiencing a trauma(s)
- Witnessing a trauma(s) in person
- Learning that the traumatic event occurred to a close family member or close friend. In cases of actual or threatened death to a family member or friend, the event must have been violent or accidental.
- Repeated or extreme exposure to aversive details of someone else's trauma(s) (for example, law enforcement officials who are repeatedly exposed to details of child sexual abuse) Stressful events of daily life will not consider in PTSD.

Materials and methods:

The study group included man and women patients age group 18 yrs. and above patient population included are already diagnosed and who were receiving treatment with Radiotherapy after completing chemo and surgery. "PTSD CheckList – Civilian Version (PCL-C)" is used for Assessments.

Inclusion criteria:

Inclusion criteria included the patient age greater than 18 years who have given consent form for the study follow up through phone calls or direct interview as per the study designed.

Exclusion criteria:

Patients who are less than 18 years, previous mental illness, patient

who are not willing to give consent forms, not willing to follow-up and past history of PTSD were not included in this study.

Post Traumatic Stress Disorder (PTSD):

No one wants to read about a character with an easy life. Traumatic events are profoundly stressful. The stress that results from traumatic events precipitates a spectrum of psycho-emotional and physiopathological outcomes. In its gravest form, this response is diagnosed as a psychiatric disorder consequential to the experience of traumatic events. Post-traumatic stress disorder, or PTSD, is the psychiatric disorder that can result from the below conditions.

- serious accidents
- physical or sexual assault
- abuse, including childhood or domestic abuse
- exposure to traumatic events at work, including remote exposure
- serious health problems, such as being admitted to intensive care
- childbirth experiences, such as losing a baby
- war and conflict
- torture

PTSD develops in about 1 in 3 people who experience severe trauma. It's not fully understood why some people develop the condition while others do not. But certain factors appear to make some people more likely to develop PTSD.

Symptoms of PTSD :

The symptoms of post-traumatic stress disorder (PTSD) can have a significant impact on your day-to-day life.

In most cases, the symptoms develop during the first month after a traumatic event. But in a minority of cases, there may be a delay of months or even years before symptoms start to appear. Some people with PTSD experience long periods when their symptoms are less noticeable, followed by periods where they get worse. Other people have constant severe symptoms.

Re-experiencing is the most typical symptom of PTSD.

This is when a person involuntarily and vividly relives the traumatic event in the form of:

- flashbacks
- nightmares
- repetitive and distressing images or sensations
- physical sensations, such as pain, sweating, feeling sick or trembling
- Trying to avoid being reminded of the traumatic event is another key symptom of PTSD.

Some people have constant negative thoughts about their experience, repeatedly asking themselves questions that prevent them coming to terms with the event.

Someone with PTSD may be very anxious and find it difficult to relax. They may be constantly aware of threats and easily startled. This state of mind is known as hyper arousal. Hyper arousal often leads to:

- irritability
- angry outbursts
- sleeping problems (insomnia)
- difficulty concentrating

Factors to develop PTSD:

Several factors have an impact on whether someone develops PTSD. These include pretrauma factors, peritraumatic factors, and posttrauma factors. Of the three, peritraumatic factors are the largest contributor to the development of PTSD.

Pretrauma factors that are related to increased risk of PTSD:

- Prior trauma(s) exposure
- Female gender
- History of adverse childhood experiences
- Prior psychiatric problems
- Low levels of education
- Low socioeconomic status
- Minority race

Peritraumatic factors that are related to increased risk of PTSD:

- Greater severity of the traumatic stressor in terms of intensity, frequency, and duration.
- Greater perceived life threat during the traumatic stressor.
- Feelings of helplessness, unpredictability, or uncontrollability associated with the traumatic stressor.
- Greater proximity to the traumatic stressor. Individuals who directly experience a trauma(s) are more likely to develop PTSD than those who experienced a trauma indirectly (e.g., learned about a traumatic stressor that happened to someone else)
- Interpersonal trauma(s) (e.g., physical or sexual assault)

Posttrauma factors that are related to increased risk of PTSD:

- Low levels social support
- Exposure to ongoing stressful life events
- Exposure to a new trauma(s)

Discussion:

The study aimed to find out the prevalence of PTSD in cancer patients. 100 patients were taken according to the selection criteria. The patients were then administered "PTSD Checklist – Civilian Version (PCL-C)". The age group which was included is 25 years to 85 years and the diagnosis being all types of cancers. The exclusion criterion was children.

In the present study out of 100%, 62% were moderately affected, 8% were highly affected. The rest 30% of the population has mild to 0 issues.

In this study we evaluated the patient's Traumatic stress level using "PTSD Checklist – Civilian Version (PCL-C)" in 5 stages with carefully monitoring of the PTSD symptoms and the risk level of the each patient in each stage. First evaluation is taken at the time of the cancer diagnosed date. After that every 3 months time gap we evaluated the patient's condition in five stages. In each stage according to patient's condition, used psychological and counseling therapies. i.e., Cognitive behavioral therapy (CBT), Eye movement desensitization and reprocessing (EMDR), Group therapy and Medication.

Table:1 (N=100, T1-T5 = Evaluation levels, S=Score)

| | S | T1 | T2 | T3 | T4 | T5 |
|-----------------|--------------|----|----|----|----|----|
| Low | 0-21 | 5 | 11 | 15 | 24 | 30 |
| Moderate | 22-43 | 41 | 45 | 56 | 57 | 62 |
| High | 44-65 | 44 | 38 | 26 | 18 | 8 |
| Severe | 65-85 | 10 | 6 | 3 | 1 | 0 |

When compared the patient's condition with first evaluation and Final Evaluation, Observed that in Low and moderate levels there is a Positive change in patient's condition. Coming to High and Severe levels the PTSD Risk level is gradually decreased.

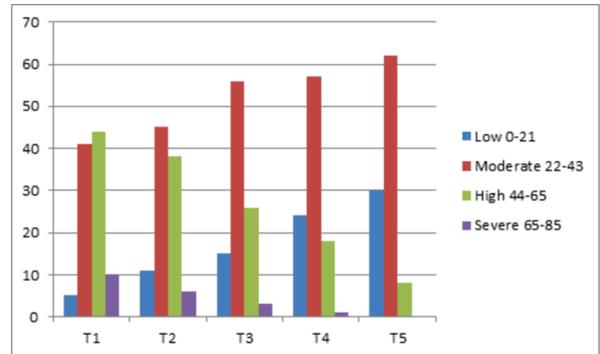


Figure 1 (X-Axis = Stages (T1-T5), Y Axis = Scoring Levels (0-85))

This Research result (Figure 1) states that, "With the systematic psychological, counseling therapies and supportive therapies, the Post Traumatic stress level in cancer patients is decreased".

In the study it was proved, that among 100 patients, I observed that, The major factors resulting in a spike of PTSD patients in the hospital is due to, fear of death and recurrence, Financial burden to the family, extreme discomfort. The rest (30%) were not affected due to the familial support, hospital support, healthy life style management, financial support were some of the factors which contributed in the drop of PTSD over a period of one and half years.

CONCLUSION:

Everyone is different. Two people diagnosed with Post-Traumatic Stress Disorder won't necessarily have the same symptoms. It's actually very rare for someone to experience *all* the symptoms for PTSD.

PTSD has profound psychobiological correlates, which can impair the person's daily life and be life threatening. In light of current events (e.g. extended combat, terrorism, exposure to certain environmental toxins), a sharp rise in patients with PTSD diagnosis is expected in the next decade. PTSD is a serious public health concern, which compels the search for novel paradigms and theoretical models to deepen the understanding of the condition and to develop new and improved modes of treatment intervention. If the hospitals find out the cancer patients who are suffering with PTSD using "PTSD Checklist – Civilian Version (PCL-C)" without Neglecting any single patient, With the Systematic Psychological therapies and Supportive therapies the PTSD level in cancer patients will be decreased. Otherwise the PTSD level in the patient is rapidly increased in time gap. That will worsen the Mental and physical state and Life style of the Affected Person. If all cancer hospital and Research centers come forward on this regard and invent more techniques to prevent PTSD in cancer patients is helpful to improve the patient's quality of the life.

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