



**ORIGINAL RESEARCH PAPER**

**Commerce**

**PHYSICAL AND MENTAL HEALTH AMONG CANCER SURVIVORS**

**KEY WORDS:**

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**INTRODUCTION**

Cancer survivors face unique short-term and long-term challenges to physical and mental health, family functioning, and maintenance of a healthy lifestyle. Long-term and late effects of cancer treatment may arise during or after treatment and may persist throughout a patient’s lifetime. Survivors may also need ongoing monitoring for cancer recurrence and the development of new cancers. Thus cancer can be perceived as a chronic condition, and recommendations are emerging for long-term survivorship care. Cancer survivors who have other chronic conditions or health risk factors at the time of diagnosis may face additional challenges during cancer treatment and follow-up care. The growing number of cancer survivors will pose challenges for health care systems seeking to meet these patients’ long-term health care needs. Most research on the quality of life of cancer survivors has been completed in the past decade, with the majority of studies focusing on women with breast cancer. The purpose of this commentary is to provide an overview of factors that affect health-related quality of life in cancer survivors, with a particular focus on mental health issues.

**FACTORS AFFECTING QUALITY OF LIFE IN CANCER SURVIVORS**

Studies of quality of life in cancer survivors have examined both the physical and mental health consequences of cancer and its treatments. In general, health care providers have focused largely on patients’ physical symptoms and physical health status, and less emphasis has been placed on mental health issues. Physical symptoms vary across cancer types and treatment modalities but commonly include fatigue, sleep disturbances, pain, nausea and/or vomiting, diarrhea, neuropathy, skin rashes or toxicity, impaired sexual functioning, and cognitive problems. How these symptoms impact quality of life varies depending on a number of factors, including the type and stage of cancer at diagnosis, the patient’s prognosis, the type of treatments received, the patient’s age, and co morbidities (both before and after the cancer diagnosis). Socioeconomic status and access to care also affect receipt of effective treatment and relief of symptoms. Even long after diagnosis, cancer survivors are significantly more likely than adults without cancer to be in poor health and to have multiple chronic medical conditions and functional and employment limitations.

However, poor mental health is the leading cause of disability in India, nearly good number of adults will develop mental illness at some point in their lives, and the economic cost of mental illness will also increase. Poor mental health is even more prevalent among those with chronic illnesses.

Risk factors for poorer mental-health–related quality of life among cancer survivors include younger age, less education, a greater number of non cancer medical conditions, lower income, and not being partnered or married. Whether there are racial or ethnic differences in mental-health–related quality of life among cancer survivors remains unclear.

Cancer diagnosis and treatment may be accompanied by profound physical, emotional, social, occupational, and financial stressors, as well as associated increases in anxiety and depressive symptoms. The first 1–3 years after treatment are a critical period during which to monitor the mental health of cancer survivors. Challenges during the early post-treatment period may include a

shift in the focus of medical care (eg, from “fighting cancer” to surveillance, recovery, or wellness), fear of recurrence, resumption or alteration of life roles, late and long-term effects of treatment (which can be physical and/or psychological), perceived loss of support from providers, and diminished instrumental and emotional support from family and friends . Factors associated with better adjustment have included older age, being married or partnered, greater optimism, greater self-efficacy, better social support, less rigorous chemotherapy, less pain, and less intrusion of illness on daily life.

**AGE AT DIAGNOSIS**

Young and middle-aged adults who are diagnosed with cancer face additional stressors and challenges compared with those who receive cancer diagnoses at older ages. Across cancer types, younger age is a risk factor for poorer mental health outcomes. Although never welcome, a cancer diagnosis before age 50 years is less common and is more unexpected for many individuals. Younger women with breast cancer have been studied more than other populations of younger survivors, and we know more about the quality of life of these patients over time than we do about other cancer patients diagnosed as younger adults. Better psychological adjustment among younger patients has been found to be associated with greater social support, the use of coping strategies, and symptom management, and the physical and mental health status of many survivors improves as time from treatment increases. However, younger survivors face more potential years of symptom burden and anxiety about their future.

**SUMMARY**

The quality of life of cancer survivors is multifaceted and is influenced by a variety of cancer-related and non-cancer factors from the time of cancer diagnosis through long-term survivorship. Physical health and symptoms directly affect mental health, and vice versa. Cancer outcomes—like those of most illnesses—are influenced by socioeconomic status, access to care, supportive services, and rural-urban factors, all of which contribute to the well-being of cancer survivors. Screening for mental health morbidity is just as important as monitoring physical health among cancer survivors, and mental health screening needs to be better integrated into active cancer treatment and survivorship. We suggest annual mental health screening using the ASCO guidelines described previously, with appropriate referrals to mental health professionals in patients’ communities or surrounding areas. Given that almost 1 in 4 persons in North Carolina live in rural areas and may have lower incomes and/or no health insurance, it will be particularly important to provide assistance through social workers or patient navigators who can identify appropriate and affordable resources to improve patients’ mental health status. Future research will need to follow survivors long term to identify critical opportunities for follow-up, opportunities for physical and mental health interventions, and factors that might mitigate or buffer the adverse consequences of cancer and treatment. There is also a need for survivorship studies that focus on cancers other than breast cancer, on younger patients, and on male patients.

**REFERENCES**

1. North Carolina State Center for Health Statistics (SCHS) North Carolina Central Cancer Registry. Projected new cancer cases and deaths for all sites, 2014. [Accessed May 10, 2014];2014 Jan; SCHS Web site.
2. de Moor JS, Mariotto AB, Parry C, et al. Cancer survivors in the United States:

- prevalence across the survivorship trajectory and implications for care. *Cancer Epidemiol Biomarkers Prev.* 2013;22(4):561–570
3. American Cancer Society. *Cancer Treatment and Survivorship Facts and Figures 2012–2013*. Atlanta: American Cancer Society; 2012. [Accessed May 10, 2014].
  4. Institute of Medicine. National Research Council. In: Hewitt M, Greenfield S, Stovall E, editors. *From Cancer Patient to Cancer Survivor: Lost in Transition*. Washington, DC: National Academies Press; 2006.
  5. Aziz NM. Cancer survivorship research: state of knowledge, challenges and opportunities. *Acta Oncol.* 2007;46(4):417–432.
  6. Rowland JH, Bellizzi KM. Cancer survivors and survivorship research: a reflection on today's successes and tomorrow's challenges. *Hematol Oncol Clin North Am.* 2008;22(2):181–200
  7. Nadler NE, Page AEK, editors. Institute of Medicine. *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*. Washington, DC: National Academies Press; 2008.
  8. Hewitt M, Rowland JH, Yancik R. Cancer survivors in the United States: age, health, and disability. *J Gerontol A Biol Sci Med Sci.* 2003;58(1):82–91.
  9. Yabroff KR, Lawrence WF, Clauser S, Davis WW, Brown ML. Burden of illness in cancer survivors: findings from a population-based national sample. *J Natl Cancer Inst.* 2004;96(17):1322–1330.
  10. Reeves WC, Strine TW, Pratt LA, et al. Mental illness surveillance among adults in the United States. *MMWR Surveill Summ.* 2011;60(suppl 3):1–29.