



**ORIGINAL RESEARCH PAPER**

**Psychiatry**

**ANXIETY IN THE ONCOLOGICAL PATIENT IN QUITO-ECUADOR**

**KEY WORDS:** Cancer, palliative, anxiety, GAD-7, Ecuador

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<b>ABSTRACT</b>	<b>INTRODUCTION:</b> For most people, talking about cancer means mortality, entering a world of procedures that affect both the patient and their family environment, which leads to changes in emotional distress; mainly depression and anxiety.
	<b>METODOLOGY:</b> A descriptive study of patients hospitalized in the clinical oncology service of the Hospital "Gral. Solón Espinosa Ayala " SOLCA-QUITO, both oncological and palliative patient during the months March to July 2018 in those who were evaluated with the GAD-7 questionnaire.
	<b>RESULTS:</b> 48% of the individuals surveyed presented some level of anxiety while 52% of the individuals did not present it.
	<b>DISCUSSION:</b> The oncological patient requires an integrated management team, both oncological and mental health, to cope with the emotional problems that this disease brings.

**INTRODUCTION**

By Cano et al, talk about cancer means mortality, invasive treatments, and is entering a world of procedures that affect both the patient and their family environment; (1) According to Davis M et al; The emotional distress is considered as the sixth vital sign of the oncological patient after of temperature, pressure, heart rate, respiratory rate, pain and emotional distress, which defines a relevant importance in the fact of taking into account the emotional field (2-7).

Psychological distress leads to impairments in the quality of life; It leads to negative impacts on treatment and a high mortality risk (8,9). Therefore, it is important to take into account the psychiatric evaluation and the contribution of anxiolytic medication in conjunction with the important interactions with oncological medication when dealing with a Oncological patient in depression (10).

The Partnership guideline, Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient, suggests a diagnostic screening at the beginning of treatment, during the treatment interval and at the end of the treatment as well as after treatment during the palliative care, without forgetting to evaluate if possible to their family environment and to this group after death, for this reason the need to use a tool that offers the needs to make an early diagnosis of depression and anxiety, knowing how to address the patient with cancer to a psycho prophylaxis or good care of their mental health (11).

**METHODOLOGY**

A cross-sectional descriptive study of patients hospitalized in the clinical oncology service was carried out, both in oncological management and palliative care during the months March to July 2018.

The data was analyzed using the statistical software SPSS and Excel Microsoft 2010.

As an anxiety assessment tool, The American Society of Clinical Oncology (ASCO), the American College of Surgeons on Cancer, and the National Comprehensive Cancer Network (NCCN) have issued recommendations for the evaluation and diagnosis of

depression disorders, based on Canadian practice guidelines. (11) One of the recommended tools to detect anxiety is the so-called GAD-7 that helps us classify them into levels, these being: minimum, mild, moderate and severe.

This questionnaire must be accompanied by a detailed clinical history and a physical examination in order to discern external contributing factors (lifestyle, steroids, alcohol, caffeine, nicotine) The alterations with respect to electrolyte disorders, blood count, hormonal profile (thyroid and adrenal) were discarded from this group of patients.

The data was collected according to their staging according to the AJCC seventh edition, having two prostate patients with Whitmore-Jewett staging, patients who were treated in another institution and we do not have their staging and finally patients with a particular staging for hematological pathology.

The patients who agreed to fill out the GAD-7 tool signed an informed consent form, even if they were under 18 years of age, only the questionnaire was filled if one of the parents authorized it.

**RESULTS**

It was carried out in a descriptive study for which 168 individuals were evaluated, distributed in 50 men and 118 women, whose ages comprised between 16 and 87 years of age with solid and haematological tumors, of which a higher incidence of anxiety was observed those patients diagnosed with breast cancer, cervix, lymphomas, gastric and colon cancers, with respect to the clinical stage it is appreciated that patients in stage III and IV.

From this it was possible to analyze to a great extent that 52% of the individuals did not present anxiety while the rest presented some degree of anxiety as it is represented in figure 1, with respect to the levels of depression between men and women it is appreciated that women present higher levels of depression in relation to the male sex as shown in figure 2.

It is clear that patients in stage III and IV have higher levels of anxiety as represented in figure 3, and that it is also the first time that the level of anxiety is analyzed according to the time of treatment can be seen that the highest levels of anxiety are found

at the beginning of treatment, when they do not start treatment and at the time of transition to palliative care, as best described in figure 4.

**DISCUSSION**

Anxiety is an emotional state characterized by fear, tension and suffering before a danger that causes a feeling of constant anguish and a loss of interest to perform different activities; affecting thoughts, behavior and carrying physical and emotional problems that affect the quality of life (12-14).

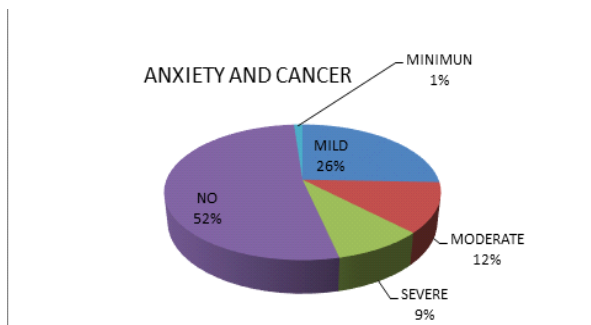
The mental disorders in the cancer patient vary according to their age, sex, variety (solid or hematologic tumor), palliative management, which according to Mitchell AJ et al. (15) In the largest meta-analysis performed according to mental disorders in cancer patients, there are no previous data in our country that register levels of anxiety in the oncological patient.

It must be recognized that a study conducted in Germany with a sample of 517 patients demonstrated 2 times greater risks of alteration of emotional distress in women in relation to men (17) a finding similar to that demonstrated in this investigation, for McHenry the gonads can be a factor important in this disparity given that women are more likely to experience mood changes during menstrual flow (18) adding to this aesthetic changes by mutilation of their sexual organs, as well as the emotional burden of be the person who watches over the care of their children. (19-24)

An important level of anxiety can be appreciated in our institution, being higher at the time of its progression as well as the transition to palliative care service, which is why it is important to offer the oncological patient a comprehensive treatment adjusted to their needs. needs in his personal psyche, the requirement of psychology support -psychiatry and support material in the institution to reduce the levels of anxiety that patients suffer in their hospitalization

The oncological patient requires an important integral support in order to know how to cope with his pathology, to have a waiting room environment to placate this emotional state, as well as psychological support in order to reduce anxiety levels.

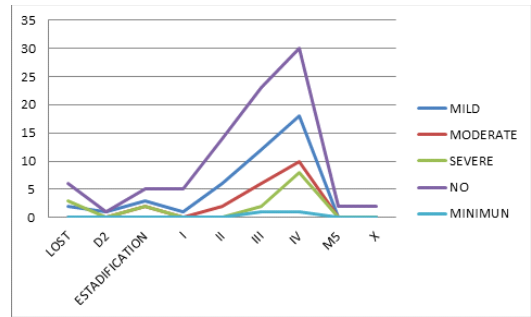
**FIGURE 1.- LEVELS OF ANXIETY IN PATIENTS WITH CANCER.**



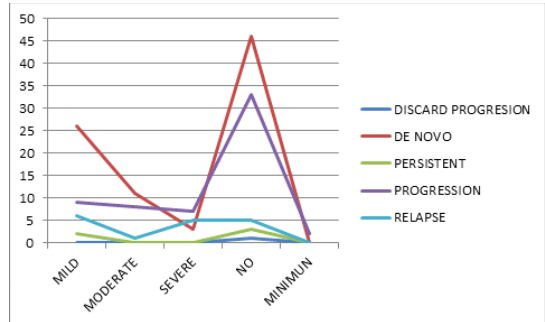
**FIGURE 2.- LEVELS OF ANXIETY BY SEX**



**FIGURE 3.- LEVELS OF ANXIETY IN RELATION TO CLINICAL STAGE**



**FIGURE 4.- LEVELS OF ANXIETY IN RELATION TO TREATMENT**



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