

A Study of Cancer Patients with Psychiatric Disorders

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ABSTRACT

Background: There are very few studies regarding cancer patients with psychiatric disorders (CPPD) in the Indian setting. **Method:** The study was conducted on 50 cancer patients with psychiatric disorders at a cancer –care- centre. **Results:** The mean age was 52.62 years. The male: female ratio was 1:1. Out of 50 CPPD, 46% had depressive disorders, 36% anxiety disorders and 18% patients had adjustment disorders. **Conclusions:** Most CPPDs were in the age range of 50- 59 years. Most CPPDs with breast cancer had depressive disorders **Implications:** This recent study will help in planning suitable interventions, training of mental health professional, further research and policy guidelines for CPPD.

Keywords: Cancer Patients, Psychiatric Disorders

The most common psychiatric disorders in cancer patients are depressive disorders, anxiety disorders and adjustment disorders.^[1] The other common psychiatric disorders are major depression, delirium, anxiety disorders, personality disorders, psychotic disorders, and substance abuse disorders.^[2] Sometimes terminally ill cancer patients express a desire of death. This desire for death can be assessed on desire for death scale.^[3]

There are very few studies regarding psychiatric disorders in cancer patients in the Indian setting. Most are foreign studies.^[7, 9, 11, 12, 14, 15, 16] This study will evaluate the socioeconomic factors, medical diagnostic categories, psychiatric diagnostic categories and their associations in cancer patients at a cancer care centre. This will be useful for improving mental health services, training of mental health care professional, research and policy guidelines for CPPD.

Aim and Objectives

AIM – To study of cancer patients with psychiatric disorders CPPD at a cancer –care-centre
OBJECTIVES-

1. To study the socio-demographic profile of CPPD
2. To study the medical diagnostic categories of CPPD
3. To study the psychiatric diagnostic categories of CPPD
4. To study the associations if any between the socio-demographic profile, medical and psychiatric diagnostic categories in CPPD

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MATERIAL & METHODS

Sample

Cancer patients with psychiatric disorders at a cancer-care centre.

Size of sample

50 cancer patients with psychiatric disorders

Type of study

Cross sectional & descriptive in nature

Inclusion criteria

1. CPPD greater than 18 years
2. Both male and female CPPD
3. CPPD who gave consent for study
4. CPPD who could be interviewed
5. Both outpatients and indoor CPPD

Exclusion criteria

1. CPPD undergoing medical or surgical treatment
2. CPPD without proper medical record
3. CPPD with medico - legal issues

METHODOLOGY

The study was conducted on 50 cancer patients with psychiatric disorders (CPPD) at a cancer-care centre. The study protocol was approved by the Institutional Ethics Committee. The CPPDs were selected after they met inclusion and exclusion criteria. They were given information about the nature of the study and if they were willing, then the consent of the patient and /or relative was taken. The consent was recorded in the mother tongue of the CPPD. The CPPD's history was recorded and the mental status examination was done. The Kuppuswamy's socioeconomic scale and M.I.N.I. plus was administered to patient. The diagnostic categorization of the cancer patients was done according to ICD 10 research criteria. The results obtained were tabulated and statistical analysis was done.

Tools

ICD-10 Diagnostic Criteria for Research, Kuppuswamy's socio-economic scale (revised 2014) and MINI plus

RESULTS

Socio- demographic Data

Age- sex - marital status- location

The age range of the CPPDs was between 40 to 70 years 7 years. 50 % (25) were male and 50 % (25) were female. 84 % (42) were married, 8% (4) divorced and 8% (4) widowed. 42 % (21) were from urban and 58 % (29) from rural areas. [Table 1]

Educational level

Out of 50 CPPD, 68 % (34) were illiterate, 10% (5) had primary education, 10% (5) had secondary education and 12% (6) had completed their graduation [Table 1]

Occupational categories

Out of 50 CPPD, 40% (20) were unemployed, 12% (6) semi-skilled workers, 6% (3) skilled workers and 42% (21) farmers. [Table 1]

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Socioeconomic Class

Out of 50 CPPD, 12% (6) were from the lower-middle class, 70% (35) upper- lower class and 18% (9) from the upper-middle class according to the Kuppaswamy's socioeconomic scale. [Table 1]

Medical diagnostic categories

Out of 50 CPPD, 30% (15) had breast cancers, 24 % (12) oral cancers, 18% (9) oesophageal cancers, 16% (8) lung cancers, 2% (1) thyroid cancers, 2% (1) carcinoma rectum, 4% (2) were carcinoma larynx and 4% (2) had pancreatic cancers. [Table 1]

Psychiatric Diagnostic categories

Out of 50 CPPD, according to ICD 10- Diagnostic criteria for research, 18% (9) patients had adjustment disorders, 36% (18) anxiety disorders and 46% (23) had depressive disorders. [Table 1]

Associations

There was a significant statistical association between the type of cancer and psychiatric disorders. Depressive disorders were more common in breast cancers. (Fisher's exact test p-value < 0.05)

Table 1: Socio-demographic profile and psychiatric morbidity

Item	Percentage %
Gender	
Male	50
Female	50
Marital status	
Married	84
Widow	8
Divorced	8
Educational status	
Illiterate	68
Primary education	10
Secondary education	10
Graduation	12
Economic status	
Lower middle	12
Upper lower Middle	70
Upper middle	18
Location	
Rural	29
Urban	42
Occupation	
Farmers	42
Skilled workers	6
Unemployed	40
Semi skilled worker	12
Psychiatric Diagnostic Categories	
Depressive Disorder	46
Adjustment Disorder	18
Anxiety Disorder	36

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Item	Percentage %
Medical Diagnostic Categories	
Breast cancer	30
Ca larynx	4
Ca rectum	2
Ca Thyroid	2
Lung cancer	16
Oesophagus cancer	18
Oral cancer	24
Pancreatic cancer	4

DISCUSSION

There are various studies on CPPD at cancer care centres. Most studies are foreign studies but there are a few Indian studies. ^[1, 8, 10] Our study evaluated the socio-demographic data, medical diagnostic categories, psychiatric diagnostic categories and their associations in 50 CPPDs.

Socio-demographic data

Our socio-economic data compare with Latha et al, Hulegar et al, Kandasamy et al and Mendo nsa et al. ^[6,7,8,9] Our studies compares with the hospital, palliative, out-patient studies which had smaller sample size and similar study design. ^[4,5,6,8] Our study contrasts with the community based studies & special studies which had larger sample sizes and were epidemiological & longitudinal in nature. ^[11,12,14]

Medical diagnostic categories

Our medical diagnostic categories compare with Latha et al, Kandasamy et al, Trill et al and Bringmann et al. ^[5,6,12,14]

The medical diagnostic categories of our study compare with the hospital, palliative care and outpatient department studies. ^[7, 9] It did not compare with the community studies which evaluated mainly breast cancers. ^[16] The special studies examined female gynaecological cancers & lung cancers. ^[16] One study did not report the medical diagnostic categories. ^[15]

Psychiatric diagnostic categories

Our psychiatric diagnostic categories compare with Latha et al Kandasamy et al Mendonsa et al Fenwanget al Thapa et al Montazeri et al Trill et al Kulpa et al Miovic et and Bringman et al. ^[4,8,9,12,13,14,15] Our studies compare with the hospital based, outpatient and palliative care centre studies. ^[4,8,9,12,13,14,15] Our study which was of a short duration did not find post-traumatic stress disorders and generalized anxiety disorders which were found in the long term special studies. ^[11,12]

Associations

In our study patients with breast cancers had depressive disorders. This was statistically significant using Fisher's exact test p-value > 0.05.

Various authors Montazeri et al, Fengwang et al and Kandasamy et al have studied different associations in CPPD. ^[8, 11, 16] In our study parameters such as spiritual wellbeing, quality of life and coping style were not evaluated in our study.

STRENGTHS

Our study is a well-designed study on CPPD at a cancer care centre. We used standardized assessment tools, such as ICD 10 research diagnostic criteria, Kuppuswamy scale and the MINI plus for psychiatric evaluation. Our study highlights the socio-cultural difference between foreign based studies and Indian based studies. It also throws light on the difference between hospital based studies, community based studies and outpatient department based studies.

LIMITATIONS

Our study was conducted over a short period of time on CPPDs at a cancer care centre. This may not be representative of all the CPPDs at cancer-care-centres in the country at large. A larger study of cancer patients with psychiatric disorders needs to be taken at different cancer-care-centres in the country.

IMPLICATIONS

The study has important implications for mental health services, training of mental health professionals, research and policy decisions for CPPDs in the Indian setting.

Mental health services:

The study will help in planning customized intervention for cancer patients with psychiatric disorders through consultation liaison. All cancer patients should be screened early and treated for psychiatric disorders. Preventive education, coping skills management, stress reduction techniques and management of end of life issues should also be offered to cancer patients with psychiatric disorders. This will help in improving the quality of life and reducing the morbidity in cancer patients at cancer-care-centres.

Training:

Mental health professionals need to be trained in the early diagnosis, management and follow up of CPPDs.

Research:

The study highlights the need for research in the area of consultation liaison services for CPPDs.

Policy:

The study emphasizes the need for policy decisions to establish, update and improve the consultation liaison services for CPPDs.

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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