



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2482831>Available online at: <http://www.iajps.com>

Research Article

**ANALYSIS OF DEPRESSION AND ITS ROLE IN EXPECTING
THE QUALITY OF LIFE AMONG CANCER PATIENTS**¹Dr. Hamna Zeb, ²Dr. Sara Mustafa, ³Dr. Maryam Saber¹MO at BHU Kharapar Hithar²MO at THQ Depalpur, Okara³House Officer at Gynae Unit-1, Allied hospital, Faisalabad**Abstract:**

Introduction: Depression is frequent in cancerology. Despite its clear impact on patients, it continues to be under-diagnosed and inadequately treated. There are many reasons for this, ranging from the underestimation of depressive symptoms by clinicians, their widespread presence in the context of cancer, the entanglement of depressive symptoms with those associated with the cancer and its treatment, or, indeed, the difficulty of clinicians in exploring emotional symptoms. **Aims and objectives:** The basic aim of the study is to analyze about depression and its role in expecting the quality of life among cancer patients. **Material and methods:** This study was conducted at BHU Kharapar Hithar during 2018. Using a purposive sampling strategy, 50 different types of cancer patients were selected for this study with variations in their age, educational level, socioeconomic status, and number of exposures to RT. Data were collected through the recording of the face-to-face in-depth interviews, using a semi-structured interview guide. **Results:** A total of 50 cancer patients participated in this study. Their age ranged between 20 and 60 years, with an average of 35 years. Majority (79%) of them were married. About 50% of them were illiterate, whereas 43% were matriculate. Before RT, all of them had mastectomy of the affected breast, followed by chemotherapy. Analysis of the interviews data each category and its subcategories are described below with some excerpts from the participants' narratives. **Conclusion:** It is concluded that depression remains highly prevalent in cancer patients, and appears to have a great impact on their quality of life as well as on certain cancer outcomes, even if probably by the means of its impact on compliance, physical activity, social support etc.

Corresponding author:**Dr. Hamna Zeb,**

MO at BHU Kharapar Hithar

QR code



Please cite this article in press Hamna Zeb et al., Analysis of Depression and Its Role in Expecting the Quality Of Life among Cancer Patients., Indo Am. J. P. Sci, 2018; 05(12).

INTRODUCTION:

Depression is frequent in cancerology. Despite its clear impact on patients, it continues to be under-diagnosed and inadequately treated. There are many reasons for this, ranging from the underestimation of depressive symptoms by clinicians, their widespread presence in the context of cancer, the entanglement of depressive symptoms with those associated with the cancer and its treatment, or, indeed, the difficulty of clinicians in exploring emotional symptoms. Beyond the fact that depression causes mental suffering that is not taken into consideration, even though it can be extremely intense in nature, this situation has a major impact on both morbidity and mortality through a number of different mechanisms [1]. Pakistan is a developing country where up to 70% of women present when breast cancer is in its advanced stage. Advanced breast cancer is cancer that is metastatic. Advanced breast cancer is a life threatening disease with a poor prognosis profile. Women with a diagnosis of advanced breast cancer engage in a multi-stage cancer treatment cycle often involving surgery, radiation treatment and chemotherapy. These cycles of treatment are not free of side effects. Women have to face possible disfigurement, surgical pain, the side effects from chemotherapy which can include feelings of anger, frustration, fear, isolation, fatigue as well as burns from targeted radiotherapy [2]. Globally, breast cancer is the most common cancer among women, and also a leading cause of cancer-related deaths in this gender. It accounts for 23% of all cancer cases worldwide. The incidence of breast cancer has been increasing rapidly in the developing countries. Among the Asian countries, Pakistan has the highest prevalence of breast cancer, where one in every nine women is at risk of developing breast cancer [3]. In western countries, breast cancer is prevalent among women aged 60 years and above, whereas, in Asian countries, including Pakistan, it occurs during the reproductive age between 30 and 50 years. Hence, women with breast cancer, in Pakistan, may face more challenges due to household and child-rearing responsibilities, as compared to those living in the western countries [4]. According to the American Society for Radiation Oncology, radiotherapy (RT) is a common treatment modality for cancer which is prescribed to about two-thirds of the cancer patients, either before or after surgery. In breast-conserving surgery, RT reduces the chances of recurrence as well as the risk of metastasis and death from breast cancer [4,5].

Aims and objectives

The basic aim of the study is to analyze about depression and its role in expecting the quality of life among cancer patients.

MATERIAL AND METHODS:

This study was conducted at BHU Kharapar Hithar during 2018. Using a purposive sampling strategy, 50 different types of cancer patients were selected for this study with variations in their age, educational level, socioeconomic status, and number of exposures to RT. Data were collected through the recording of the face-to-face in-depth interviews, using a semi-structured interview guide. Questions included the following: When you found out that your disease was advanced, how did you react? What is keeping you motivated to cope with your illness? Has this disease changed your perception regarding life? What is the most important goal for you to achieve in life? Interviews were digitally recorded (TT). Iterative cycles of data collection and data analysis were undertaken this continued until data saturation occurred after 21 interviews. At this time no new findings were emerging during interviews, therefore interviews were terminated. Patients with the breast cancer differ significantly in time of relapse despite the fact that nature of tumors was similar at initiation of breast cancer. These differences in time of relapse has led to the thought that determinants of breast cancer survival are much broader than assumed by medical framework.

Statistical analysis

Student's t-test was performed to evaluate the differences in roughness between group P and S. Two-way ANOVA was performed to study the contributions. A chi-square test was used to examine the difference in the distribution of the fracture modes (SPSS 19.0 for Windows, SPSS Inc., USA).

RESULTS:

A total of 50 cancer patients participated in this study. Their age ranged between 20 and 60 years, with an average of 35 years. Majority (79%) of them were married. About 50% of them were illiterate, whereas 43% were matriculate. All of them were Muslims and of Pathan ethnicity. Before RT, all of them had mastectomy of the affected breast, followed by chemotherapy. Analysis of the interviews data each category and its subcategories are described below with some excerpts from the participants' narratives.

Table 01: Demographic characteristics of participants

Variables	Frequency (%)
Age (years)	
20-29	5 (35.71)
30-39	4 (28.57)
40-49	4 (28.57)
50-60	1 (7.14)
Marital status	
Married	11 (78.57)
Unmarried	2 (14.29)
Widowed/divorced	1 (7.14)
Educational status	
Illiterate	7 (50.00)
≤10 th grade	6 (42.86)
>10 th grade	1 (7.14)
Social status	
Homemakers	13 (92.86)
Working woman	1 (7.14)

Table 02: Findings of the questionnaire

Factor	Coefficient	Standard error	Wald χ^2	P	OR (95%CI)
Pain intensity: moderate and severe (vs. none and mild)	1.489	0.457	10.635	0.001	4.43 (1.81, 10.85)
Cancer staging: metastatic (vs. local)	1.289	0.565	5.201	0.023	3.63 (1.20,10.98)
Months since cancer diagnosis	0.031	0.015	4.175	0.041	1.04 (1.01,1.07)
ECOG score [#] : 3-4 (vs. 1-2)	1.227	0.515	5.685	0.017	3.41 (1.24,9.35)
Cell type: small (vs. non-small)	1.507	0.514	8.592	0.003	4.52 (1.65,12.35)

DISCUSSION:

The significant association between cancer stage of metastasis and depression is expected, since late-stage cancer is more lethal and less treatable than early-stage cancer. Because patients' level of psychological distress is the highest at the time when cancer is diagnosed, patients with a short duration after lung cancer diagnosis were at higher risk for depression in our study [6].

Prior studies have found that impaired physical functioning was a risk factor for depression of patients with lung cancer. Consistent with these earlier studies, we found poor performance status was significantly associated with depression. A possible explanation is that patients with difficulties in vital functions (i.e., eating and self-care ability) are more likely to feel hopeless/helpless and thus are at higher risk for depression [7]. In line with an earlier study, we found a higher risk of depression in patients with small-cell lung cancer. This may be explained by the unique clinical characteristics of small-cell lung

cancer, for example, small-cell lung cancer progresses rapidly and cancer cells often have spread within the chest or to other parts of the body when the cancer is diagnosed [8].

Though successful treatment options are available to deal with breast cancer, pain and suffering associated with available treatment modalities is significant. Chronic, persistent pain acts as an additional stressor for a person already suffering from many psychological, social and medical stressors [9]. Research has demonstrated association between clinically relevant pain and breast cancer surgery in 10-50% patients. There are pathogenic mechanisms involved in breast cancer like nerve damage and certain sensory disturbances (e.g., burning and sensory loss) are part of side effects of surgical processes [10].

CONCLUSION:

It is concluded that depression remains highly prevalent in cancer patients, and appears to have a

great impact on their quality of life as well as on certain cancer outcomes, even if probably by the means of its impact on compliance, physical activity, social support etc. This broad impact justifies carrying out systematic screening that can be performed by standardised tools but also by one or two simple questions. To be useful, this screening must be followed by an adequate clinical diagnosis that relies on a precise identification of emotional and cognitive symptoms of depression.

REFERENCES:

1. Satin J.R., Linden W., Phillips M.J. Depression as a predictor of disease progression and mortality in cancer patients. A meta-analysis. *Cancer*. 2009;115:5349–5361.
2. Mitchell A.J. Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies. *Lancet Oncol*. 2011;12:160–174.
3. Ciaramella A., Poly P. Assessment of depression among cancer patients: the role of pain, cancer type and treatment. *Psychooncology*. 2001;10:156–165.
4. Halkett GK, Kristjanson LJ, Lobb EA. 'If we get too close to your bones they'll go brittle': Women's initial fears about radiotherapy for early breast cancer. *Psychooncology* 2008;17:877-84.
5. Hendry JA. A qualitative focus group study to explore the information, support and communication needs of women receiving adjuvant radiotherapy for primary breast cancer. *J Radiother Pract* 2011;10:103-15.
6. Lee TS, Kilbreath SL, Refshauge KM, Pendlebury SC, Beith JM, Lee MJ, et al. Quality of life of women treated with radiotherapy for breast cancer. *Support Care Cancer*. 2008;16:399–405.
7. Sherminie G, Cottrell J. Experiences of breast cancer patients undergoing radiation therapy in Sri Lanka. *Radiat Ther*. 2014;23:101–4.
8. Webber K, Mok K, Bennett B, Lloyd AR, Friedlander M, Juraskova I, et al. If I am in the mood, I enjoy it: An exploration of cancer-related fatigue and sexual functioning in women with breast cancer. *Oncologist*. 2011;16:1333–44
9. Wong JJ, D'Alimonte L, Angus J, Paszat L, Soren B, Szumacher E, et al. What do older patients with early breast cancer want to know while undergoing adjuvant radiotherapy? *J Cancer Educ*. 2011;26:254–61.
10. Poirier P. The impact of fatigue on role

functioning during radiation therapy. *Oncol Nurs Forum*. 2011;38:457–65.

11. Reuter K., Raugust S. Depressive symptom patterns and their consequences for diagnosis of affective disorders in cancer patients. *Support Care Cancer*. 2004;12:864–870.